Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

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

Attachments
Questions requiring attachments to receive points state, “You Must Upload an Attachment to the 4B. Attachments Screen.” Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD’s funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: NC-500 - Winston-Salem/Forsyth County CoC

1A-2. Collaborative Applicant Name: City of Winston-Salem

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Winston-Salem
1B. Coordination and Engagement–Inclusive Structure and Participation

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

1B-1. Inclusive Structure and Participation–Participation in Coordinated Entry.

NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.

In the chart below for the period from May 1, 2020 to April 30, 2021:
1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2. select Nonexistent if the organization does not exist in your CoC’s geographic area:

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

Applicant: Winston-Salem/Forsyth County CoC
Project: NC-500 CoC Registration FY 2021

COC_REG_2021_181949

FY2021 CoC Application
Page 3
02/08/2022
| 19. Mental Illness Advocates | Yes | Yes | Yes |
| 20. Non-CoC Funded Youth Homeless Organizations | Yes | Yes | Yes |
| 21. Non-CoC-Funded Victim Service Providers | Yes | Yes | Yes |
| 22. Organizations led by and serving Black, Brown, Indigenous and other People of Color | Yes | Yes | Yes |
| 23. Organizations led by and serving LGBT persons | Yes | Yes | Yes |
| 24. Organizations led by and serving people with disabilities | Yes | Yes | Yes |
| 25. Other homeless subpopulation advocates | Yes | Yes | Yes |
| 26. Public Housing Authorities | Yes | Yes | Yes |
| 27. School Administrators/Homeless Liaisons | Yes | Yes | Yes |
| 28. Street Outreach Team(s) | Yes | Yes | Yes |
| 29. Substance Abuse Advocates | Yes | Yes | Yes |
| 30. Substance Abuse Service Organizations | Yes | Yes | Yes |
| 31. Youth Advocates | Yes | Yes | Yes |
| 32. Youth Service Providers | Yes | Yes | Yes |
| Other:(limit 50 characters) | | | |
| 33. Govt (VA, DSS, Public Health & Library); Private | Yes | Yes | Yes |
| 34. Non-Profit (Funders & Employment); Faith-Based | Yes | Yes | Yes |

1B-2. Open Invitation for New Members.

NOFO Section VII.B.1.a.(2)

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) The WS/FC CoC has a transparent and open, standing, year-round invitation process, which is communicated to the public via its website with an online form to join and receive CoC emails, as well as through regular membership activities (i.e., public forums/meetings/calls, word of mouth, email, listserv, social media, etc.). In the past 12 months, the CoC took several strategic action steps to engage new members whose involvement is key to improving client outcomes and system performance. The Membership Committee, CoC leaders, CoC-funded organizations, and other homeless providers actively recruited new members through direct solicitations of individuals/organizations that are integral to providing services to the homeless. Lastly, the CoC conducted an annual publicly posted membership drive, which is promoted via TV, website, and social media.

2) To ensure effective communication with individuals with disabilities, the CoC used a variety of accessible formats, including PDFs posted on websites (both CoC and Collaborative Applicant), links to online forms, advertisements on TV or social media, and access to Translation & Interpretation Enterprise via
Catholic Charities.

3) Our CoC is proud to have the active engagement of persons with lived experience. The Homeless Caucus Chair and Vice Chair maintained active involvement in this past year’s virtual meetings of the CoC’s governing body, the Commission on Ending Homelessness, and the CoC’s Operating Cabinet. After the pandemic, they look forward to resuming the CoC’s Homeless Caucus, which meets in person monthly at the Forsyth County Public Library.

4) CoC leaders extend direct invitations each year to diversify its membership, and while the CoC already has the active engagement of organizations serving culturally specific communities experiencing homelessness (e.g., Black, Latinx, LGBTQ, and disabled), a representative from the Urban League joined the Operating Cabinet.

1B-3. CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.

NOFO Section VII.B.1.a.(3)

Describe in the field below how your CoC:

1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;

2. communicated information during public meetings or other forums your CoC uses to solicit public information; and

3. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1) CoC websites communicate information about preventing and ending homeless in Forsyth County. Over the past 12+ months, our CoC solicited and considered opinions from a wider range of organizations and persons interested in preventing or ending homelessness. At the onset of the pandemic, our CoC implemented Daily Calls, which increased and diversified organizations contributing to our work. Visitors and members presented their issues, information, and resources at the virtual meetings, still taking place weekly. Another recent engagement strategy was forming “bottleneck task groups,” designed to solicit new input on barriers and develop action-oriented solutions and achieve better outcomes. Full membership meetings shifted to town-hall format (currently virtual), encouraging more ideas/opinions on a wider range of topics, and committees/task groups have diverse, active representation and advocacy for all homeless sub-populations.

2) CoC meetings follow a published agenda and always communicate information and educate membership on pertinent issues. Topics arise from either voiced membership interest/need or a community partner’s desire to share their work in a homeless-oriented forum. Our CoC’s 100+ member listserv promotes other community-based, information-sharing and information-seeking events. CoC leadership has increased healthcare and housing stakeholder engagement in recent months.

3) This past year our CoC made several improvements in its work after considering information gathered through the public Daily Calls, a COVID-19 response effort. One example was the refinement of local policy and protocol on
Encampment Response. The new plan clarifies CoC members’ roles in ensuring access to services for people on the streets as well as defining best practices; it also states the primary response should be services led (as opposed to enforcement) and defines the conditions on which an encampment will be disbanded (i.e., significant risk to health or safety).

### 1B-4. Public Notification for Proposals from Organizations Not Previously Funded.

NOFO Section VII.B.1.a.(4)

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

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

(limit 2,000 characters)

1) The Collaborative Applicant (CA), City of Winston-Salem, coordinated our CoC’s open solicitation and review process. Funding availability and project application details, which includes the method for submission, were advertised by newspaper, website, and email to CoC members and the public. The CA held two cycles for the local competition (released 6/7/21 and 8/27/21; opened 6/8/21 and 9/1/21 respectively). The CA conducted grant workshops (held 6/24/21 and 9/3/21) for interested parties that focused on helping new applicants and/or sub-recipients. The workshop is also advertised via email, website, and newspapers.

2) Our CoC promotes new membership, project applicants, and project ideas throughout the year, using meetings as a forum to promote funding. While not a UFA, our CA provides administrative & fiscal management as project applicant on behalf of sub-recipients; however, any organization can serve as a project applicant.

3) The CA publicly posted an RFP to clearly communicate the details of project submission. The CA conducted workshops to review the process and answer questions and published contact information for follow-up questions.

4) The CA communicated the project application review, selection, and ranking process through both meetings and web postings of documents that describe process, policy, scoring, and meeting minutes. Postings from prior years are available year-round on the CA’s website. Renewal projects undergo a performance review; new projects are rated on capacity, strategic priority, project approach and design, and cost effectiveness. Both renewal and new project rating tools are publicly posted. All projects are ranked by an objective Rating Panel; then voted on by a Commission with strict conflict of interest rules.

5) To ensure effective communication with individuals with disabilities, our CoC
uses a variety of accessible formats, including PDFs posted on the CA’s website, links to online forms, and an online application portal.
1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organizations

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

### 1C-1. Coordination with Federal, State, Local, Private, and Other Organizations.

**NOFO Section VII.B.1.b.**

In the chart below:

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

<table>
<thead>
<tr>
<th>Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects</th>
<th>Coordinates with Planning or Operations of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through other Federal Resources (non-CoC)</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through private entities, including Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Health and Human Services (HHS)</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ)</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)</td>
<td>Nonexistent</td>
</tr>
<tr>
<td>Organizations led by and serving Black, Brown, Indigenous and other People of Color</td>
<td>Yes</td>
</tr>
<tr>
<td>Organizations led by and serving LGBT persons</td>
<td>Yes</td>
</tr>
<tr>
<td>Organizations led by and serving people with disabilities</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Other:(limit 50 characters)
Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) The City of Winston-Salem is the ESG entitlement recipient, CoC Collaborative Applicant (CA), state ESG fiscal sponsor, and CoC Administrator under the CoC Governance Charter. City staff (ESG Program Recipient) and ESG Program Subrecipients serve on our CoC’s Operating Cabinet and are engaged in ongoing consultation at CoC meetings, including COVID-19 Daily Calls, and other venues, which help inform the planning and allocating of ESG and ESG-CV funds. The City uses a single application for entitlement and state ESG funding. Our CoC’s Rating Panel makes both CoC and ESG funding recommendations. Prior to approving funding recommendations, the CoC Board seeks comments from the Operating Cabinet on funding recommendations and strategies.

2) Our CoC’s CA coordinated entitlement and State ESG and ESG-CV funding for our CoC, and is charged with monitoring and reporting on performance. Per the WS/FC CoC Governance Charter, our CoC’s appointed Rating Panel approved performance measures, reviewed applications, and evaluated HMIS data on existing ESG programs as part of the evaluation and recommendation process. After the Rating Panel made state and entitlement ESG and ESG-CV funding recommendations, the CoC Operating Cabinet reviewed those recommendations and sent them to the governing CoC Board, the Commission on Ending Homelessness, for final approval and before the CA’s board provides authority to submit ESG applications to HUD or the State.

3) Our CoC, via our CA, provided PIT and HIC data for our geographic area to the state ESG office and ConPlan jurisdiction.

4) Our CoC participated in ConPlan updates at the state level by soliciting CoC member input in an open meeting. Further, our CoC members provided individual input for North Carolina’s ConPlan - Annual Action Plan review via online surveys, so that we communicated our local homelessness needs and contributed to the process of meeting affordable housing and community development needs in NC.
Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member’s self-reported gender:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.  
   | Yes |
| 2. | Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.  
   | Yes |
| 3. | Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.  
   | Yes |
| 4. | Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC’s geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.  
   | Yes |
| 5. | Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.  
   | No |
| 6. | Other. (limit 150 characters)  
   | Annual training with NAEH on Housing First, Low Barrier, and Equal Access to ensure families are not separated as well as project monitoring  
   | Yes |

1C-4. CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.

NOFO Section VII.B.1.d.

Describe in the field below:

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

(limit 2,000 characters)

1) Our CoC works collaborates with our youth (18-24 years) education providers (i.e., Goodwill Industries, FTCC, Salem College, WSSU, and WFU) to ensure youth are stably housed and supported while advancing their education, especially during the summer.

2) The CoC’s Collaborative Applicant has a formal partnership in place with Goodwill Industries.

3) Our CoC has a long history of collaborating with our LEA, Winston-Salem Forsyth County Schools (WS/FCS), that serves pre-K through 12th grade. WS/FCS is our CoC’s direct link to SERVE and the SEA (NCDPI). Since 1996, WS/FCS Project HOPE has ensured that all children and youth experiencing homelessness have access to the educated services to which they are entitled under the federal McKinney-Vento Act. The Project HOPE Homeless Liaison serves on our CoC Operating Cabinet and committees focused on homeless providers, so that all children and youth have transportation and access to schools and LEA services.

4) The LEA, WS/FCS, is a Charter Member of our CoC, signing and signifying its formal partnership, and an LEA under the NCDPI (SEA). Our CoC-funded
projects maintain MOUs with the City of Winston-Salem to assert their mutual collaboration and assurance that all children and youth served have access to the pre-K through 12th grade educational services.

5) Our CoC regularly collaborates with our school district (i.e., LEA), WS/FC Schools, on any homeless issue involving families with children. Project HOPE informs the CoC about trends and efforts within the schools, and coordinates with shelters serving families with children. Our local United Way works with WS/FCS to improve 3rd grade reading levels for a very high mobility school and uses private Emergency Assistance to assist families with housing to reduce the mobility rate.

6) The LEA, Winston-Salem/Forsyth County Schools, is a Charter Member for our CoC, signing and signifying its formal partnership.


NOFO Section VII.B.1.d.

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

(limit 2,000 characters)

In 2015, our CoC established a Policy on Education for Continuum of Care (CoC) and Emergency Solutions Grants (ESG) funded programs, which ensures all participants are informed of their eligibility for educational services via designated staff. The policy includes four specific procedures, which are described in the following. 1) Educational needs of children shall be considered when families with children are placed into emergency shelter, transitional housing and permanent housing programs. 2) CoC and ESG funded programs shall have policies and procedures that are consistent with, and which do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. 3) In the case of programs that provide housing or services to families with children, CoC and ESG funded providers will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the HEARTH Act. 4) When families are placed in emergency shelter, transitional housing and permanent housing, CoC and ESG funded programs will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children’s education. However, the decision to maintain a child’s enrollment at their school of origin will consider any history of domestic violence or child abuse within the child’s home environment.

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

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


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

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

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

(limit 2,000 characters)

1) Our CoC coordinates annual training for project staff. Leadership and staff participate in workshops year-round, on addressing safety & planning protocols and DV best practices, as many state and local organizations, like our VSP and MCO, are focused on addressing DV needs and improving practice. In 2021, The Center for Trauma & Resilience (CTR) conducted a 10-week training for CoC leaders & case managers, prompting follow-up action steps to create a trauma-informed CoC that improves care and support for both participants and providers. Family Services regularly conducts comprehensive training on best practices in serving survivors of intimate partner violence for staff from all CoC-funded projects. Family Services staff attended conferences (e.g., NCCADV) and trainings on providing trauma informed and trauma responsive services.

2) To remain current in practice and appropriate in response, Coordinated Intake Center (CIC) staff receive annual DV training and participated in the CTR training. Our CIC has specific CE protocols to prioritize & protect individual safety. DV case managers participate in CE and counsel CIC staff weekly. During initial engagement, if there are concerns about safety, the client is referred to Bridges to Hope, our one-stop center for DV, with access to law
enforcement, protective orders, DV shelter, & other resources. Our CoC, through the proposed HIP expansion, is working with Bridges to Hope to refine assessments and provide housing services on site. This project has a DV-dedicated CE position that will do both the housing & safety assessment. If DV is identified at any time in a household and the victim and abuser do not want to separate, both individuals receive separate & confidential CM. If there is DV in a household with CIC-matched housing, the members can be housed separately. Also, a person in CIC-matched housing who is fleeing violence and leaves the unit can be re-prioritized for housing through CIC.


NOFO Section VII.B.1.e.

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

(limit 2,000 characters)

The WS/FC CoC uses data regularly to assess the scope of community needs, inform practices, monitor programs, examine performance, and develop future strategies. Our CoC-funded DV provider manages data via a comparable database, Osnium (using os-soft), the data collections system used by the NC Coalition Against Domestic Violence. Our non-CoC funded, and smaller, DV provider also uses Osnium, and is in the process of training new staff. With Osnium, our DV providers submit data for the PIT, HIC, CAPER, APR, performance measures, and other uses. While data from these databases is used to monitor general system performance, it is also used to assess the scope of needs, whether it be for specific target populations, like DV, or for other demographic groups (e.g., racial, ethnic, household composition, disabilities, etc.) in our community. The Winston-Salem Police Department also works with the CoC and its providers, reporting incident and criminal activity data relevant to homeless and DV issues. Data is presented regularly at CoC meetings, helping us to assess special needs, increase our capacity to serve, and inform our work to end homelessness among survivors of DV, dating violence, sexual assault, and stalking. The FY21 proposed DV Bonus project expands earlier work, in which we used de-identified aggregate data to demonstrate that many DV housing needs are not being met, and thus, we seek to seamlessly connect our community’s primary DV entry portal with our CoC’s coordinated entry and rapid rehousing. Our local HMIS Local System Administrator continues to provide support to our DV provider in understanding the data standards, performance measures, and issues related to data quality.


NOFO Section VII.B.1.e.

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

1. prioritize safety;
1) Our Coordinated Intake Center (CIC) has CE protocols to prioritize and protect safety. At initial engagement, if there are concerns about intimate partner violence, the client is referred to Bridges to Hope Family Justice Center, providing confidential access to law enforcement, protective orders, shelter, etc. In our CE, if there is current DV in a household matched to housing of choice, then adult members work independently with their own case manager and can be housed separately. If a person is fleeing DV and leaves a CIC-matched unit, then they can be re-prioritized for housing. CIC and DV staff use trauma-informed, victim-centered approaches in safety planning.

2) Our CoC’s VAWA standards include implementation of emergency transfer plans for covered housing providers. Protocols include advance notification of occupancy rights under VAWA for all persons; notification of landlord obligations; protections to all persons against denial of admission; termination of assistance or lease violation due to being a victim of intimate partner violence; and lease bifurcation to remove a household member engaged in related criminal activity, without penalizing a victim or survivor of such criminal activity who is also a tenant or lawful occupant by allowing them to stay in the unit. Case managers assigned to DV cases use trauma-informed, victim-centered approaches and uphold client choice in housing.

3) Our CE process upholds client confidentiality throughout. VSP staff are active in CE assessment, reinforcing safety policies and confidentiality practices, and often spotting signs of abuse or providing advice on eliciting more information if abuse is suspected. CIC works with VSPs to ensure all policies and practices have the highest standard of confidentiality. At every stage client choice and confidentiality are upheld, including the provision of separate case managers within a DV household. HIP Expansion (DV Bonus) allows for specialized CE staff at Bridges to Hope.

<table>
<thead>
<tr>
<th>1C-6.</th>
<th>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.f.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.g.</td>
<td></td>
</tr>
</tbody>
</table>

FY2021 CoC Application Page 14 02/08/2022
Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry</th>
<th>Does the PHA have a General or Limited Homeless Preference?</th>
<th>Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Authority of the City of Winston-Salem (NC012)</td>
<td>31%</td>
<td>Yes—Public Housing</td>
<td>No</td>
</tr>
</tbody>
</table>

1C-7a. Written Policies on Homeless Admission Preferences with PHAs.

NOFO Section VII.B.1.g.

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—If your CoC only has one PHA within its geographic area, you may respond for the one; or

2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

The Housing Authority of Winston-Salem (HAWS) is our only PHA in the CoC’s geographic area. The Bethesda Center, a CoC-funded provider, partners with HAWS on a homeless admission preference project. Specifically, HAWS offers a homeless preference, with Bethesda Center providing 2-years of case management, for up to 10% of HAWS units within certain designated Public Housing communities.

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:

<table>
<thead>
<tr>
<th>Adequate housing providers</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Multifamily assisted housing owners</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. PHA</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3. Low Income Tax Credit (LIHTC) developments</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. Local low-income housing programs</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other (limit 150 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. |
1C-7c. Including PHA-Funded Units in Your CoC’s Coordinated Entry System.

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?  
No

1C-7c.1. Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.

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

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

(limit 2,000 characters)

1) Our Coordinated Intake Center collaborates with the Housing Authority of Winston-Salem and Bethesda Center to provide referrals to the units designated by HAWS for the homeless preference partnership with Bethesda Center. Bethesda Center informs CIC of both case management and housing availability, so that appropriate referrals can be made through our CE process.

2) HAWS established and formalized this preference program with Bethesda Center, a CoC-member organization, in its Homeless Preference document.

1C-7d. Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.

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

1C-7d.1. CoC and PHA Joint Application—Experience—Benefits.

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

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

(limit 2,000 characters)

HAWS coordinated with the CoC to submit an application for mainstream vouchers awarded in early spring 2020. Some additional mainstream vouchers were awarded.

1C-7e. Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.
<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.g.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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

| PHA |  |
| Housing Authority... |  |
1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of the City of Winston-Salem (NC012)
1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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

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

<table>
<thead>
<tr>
<th>1. Foster Care</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Health Care</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Mental Health Care</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Correctional Facilities</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

1. Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.

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

3. This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.

100%

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

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

(limit 2,000 characters)

On behalf of the CoC, the City of Winston-Salem, as Collaborative Applicant, works with partner projects to ensure they are committed to using a Housing First approach by reviewing each agency’s policies and procedures and shelter rules to ensure they have a housing first and low barrier approach. The shelter
rules should not exclude participants by having requirements such as income, prescription compliance, and/or physical conditions. The City of Winston-Salem, as Collaborative Applicant, also reviews intake processes and procedures to confirm that the CoC's eligibility for services and prioritization rules are being followed and service participation or preconditions are not being required as a means for assistance. The CoC is dedicated to providing a housing first and low barrier process to receive services, and partner organizations are trained daily on the rules and implementation of Housing First approaches in their organization. The City of Winston-Salem follows an annual monitoring protocol for all funded projects, which includes the aforementioned Housing First approaches.

<table>
<thead>
<tr>
<th>1C-9b. Housing First–Veterans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Scored–For Information Only</td>
</tr>
</tbody>
</table>

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?  
Yes

<table>
<thead>
<tr>
<th>1C-10. Street Outreach–Scope.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.j.</td>
</tr>
</tbody>
</table>

Describe in the field below:

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

(limit 2,000 characters)

1) Atrium Health’s Empowerment Project (EP) is our primary street outreach provider, with offices at Samaritan Ministries’ emergency shelter. Using a person-centered approach and motivational interviewing, EP staff identify and engage unsheltered homeless. City With Dwellings (CWD), a grassroots non-profit that began as an ecumenical collaborative, provides street outreach. CWD also operates a downtown, drop-in center for support and hospitality. Our Coordinated Intake Center is a conduit for homeless service providers, faith outreach providers, and emergency providers (EMS & WSPD), with its Dir. of Outreach Services holding weekly meetings. EP and CWD communicate directly with the WSPD downtown bike patrol to enhance outreach efforts.

2) Street outreach covers 100% of the NC-500 geography.

3) EP and CWD conduct street outreach daily. CWD opens the drop-in day center twice weekly.

4) To reach those least likely to request assistance, EP relies on its highly-trained, multi-disciplinary, skilled outreach staff, who focus on building a relationship - requiring ongoing contacts and effort to make the person safe where he/she is. CWD uses a similar person-based approach, capitalizing on its
drop-in center as a place to build transformative relationships. Working together, EP and CWD are building strong bonds with unsheltered persons and successfully bringing them to coordinated entry. The CoC tailors its outreach by maintaining these relationships, as well as mapping locations covered by specific providers. During the pandemic our unsheltered count dramatically increased, and our CoC strengthened coordination of street outreach teams. Now, street outreach reports an unduplicated, unsheltered count to the CoC weekly, and manages their own By-Name List, focusing services on persons with longest time unsheltered. Our CoC also strengthened its relationship with NCDOT to identify encampments located in highway Right of Ways and to partner with them to find safer alternatives.

1C-11. Criminalization of Homelessness.

<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.k.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC’s geographic area:</td>
</tr>
</tbody>
</table>

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

Adopted a policy that de-emphasizes law enforcement engagement with unsheltered homeless; worked with Dept. of Transportation to prioritize utilize homeless service providers to move encampments as opposed to calling law enforcement

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

<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.l.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>184</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment?</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2021 CoC Application</td>
<td>Page 21</td>
<td>02/08/2022</td>
</tr>
</tbody>
</table>
1. **Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**
   - Yes
   - Yes

2. **Private Insurers**
   - Yes
   - Yes

3. **Nonprofit, Philanthropic**
   - Yes
   - Yes

4. **Other (limit 150 characters)**
   - United Health Center/Downtown Health Plaza/Community Care Clinic
   - Yes
   - Yes

### 1C-13a. Mainstream Benefits and Other Assistance–Information and Training.

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

1. Systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;

2. Communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;

3. Working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and

4. Providing assistance with the effective use of Medicaid and other benefits.

**(limit 2,000 characters)**

1) Our CoC systematically provides up to date information on mainstream resources available for NC-500 program participants through both scheduled presentations or new business updates in meetings and informational resources distributed via email to CoC members. CoC-engaged representatives from mainstream organizations like DSS, Dept. of Public Health, and VA ensure timely communication on available resources, keeping our CoC-funded providers current on mainstream benefits.

2) Our CoC informs program staff through weekly in-house meetings; monthly Operating Cabinet or committee meetings, which include all CoC-funded providers and mainstream representatives; annual CoC trainings; and collaborations with NC Community Action Agency via CoC-member Experiment in Self-Reliance.

3) Our CoC has several healthcare collaborations to assist participants with enrolling in health insurance. Atrium Health helps participants apply for Medicaid. Street outreach staff assist participants with enrolling in health insurance. Legal Aid of NC assists with health insurance enrollment. The Dept. of Public Health Stepping Up program and others help participants with completing Medicaid applications and connecting to Healthcare Access, which helps participants navigate ACA plans. Our CoC Bonus project creates a new partnership with United Health Centers.

4) CoC case managers and DSS Stepping Up staff link participants to community resources to access benefits. They have participants complete both Medicaid & food stamps applications together. They inform participants that Medicaid includes transportation, help them navigate the system, and encourage them to utilize the benefit to get to any Medicaid appointment. Stepping Up helps participants complete TransAid applications which require doctor’s signature. SOAR is used to obtain disability income. Our CoC identifies high utilizers of Medicaid services and is advocating for the healthcare system...
to screen for housing barriers.

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

NOFO Section VII.B.1.n.

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

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

(limit 2,000 characters)

1) Our CoC covers 100 percent of CoC’s geographic area. Access points are the shelters, street outreach programs, and Bridges to Hope Family Justice Center, which all serve the county and feed into our centrally-located CIC. In addition, the NC211 information & referral service provides county-wide access outside of normal business hours.

2) Our Coordinated Intake Center (CIC) employs two staff, whose specific job is to reach people who are not part of the homeless system (i.e., not in HMIS, not being served by any other homeless provider) to make sure they get assessed. They also conduct screenings in coordination with the hospital. In addition, our Street Outreach teams, through their relationship building, successfully bring people to CIC.

3) The CIC maintains a comprehensive By-Name List (BNL) of persons in need of supportive services and/or housing to end their homelessness, and the BNL is ordered by the client/household’s score on the VI-SPDAT and length of time homeless (LOTH).

4) CIC tracks how often they are contacted outreach workers in an effort to orient them to a housing solution. Each week CIC staff perform full assessments based on available resources and LOTH. Cases are then referred to available housing resources and services which will help the client/household achieve housing stability goals. A multi-agency Assessment Team meets every other week to review the status of referrals, matched & unmatched clients on the BNL, the list of chronically homeless persons, and any appeals or hard cases. For CQI, the Assessment Team also reserves time for discussion of process improvements.


NOFO Section VII.B.1.o.

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

**NOFO Section VII.B.1.o.**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>People of different races or ethnicities are more likely to receive homeless assistance.</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>2. <strong>People of different races or ethnicities are less likely to receive homeless assistance.</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>3. <strong>People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.</strong></td>
<td>No</td>
</tr>
<tr>
<td>4. <strong>People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>5. <strong>There are no racial or ethnic disparities in the provision or outcome of homeless assistance.</strong></td>
<td>No</td>
</tr>
<tr>
<td>6. <strong>The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.</strong></td>
<td>No</td>
</tr>
</tbody>
</table>

### 1C-15b. Strategies to Address Racial Disparities.

**NOFO Section VII.B.1.o.**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.</strong></td>
<td>No</td>
</tr>
<tr>
<td>2. <strong>The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.</strong></td>
<td>No</td>
</tr>
<tr>
<td>3. <strong>The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>4. <strong>The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.</strong></td>
<td>No</td>
</tr>
<tr>
<td>5. <strong>The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>6. <strong>The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.</strong></td>
<td>No</td>
</tr>
<tr>
<td>7. <strong>The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>8. <strong>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.</strong></td>
<td>No</td>
</tr>
<tr>
<td>9. <strong>The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.</strong></td>
<td>No</td>
</tr>
<tr>
<td>10. <strong>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.</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>11. <strong>The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.</strong></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Other:** (limit 500 characters)

---

**Applicant:** Winston-Salem/Forsyth County CoC

**Project:** NC-500 CoC Registration FY 2021

**COC_REG_2021_181949**
Describe in the field below the steps your CoC and homeless providers have taken to improve racial
equity in the provision and outcomes of assistance beyond just those areas identified in the racial
disparity assessment.

(limit 2,000 characters)

Our CoC is involved in several efforts to improve racial equity in the provision and outcomes of assistance. Much of our early efforts specifically focused on us making sure our members, both individuals and organizations, reflected the diversity of our community and recognized the need to focus on racial equity in our system. Our HMIS Local System Administrator presents data and reports monthly to CoC members. In these presentations she examines every metric with a racial equity lens and encourages providers to reflect on provision of services and outcomes. These presentations form the basis of our system improvement focus. In addition, NC HMIS, our CoC’s HMIS implementation, spent time examining racial equity and needs within each CoC. The City of Winston-Salem, our Collaborative Applicant, paid for staff to attend the National Alliance to End Homelessness conference in September that provided training in providing on racial equity in the homeless field, discussed strategies to address the unsheltered homeless, and covered topics related to reconfiguring the coordinated assessment system and alternatives to the VI-SPDAT for assessment. Many CoC leaders and staff participated in Community Solutions’ Built for Zero Fall 2020 Learning Session, with various topics focusing on racial equity. As an outgrowth of that participation, our CoC initiated a Racial Equity Learning Group to explore our system’s inequities and chart a path for improving racial equity in the provision and outcomes of assistance in our community. Over the coming months, the Racial Equity Learning Group intends to review all homeless system components with a racial equity lens and identify actionable steps to address identified disparities within the control of the CoC. Where issues are identified at the intersection of the CoC and other mainstream systems, we will work with our partners from those systems to develop strategies to address those disparities.

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

1C-17. Promoting Volunteerism and Community Service.

NOFO Section VII.B.1.r.

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

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities. Yes

2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry). Yes

3. The CoC works with organizations to create volunteer opportunities for program participants. Yes

4. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials). Yes

5. Provider organizations within the CoC have incentives for employment and/or volunteerism. No

6. Other (limit 500 characters)

The CoC encourages and engages persons with lived experience to support PIT counts and other outreach activities. Yes
1D. Addressing COVID-19 in the CoC’s Geographic Area

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

<table>
<thead>
<tr>
<th>1D-1.</th>
<th>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.q.</td>
<td></td>
</tr>
</tbody>
</table>

Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:

1. unsheltered situations;
2. congregate emergency shelters; and
3. transitional housing.

(limit 2,000 characters)

Beginning in March 2020, the WS/FC CoC implemented a coordinated COVID-19 response that included safety protocols and best practices for protecting the health of individuals and families experiencing homelessness in unsheltered, emergency shelter, or transitional housing situations. Our CoC has worked closely on all three fronts with our liaison from the Department of Public Health (DPH) on safety protocols.

1) For those living in unsheltered situations, street outreach teams delivered CDC information, supplied masks and hand sanitizer, offered and/or established handwashing stations to all known encampments, worked with law enforcement to not disturb encampments that did not pose a health risk, operated a van with a mobile shower, and established a daytime PPE distribution and information tent.

2) With guidance from our DPH liaison, emergency shelters (ES) determined the best configuration and/or maximum capacity for safe operation to mitigate viral spread. ES increased sanitizing/cleaning protocols, provided masks, required mask wearing, implemented hand sanitizing and hand washing stations, did not allow persons to congregate in groups, conducted temperature checks, and sent persons with symptoms to hospitals for testing. Our CoC conducted intense diversion work, transitioning people from ES to living with friends/family. Our CoC also developed an Outbreak Protocol for ES to follow as needed, which included sending persons to Isolation Hotel if exposed, testing positive, or awaiting results and utilizing DPH for assistance with contact tracing.
3) Transitional housing (TH) providers also adjusted bed capacity/configuration, increased sanitizing/cleaning protocols, provided masks, required mask wearing, implemented hand sanitizing and hand washing stations, did not allow persons to congregate in groups, conducted temperature checks, and sent persons with symptoms to hospitals for testing. TH also followed our CoC’s Outbreak Protocol.

1D-2. Improving Readiness for Future Public Health Emergencies.

NOFO Section VII.B.1.q.

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

(limit 2,000 characters)

As a result of COVID-19 collaborations, the WS/FC CoC established Public Health Emergency Task Group, which at the pandemic’s onset scheduled a Daily Call at 2PM to facilitate communication and the response of our homeless service system. The Public Health Emergency Task Group’s 2PM call is now weekly, and they plan to remain active beyond the current pandemic to improve our community’s readiness in the future. Key leaders involved in this group include the Director of Social Services, a Department of Public Health (DPH) liaison, hospital representatives, Street Outreach staff, Executive Directors representing ES and TH, and CoC Leadership. The DPH liaison’s role is critical to providing timely information and guidance to protect the health of both our homeless participants and staff serving them. The Task Group is currently working on policies for emergency shelters, with a specific emphasis for policies that address infectious disease.

1D-3. CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.

NOFO Section VII.B.1.q

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

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

(limit 2,000 characters)

At the onset of COVID-19, our CoC established Daily Calls (at 2PM) to allow for constant and current communication on all issues and resources. All recipients of ESG, ESG-CV, and CoC funding participated in those calls, as well as the greater community who serve homeless participants. Through these Daily Calls, our CoC identified priorities related to ESG-CV funds. The Collaborative Applicant coordinated the applications for ESG-CV funding, and the Rating Panel made the final recommendations. As a result:
1) Our CoC created isolation rooms in motels for the medically vulnerable and for those exposed to COVID-19. This was to prevent the spread among the homeless population. Our CoC also awarded funds to a local shelter, which enabled them to create isolation rooms on site, giving those experiencing homeless personal privacy and protection. These rooms are dedicated to those who have high barriers and/or compromised health.

2) Our CoC allocated ESG-CV funds to expand our current Rapid Rehousing program. By expanding the Rapid Rehousing program, our CoC will be able to provide assistance to households that are lower on the By-Name List. CoC funds were also provided to create a homeless prevention program that assists with keep households from entering the homeless system by providing diversion funds to keep them safely housed.

3) Our CoC did not allocate ESG-CV money to eviction prevention, as our City and County was awarded sufficient eviction prevention funds through the Treasury Department. Our CoC worked hand in hand with local government to provide eviction prevention funds and assistance to households who became homeless during the COVID-19 pandemic.

4) ESG-CV funds were used to provide masks and other PPE to shelter residents and staff. The shelter locations were also renovated to meet COVID-19 distance guidelines.

5) Some shelters purchased furniture that can be sanitized and upgraded their HVAC systems to heighten their sanitary practices.

1D-4. CoC Coordination with Mainstream Health.

NOFO Section VII.B.1.q.

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1. decrease the spread of COVID-19; and
2. ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1) To decrease the spread of COVID-19, our CoC coordinated with mainstream health, which included both the Department of Public Health, clinics serving our shelter participants (e.g., United Health Centers), and our private hospitals (i.e., Novant Health and Atrium Health Wake Forest Baptist). Daily screening for COVID symptoms was established for all guests, staff, and volunteers. Testing protocols were established at the onset, and the CoC operated an isolation shelter immediately. When vaccines were ready for distribution, these strengthened local relationships expedited mainstream health’s ability to come on site for education and vaccine clinics. One positive long-term outcome of this public-private coordination and effort to decrease community spread was the development of a Communication Protocol between hospitals and the Coordinated Intake Center (SSO-CE) to improve discharge planning.

2) During the COVID-19 Daily Calls, shelters and street outreach teams discussed and confirmed the implementation of their safety measures (e.g., social distancing, hand washing/sanitizing, masks, etc.). CoC Leaders
supported the continuous distribution of PPE and sanitation products. In the event of an exposure or multiple positive results, the Department of Public Health did on-site monitoring to ensure effective implementation of safety measures and sanitation.

1D-5. Communicating Information to Homeless Service Providers. 

NOFO Section VII.B.1.q.

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

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

(limit 2,000 characters)

1) At the onset of the pandemic, our CoC established Daily Calls (at 2PM) for the homeless service providers. Information was communicated regularly, so providers were constantly up to date on the situation and response. The minutes of the Daily Call have same-day distribution, allowing for our mainstream health providers and anyone else who may have occasional conflicts stay informed. CoC-member organizations regularly communicate with their staff, homeless guests, and volunteers about all safety measures that are in place.

2) All changes in local restrictions were communicated on the Daily Call. While it is now a weekly call, this is our CoC’s primary way to communicate with homeless service providers.

3) During the Daily Calls, our CoC Leadership and Department of Public Health liaison kept homeless service providers informed about vaccine implementation. Vaccine implementation began in February 2021, with the medically fragile, elderly persons, and frontline providers. By March 2021, our homeless community was eligible for vaccination. Shelters held multiple vaccine clinics on-site, and also held vaccine clinics for clients at the Soup Kitchen. Each shelter continues to advocate for vaccinations and monitor the rates


NOFO Section VII.B.1.q.

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

(limit 2,000 characters)

To identify eligible individuals and families experiencing homelessness for COVID-19 vaccination, our CoC followed and promoted eligibility protocols issued by the State of NC. Our CoC also advocated at the state-level to provide the homeless community with early access. Our CoC has been very proactive with COVID-19 Vaccination efforts. Homeless persons in the elderly or health compromised categories were encouraged to get vaccinated when the vaccines
first became available. Multiple vaccine clinics have been established at multiple locations throughout the community where homeless persons frequent, including shelters and the Soup Kitchen. Homeless provider staff were encouraged and included in vaccine promotion efforts. The CoC used its Daily Call to brainstorm strategies for promoting and informing the homeless community about the benefits of vaccination. Shelter Executive Directors keep estimates on vaccination rates among staff and participants.

1D-7. **Addressing Possible Increases in Domestic Violence.**

NOFO Section VII.B.1.e.

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

**limit 2,000 characters**

Bridges to Hope Family Justice Center, opened late summer 2020, multi-service center located on the campus of DSS. DV victims are connected to supportive housing through coordinated assessment as quickly as they are identified to ensure they have resources to find safety and follow housing plan. This Center is helping to serve all persons affected by intimate partner violence, and is providing one-stop access to critical services. 211 has seen a 3-fold increase in DV calls statewide. The Winston-Salem Police Department has also seen a significant increase in DV calls. Our CoC anticipates significant rises in housing and service needs over the next 12-18 months, an aftershock of the COVID-19 pandemic. Our CoC is responding to this expected increase by submitting a DV Bonus project request, so that our primary DV provider can work seamlessly with CE through the Bridges to Hope Family Justice Center. Additionally, with the significant challenges of finding safe, affordable housing in our CoC (i.e., housing at or below FMR), Housing Navigation services and affordable housing efforts are critically needed and currently extremely time intensive, which is why the DV Bonus expansion effort is necessary if we are going to rapidly and safely rehouse homeless DV survivors.

1D-8. **Adjusting Centralized or Coordinated Entry System.**

NOFO Section VII.B.1.n.

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

**limit 2,000 characters**

In May 2020, adjustments were made to our Coordinated Entry (CE) policy and procedures to prioritize housing program openings to those considered ‘Medically Fragile’ and high risk to COVID-19. CE staff were tasked with creating a scoring tool in consultation with the local Department of Public Health department and CDC guidelines to identify and prioritize households based on
COVID-19 risk factors. Our CoC opened a temporary shelter for our medically fragile population. CE staff assisted in referring households from this shelter to program openings and facilitating weekly case conferencing to accelerate the housing process. CE staff assisted in the opening and monitoring of an isolation shelter for covid positive individuals, they used their phone line as a 24-hour hotline for medical institutions to call when discharging homeless clients, to prevent covid positive individuals from being unknowingly admitted to our shelters. During the pandemic, our street population increased dramatically. CE staff helped street outreach create an unduplicated list to track our unsheltered population and continue to facilitate weekly meetings to update this list, to ensure we have an accurate count.
1E. Project Capacity, Review, and Ranking–Local Competition

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


NOFO Section VII.B.2.a. and 2.g.

1. Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition. 09/01/2021
2. Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process. 06/08/2021

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

NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.

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

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


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NOFO Section VII.B.2.d.

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

1. the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and

2. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1) Our CoC’s Renewal Project Performance scorecard considers the specific needs and vulnerabilities of chronically homeless, families with children or youth, victims of intimate partner violence, and Veterans when ranking and selecting projects. Our CoC’s Rating Panel makes sure the final Project Priority Listing always includes an array of projects that serves all sub-populations within our community and that addresses their unique needs and vulnerabilities.

2) Our CoC’s Rating Panel is very objective in its annual process, making sure not to eliminate projects that provide housing and services to the hardest to serve populations. CoC Bonus funds were used to create a new project design for the hardest to serve population, which will replace a renewal that was under performing due to project design (i.e., lack of staff and services). Our CoC’s Rating Panel always considers the challenges projects encounter when providing housing and services to the hardest to serve populations, and they recognize this often results in lower performance but addresses critical needs in our geographic area. These considerations are evident in the review and final ranking each year.


NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1. obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;

2. included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;

3. rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1) Our CoC’s Rating Panel includes people of different races, and reflects that of our local homeless population. This diverse group of individuals uses care in their determination of rating factors and their review of project applications.

2) Our CoC’s Rating Panel includes people of different races, and reflects that of our local homeless population. This diverse group of individuals uses care in their review, selection, and ranking of project applications. The Rating Panel is well informed

3) Our CoC’s HMIS Local System Administrator provides program data to the Rating Panel and CoC about program participant demographics and overall homeless population demographics. While our homeless population
demographics do not mirror overall community demographics, our programs’ participants mirror the homeless population demographics.

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

NOFO Section VII.B.2.f.

Describe in the field below:

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

(limit 2,000 characters)

1) Our CoC’s written, web-posted Reallocation Process aligns with HUD guidance – stating in the local project solicitation (i.e., RFP) that new projects may only be funded through reallocation of funds from existing projects or through the bonus process, while noting that HUD limits the type of projects for which reallocated or bonus funds may be used, and that expansion may be funded through reallocation. Our CoC’s Rating Panel reviews renewal projects based on performance metrics. The performance outcomes reveal projects that are low performing, less needed, or financially inefficient. After consideration and discussion of both the new and renewal projects the Rating Panel develops reallocation and ranking recommendations. When making recommendations to reallocate funds, they consider both HUD’s policy priorities & strategic objectives and the CoC’s needs & priorities.

2) Our CoC’s Rating Panel identified two projects that were low performing during the local competition this year.

3) Our CoC reallocated through elimination of two projects that were low performing and/or less needed during the local competition this year. Our CoC also made two minor reductions in renewal projects for reallocation to new projects. All of the reallocations were made to accommodate funding new projects whose purposes are designed to meet system-wide needs, improve client outcomes, and improve system performance.

4) NA

5) The Reallocation Process is communicated to project applicant via web postings, grant workshops, and meetings. After the Rating Panel makes its reallocation decisions, the CoC membership is made fully aware of the performance results, scoring, local needs, and considerations that guided the Rating Panel to its final recommendation.
### Determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.

**NOFO Section VII.B.2.f.**

| Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021? | No |

### Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments

**NOFO Section VII.B.2.g.**

| 1. Did your CoC reject or reduce any project application(s)? | Yes |
| 2. If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. | 10/25/2021 |

### Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.

**NOFO Section VII.B.2.g.**

| Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. | 10/25/2021 |

### Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.

**NOFO Section VII.B.2.g.**

| Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected. | 11/12/2021 |
2A. Homeless Management Information System (HMIS) Implementation

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

2A-1. HMIS Vendor.

Not Scored–For Information Only

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

WellSky

2A-2. HMIS Implementation Coverage Area.

Not Scored–For Information Only

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

Multiple CoCs

2A-3. HIC Data Submission in HDX.

NOFO Section VII.B.3.a.

Enter the date your CoC submitted its 2021 HIC data into HDX.

05/13/2021

2A-4. HMIS Implementation–Comparable Database for DV.

NOFO Section VII.B.3.b.

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

1. have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and

2. submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)
1) Our CoC's Local System Administrator (LSA), who works for the Local HMIS Lead, reviews the reports that Family Service, Inc., the CoC's main DV housing and service provider, is required to submit due to their funding sources. They have been able to submit all reports in recent years with minimal issue or technical support.

Our CoC has another very small DV provider, Next Step Ministry, which doesn't receive any federal or state funding that requires they use an HMIS comparable database. Our CoC's LSA is available and willing support their participation in an HMIS comparable database if the need or interest presents.

2) Family Services, Inc., our CoC's main DV provider, provides de-identified aggregated system performance measure data to the CoC annually for the renewal project performance review process. Our CoC's LSA is also coordinating with Family Services, Inc. to assist them in their submission of de-identified aggregated system performance measures data for their projects in the comparable database for the recent HUD Fiscal Year End (9/30/2021), so the CoC and HMIS Lead has system-wide data in its annual performance monitoring.

---


- **NOFO Section VII.B.3.c. and VII.B.7.**

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

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds 2021 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emergency Shelter (ES) beds</td>
<td>369</td>
<td>28</td>
<td>281</td>
<td>82.40%</td>
</tr>
<tr>
<td>2. Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>3. Transitional Housing (TH) beds</td>
<td>57</td>
<td>0</td>
<td>33</td>
<td>57.89%</td>
</tr>
<tr>
<td>4. Rapid Re-Housing (RRH) beds</td>
<td>184</td>
<td>61</td>
<td>123</td>
<td>100.00%</td>
</tr>
<tr>
<td>5. Permanent Supportive Housing</td>
<td>331</td>
<td>0</td>
<td>184</td>
<td>55.59%</td>
</tr>
<tr>
<td>6. Other Permanent Housing (OPH)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

### 2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.

- **NOFO Section VII.B.3.c.**

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

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

2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1) For ES and TH, the CoC will be above 84.99 percent in 2022. The Winston-Salem Rescue Mission (WSRM) does not serve homeless individuals by HUD’s definition. Thus, in following with HUD guidelines, the WSRM’s ES and TH beds will not be counted in the upcoming HIC. With regards to PSH bed coverage,
our CoC has actively supported our NCHMIS Implementation Lead, MCAH, in its efforts to work with HUD, the VA, and WellSky on identifying a solution for VASH PSH beds/participants data import into HMIS, but the databases/fields of information are making import challenging. Our CoC will continue to advocate for progress and a solution. In addition, our CoC will work with local VA and PHA staff to develop a local solution to entering participant data into the HMIS separate from an import.

2) For the ES and TH bed coverage, the CoC's HMIS LSA has been notified to remove the WSRM from the 2022 Housing Inventory Chart in HDX. Upon community review of the HIC, the CoC will ensure that WSRM ES and TH beds are not listed, since their clients do not meet the HUD homeless definition. 2022 ES and TH HMIS bed coverage will be at 100%. With regards to PSH bed coverage, our CoC will continue to support the NCHMIS Implementation Lead, MCAH, in its efforts to work with HUD, the VA, and WellSky on identifying a solution for VASH data import into HMIS. Since, VASH data importing has not been feasible to date, our CoC's HMIS LSA will meet with the Senior Director of Housing Strategies for United Way of Forsyth County to make an action plan for collecting and entering VASH client data and see who is appropriate to complete this task with consideration of licensing and training. They will also include VA and Housing Authority of Winston-Salem representatives in their implementation plan, so that ROIs are in place and data can be collected and entered for all new VASH households. The VA will be instrumental in assisting our CoC with obtaining ROIs data for entry on existing VASH households.

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.  

85.39%

2A-5b.1. Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.

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

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

2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)


Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?  

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

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

### 2B-1. Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022

<table>
<thead>
<tr>
<th>NOFO Section VII.B.4.b.</th>
</tr>
</thead>
</table>

**Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?**

- Yes

### 2B-2. Unsheltered Youth PIT Count–Commitment for Calendar Year 2022

<table>
<thead>
<tr>
<th>NOFO Section VII.B.4.b.</th>
</tr>
</thead>
</table>

**Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?**

- Yes
2C. System Performance

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

2C-1. Reduction in the Number of First Time Homeless—Risk Factors.

NOFO Section VII.B.5.b.

Describe in the field below:

1. how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;

2. how your CoC addresses individuals and families at risk of becoming homeless; and

3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

The 2021 PIT Count (n=323) in HDX revealed a 27.7% decrease in sheltered individuals as compared to 2020 (n=447) and a 24.9% decrease in sheltered individuals and families as compared to 2019 (n=430).

With regards to first-time homeless as reported in HDX Metric 5.1, our CoC saw a 7.4% decrease in the rate of first-time homelessness from FY19 to FY20. Metric 5.2 also improved with a 7.1% decrease from FY20 to FY21. Preliminary SPM data shows similar reductions from FY20 to FY21.

1) Our CoC identified first-time risk factors by analyzing HMIS data and using the results of coordinated, in-depth screening (VI-SPDAT) and Case Manager input. Vulnerabilities are low/no income, substance abuse, health/behavioral issues, criminal records, chronic homelessness, DV, human trafficking, LGBT status, high use of crisis/prevention or hospitals/jail, likelihood for eviction, involvement with WS/FC Schools (LEA) Project HOPE homeless outreach, and/or living unsheltered, doubled up or in motels/hotels.

2) Our Coordinated Intake Center (CIC) works with shelters/crisis assistance agencies to implement a diversion protocol at initial contact and partners with mainstream/prevention agencies to reduce first-time homelessness for individuals and families with children. In 2020, our CIC Team added Diversion & Prevention (D&P) Specialists to increase use of our proven D&P protocols. More focused efforts to prevent first-time homeless among families with children include collaboration between CIC, shelters, and Project HOPE. These heightened D&P activities are revealing positive results. Per our DV Bridges to Hope Family Justice Center, many DV survivors are at risk of first-time
homelessness. Thus, Family Services, our VSP, is proposing an expansion project to increase outreach by adding CE diversion/prevention/housing specialists at Bridges to Hope.

3) Senior Director for Housing Strategies, United Way of FC, in coordination with the Dir. of CIC, is responsible for overseeing this strategy.

<table>
<thead>
<tr>
<th>2C-2.</th>
<th>Length of Time Homeless–Strategy to Reduce.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.5.c.</td>
<td></td>
</tr>
</tbody>
</table>

Describe in the field below:

1. your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;

2. how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and

3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

As reported in HDX, our CoC’s LOTH numbers are stable, with a 2.8% reduction in average LOTH for persons in ES (Metric 1.1) from FY19 to FY20; when TH is included, there was a slight increase (10.1% or 8 days) in LOTH.

1) Our CoC uses Built for Zero planning, constant contact by street outreach workers, and careful monitoring of participants' length of stay to speed movement through coordinated intake to PH (i.e., reduce both time between program match/intake and housing and LOTH). Our CoC’s strategy also includes having our housing navigators to identify available units for PH clients to rent and a new partnership with one large property owner to incentivize rapidly rehabbing prior uninhabitable units to bring them back online to increase the housing options for people exiting homelessness. Using daily COVID calls and task groups, case managers and other service providers are identifying and overcoming barriers that delay housing. Our Coordinated Intake Center (CIC) established case conferencing calls with Case Managers to monitor and encourage quick housing placements for those residing in the medically fragile shelter that was established during the pandemic. This strategy has since been adapted for all RRH clients. Placement success is due to CoC planning and partnership with our PHA, which is moving on stable PSH participants to create new PSH openings and shorten LOTH. HMIS data is used to monitor LOTH and inform our work.

2) Our CoC uses data sharing to facilitate identification, placement on By-Name List, and prioritization through CIC. The CoC adopted Notice CPD-16-11 and coordinates use of RRH & PSH to house people quickly and stably. Our PHA moves PSH clients to vouchers and dedicates units for homeless, which assists with PSH placements.

3) Dir. of CIC, United Way of FC, maintains the By-Name List, and the Senior Dir. for Housing Strategies, United Way of FC, is the position/organization responsible for overseeing the strategy to reduce LOTH.
Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1. emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and

2. permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) From 2019 to 2020, our CoC’s exits to PH destinations declined by 3% as reported in HDX SPM. For ES, SH, TH, and RRH, our CoC has several strategies to increase the PH exit rate. CE works with our PHA and RRH providers to quickly move people to PH after assessment & referral. Recognizing the challenge of PH exits for participants with low to mid-range vulnerabilities, our CoC hired new Diversion & Prevention Specialists to increase the rate of positive housing outcomes. Housing Navigators work to increase supply of units available and maintain an online searchable housing location tool. Other strategies are more targeted, like increasing PH destination rates for specific sub-populations, including landlord assurances in RRH work, and building relationships with mainstream service providers to ensure participants have necessary supports. HMIS data helps identify LOS patterns and informs matching criteria (i.e., to case managers or housing search & placement assistance) to ensure that long-term stayers have appropriate housing resources, with specific focus on those at the 30-day mark.

2) From 2019 to 2020, our CoC’s PSH retention and exit to PH destinations rate improved to 99%, a 3% gain, as reported in HDX SPM. For both individuals and persons in families residing in PSH programs, our CoC has very high performance with PH stability. Expanding case management services and right-sizing other supports is a key strategy to support housing placements. The primary strategy for increasing the rate of housing stability in PSH is client-centered case management, where case managers provide the appropriate & necessary supports to ensure retention or successful exit for each individual or family. Our CoC continuously fine tunes our PSH to shorten time to housing and maintain a high housing stability rate. Thus, the new Forsyth PSH Collab. expansion seeks additional resources to address the increasing challenge of finding affordable housing and serving very high-need participants.

2C-4. Returns to Homelessness–CoC’s Strategy to Reduce Rate.

Describe in the field below:

1. how your CoC identifies individuals and families who return to homelessness;

2. your CoC’s strategy to reduce the rate of additional returns to homelessness; and

3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1) From 2019 to 2020, the <6mos. return rate improved or decreased by 3% (FY19: 12%; FY20: 9%). From 2019 to 2020, the 6-12mos. return rate improved or decreased by 1% (FY19: 8%; FY20: 7%). Our CoC’s Community Intake Center (CIC) uses a By-Name List to identify/track recidivism as part of
coordinated entry, and the CoC/Collaborative Applicant (CA) monitors individual returns to homelessness from PH projects with HMIS recidivism reports. Having multiple non-PH exits has been identified as a common factor among those who return to homelessness, which reveals that the exit was not actually to a permanent situation. Our CoC’s coordinated intake and assessment process uses a standardized assessment tool to identify factors for persons to consider addressing in their housing stability plan. During the pandemic, our CoC observed that isolation was a leading factor in creating returns to homelessness. The need for ongoing and continued peer support is critical to maintaining their housing stability, and our CoC is pursuing other strategies to create community once persons exit to PH.

2) Our CoC’s overall strategies to reduce additional returns include: a) using diversion to avoid returns to ES/TH; b) improving entry/exit data to distinguish true returns from continued homelessness; c) enhancing follow-up for persons who exit to stay with family/friends, so they remain or move to more stable housing; d) expanding access to income resources (e.g., SOAR and jobs) to increase disability and employment income; e) including in CES referral recommended services, such as mental health and substance abuse services and budgeting classes; f) providing adequate case management and educating tenants about rights and responsibilities in housing, including how to avoid lease violations; and g) arranging access to childcare resources for working families.

3) Senior Director for Housing Strategies, United Way of FC, is the position/organization responsible for overseeing the strategy.


NOFO Section VII.B.5.f.

Describe in the field below:

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

(limit 2,000 characters)

Our CoC was not able to demonstrate increases in employment cash income for adults (both leavers and stayers) from FY2019 to FY2020, which is why we are submitting an expansion project specifically dedicated to improving these outcomes for work-ready participants in our Forsyth Rapid Rehousing Collaborative.

1) For employment income, Goodwill Industries (MOU in place) & NCWorks Career Ctr. provide their resources and more training for Case Managers in better connecting participants to job training & employment. Our Goodwill Industries has a formerly homeless Board member to better inform their work. Specific best practices to increase employment income include: working closely with organizations such as Goodwill Industries & NCWorks Career Center to provide employment services; referring all individuals who need/want to increase their employment income to Goodwill and/or NCWorks; career
coaching on job progression; skills training, when appropriate, to increase employability skills whether to get a job or advance in the one held; and training on job retention & advancement strategies. A new privately-funded employment project gives RRH participants financial support for needs (i.e., child care or transportation) that help them obtain a living wage position.

2) Participants access work supports (e.g., food stamps, subsidized childcare, housing) to free up cash; this is accomplished through vocational coaching sessions. In addition to discussing supports that may be available, the true value of various jobs is discussed. Participants learn to analyze the true cost of a job - e.g., A job may pay $.50 to $1.00 more per hour, but be a further driving distance, less hours, and less benefits. If the difference in pay can’t more than cover the extra costs, then the job making less per hour may be a better alternative.

3) CoC Program Manager, City of Winston-Salem, in coordination with Director of Mission Performance Management, Goodwill Industries of NWNC, Inc.


NOFO Section VII.B.5.f.

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) Our CoC has an MOU in place between the United Way (CoC), NCWorks (Workforce Dev. Bd.), and Goodwill (Local Educ./Training). To increase access to employment, our CoC holds job/hire fairs in partnership with companies that are hiring; develops relationships with employers to ensure meeting their hiring needs; provides pre-employment services to employers such as resume screening, testing, etc.; uses mobile tools like Goodwill on the Go, which provides virtual information on local training/job fairs. Built into the work that both Goodwill & NCWorks Career Center provide, is employer engagement, by building partnerships with area employers around training and employment needs, ensuring participation by employers in GW’s Business Advisory Councils, partnering with staffing agencies, holding job/hire fairs for employers and staffing agencies, & providing screening services for employers.

2) Goodwill & NCWorks partner with FTCC and area employers to provide skills training to prepare individuals for living wage employment. NCWorks provides on-the-job training and internships with local employers. Our CoC collaborates with the Homeless Veterans Reintegration Program (HVRP), funded by DOL, ensuring that Veterans have ready access to supports for training and employment. Our CoC Case Managers report several PSH success stories, with participants overcoming their addictions, finding their passions (e.g., serving others with lived experience, landscaping, culinary work, etc.), furthering their education, and engaging in meaningful work. Notable stories include: a) Housing First participant receiving his MSW and now working in an emergency
shelter; & b) Second Harvest’s Providence Culinary Training program providing pathways to family-sustaining careers in the food service and hospitality industries. Through our network of employee partners, Goodwill, NCWorks Career Center, CoC Case Managers, and HVRP staff provide participants access to beneficial employment opportunities.

<table>
<thead>
<tr>
<th>2C-5b. Increasing Non-employment Cash Income.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.5.f.</td>
</tr>
</tbody>
</table>

Describe in the field below:

1. your CoC’s strategy to increase non-employment cash income;
2. your CoC’s strategy to increase access to non-employment cash sources; and
3. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income. (limit 2,000 characters)

1) Our CoC was not able to demonstrate increases in non-employment cash income for adults (both leavers and stayers) from FY2019 to FY2020. Our CoC is working with DSS to better connect participants to non-employment cash benefits. Additionally, our CoC’s HMIS Local System Administrator is working with Case Managers to ensure that participant data is both complete and accurate, and that participants receive an annual assessment to ensure that income reporting is up to date. HMIS Users have an upcoming training scheduled on this topic being delivered by our NCHMIS Implementation Lead.

2) Utilizing SOAR has always been one of our CoC’s main strategies for increasing access to non-employment cash sources. As part of the new Pathways to Healthy Housing project, our CoC will have access to a new SOAR worker to serve participants and increase their access to disability income. Our CoC is also looking for ways to increase capacity in this area.

3) The Director of Forsyth Rapid Re-Housing Collaborative, Housing Matters, United Way of Forsyth County, is responsible for the CoC’s strategy to increase non-employment cash income.
3A. Coordination with Housing and Healthcare Bonus Points

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


**NOFO Section VII.B.6.a.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?</td>
<td>No</td>
</tr>
</tbody>
</table>


**NOFO Section VII.B.6.a.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).</td>
<td></td>
</tr>
<tr>
<td>1. Private organizations</td>
<td>No</td>
</tr>
<tr>
<td>2. State or local government</td>
<td>No</td>
</tr>
<tr>
<td>3. Public Housing Agencies, including use of a set aside or limited preference</td>
<td>No</td>
</tr>
<tr>
<td>4. Faith-based organizations</td>
<td>No</td>
</tr>
<tr>
<td>5. Federal programs other than the CoC or ESG Programs</td>
<td>No</td>
</tr>
</tbody>
</table>


**NOFO Section VII.B.6.b.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

FY2021 CoC Application Page 47 02/08/2022

NOFO Section VII.B.6.b.

1. Did your CoC obtain a formal written agreement that includes:
   (a) the project name;
   (b) value of the commitment; and
   (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)? Yes

2. Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider? Yes


NOFO Sections VII.B.6.a. and VII.B.6.b.

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Type</th>
<th>Rank Number</th>
<th>Leverage Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathways to Healt...</td>
<td>PSH</td>
<td>11</td>
<td>Healthcare</td>
</tr>
</tbody>
</table>

1. What is the name of the new project? Pathways to Healthy Housing

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC’s Priority Listing: 11

4. Select the type of leverage: Healthcare
3B. New Projects With Rehabilitation/New Construction Costs

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

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<tbody>
<tr>
<td>NOFO Section VII.B.1.r.</td>
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</table>

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

<table>
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<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.s.</td>
</tr>
</tbody>
</table>

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

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

(limit 2,000 characters)
3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

NOFO Section VII.C.

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

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

NOFO Section VII.C.

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

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

2. how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)
4A. DV Bonus Application

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

NOFO Section II.B.11.e.

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

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

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

<table>
<thead>
<tr>
<th>Project Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SSO Coordinated Entry</td>
<td>No</td>
</tr>
<tr>
<td>2. PH-RRH or Joint TH/RRH Component</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

NOFO Section II.B.11.

1. Enter the number of survivors that need housing or services: 1,495
2. Enter the number of survivors your CoC is currently serving: 45
3. Unmet Need: 1,450

NOFO Section II.B.11.

Describe in the field below:

---

FY2021 CoC Application Page 52 02/08/2022
1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and

2. the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or

3. If your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1) Our CoC used NC Council for Women DV Statistical Report data for July 1, 2020 – June 30, 2021, reported by our two DV providers. In the 20-21 NC Council for Women statistical report, Family Services served 1,358 unduplicated DV clients, and Next Step Ministries served 137 unduplicated DV clients. In addition, the Winston-Salem Police Department reported a total of 5,529 DV-related incidents from July 1, 2020 to June 30, 2021. This demonstrates a 2.6% overall increase as compared to the prior year. Family Services Crisis Line received a total of 910 DV-related calls in FY2021. Of these calls, 200 reported issues with homelessness (22%). The two DV shelters in Forsyth County served 258 DV victims in FY 21 (Family Services shelter served 197 individuals in FY2021 and Next Step Ministries Shelter served 61). In NC, 211 calls have almost quadrupled from 2020 to 2021.

2) The above data was collected from Family Services comparable database, Osnium, and Next Step Ministries database. Law Enforcement numbers are based upon latest available data from the Winston-Salem Police Department.

3) CoC participating agencies and DV clients served face significant barriers to successful housing placement. Affordable, safe housing is sometimes difficult to find in our community, and current FMRs are too low for affordable, safe housing. Many DV clients are rejected by landlords or housing complexes for multiple factors such as: previous felony conviction, bad credit (often related to economic abuse related to the VD abuse), or past evictions (also related to the previous DV). CoC partner agencies continue to work with DV clients and with landlords to create solutions and overcome barriers.

| Applicant: Winston-Salem/Forsyth County CoC |
| Project: NC-500 CoC Registration FY 2021 |
Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects


NOFO Section II.B.11.

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

<table>
<thead>
<tr>
<th>1. Applicant Name</th>
<th>City of Winston-Salem</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Rate of Housing Placement of DV Survivors–Percentage</td>
<td>71.76%</td>
</tr>
<tr>
<td>3. Rate of Housing Retention of DV Survivors–Percentage</td>
<td>80.00%</td>
</tr>
</tbody>
</table>

| 4A-4a. Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience. |

NOFO Section II.B.11.

Describe in the field below:

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

(limit 1,000 characters)

1) Family Services provided the statistical data from the HUD CAPER report for July 1, 2020, to June 30, 2021. During this time period, Family Services provided service to 85 head of households. Of those, 61 moved into housing (71.76%). During the same time period, 80% of the individuals in all of the households served who exited the program transitioned into a positive housing destination (96 of the 120 leavers).

2) The above data was collected from Family Services comparable database, Osnium.

| 4A-4b. Providing Housing to DV Survivor–Project Applicant Experience. |

NOFO Section II.B.11.

Describe in the field below how the project applicant:

1. ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2. prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3. connected survivors to supportive services; and
4. moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.
1) Family Services offered all guests that entered the Domestic Violence shelter the option to complete a VI-SPDAT and be referred to Coordinated Entry for housing assessment. Victim Advocate Case Managers provided information and housing options. Guests met with a Victim Advocate Case Manager within first 24-48 hours in the DV shelter where housing options and services available were discussed and offered. During the time clients were enrolled in Rapid Rehousing, case managers were available to meet with guests by phone, in person, or in the community to complete case management tasks. Housing lists were sent regularly, and any housing leads were communicated. Victim Advocate Case Managers assisted with coordination for transportation needs including providing bus passes so clients could view housing options. Funds were utilized to offer double deposits, security deposits and utility deposits to assist clients to be approved and moved in as quickly as possible.

2) Our CoC’s Coordinated Intake Center (CIC) maintained a prioritization list for DV survivors. When survivors were referred from DV shelter, they have been prioritized to complete their housing assessment through coordinated entry.

3) Clients were connected to various resources in the community as needed. This was done by phone, email, or in-person, depending on client needs and preference. Community resources shared included but was not limited to: housing lists, landlords, counseling, financial assistance, job searching, childcare options, and resources to meet medical needs.

4) Victim Advocate Case Managers complete monthly housing stabilization plans with clients where conversation is focused on sustaining housing after subsidy ends. Client and staff develop goals to help each client work towards stabilization. Items such as budgeting, regular employment, childcare, etc. are discussed. Victim Advocate Case Managers make referrals as needed.

4A-4c. Ensuring DV Survivor Safety–Project Applicant Experience.

NOFO Section II.B.11.

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

1. training staff on safety planning;

2. adjusting intake space to better ensure a private conversation;

3. conducting separate interviews/intake with each member of a couple;

4. working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;

5. maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and

6. keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1) All Family Services shelter, housing, and advocacy staff complete an initial 20 hours of victim services training before working directly with Domestic Violence clients. Many staff are also trained in address confidentiality programs and many are able to give and score the danger assessment. All staff have
access to and are able to complete safety plans with clients. All staff will be required to complete an annual training on de-escalation strategies.

2) In the Family Services Domestic Violence Shelter, staff utilize a conference room to complete intakes. The door is closed, and a sound machine exists as well to ensure privacy for guests and staff with new guests. Intakes for RRH in shelter are also completed privately either in the conference room or a staff office space. Each staff has their own office to ensure privacy and confidentiality during phone calls and appointments.

3) The Family Services Domestic Violence shelter and housing program does not provide services to couples.

4) Staff utilize trauma informed, client centered principles. Part of this process is to allow the client to be in charge of their own lives and decision making including where they would like to live as it relates to their safety, accessibility, and desire to receive rental assistance within a program. Clients are always encouraged to view properties and research areas prior to making their final decision about application, move in and lease signing.

5) There is maintenance staff on-site at the Family Services DV shelter every workday for approximately 3 hours to address any maintenance needs. The building is locked, secured, and in a confidential location to ensure safety. The Family Services Shelter functions as an emergency, temporary housing place for those fleeing domestic violence or sexual assault.

6) The location of the shelter is confidential. Victims newly accepted to become guests at the shelter are escorted by law enforcement.

4A-4c.1. Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.

NOFO Section II.B.11.

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

(limit 2,000 characters)

When clients enter the Family Services DV shelter, they are provided immediate refuge from an unsafe situation. The location is confidential, and the building is secured. There is a staff person on-site 24/7. All guests have the ability to complete a safety plan and are offered safety planning services. Additionally, all clients are provided information describing the services available (including but not limited to counseling, support group, and advocacy). Family Services coordinates and often refers individuals to obtain a protective order if needed or desired at Bridges to Hope Family Justice Center. We utilize survey data to track client’s perception of their ability to plan for their safety and their feelings of safety. This information is asked on a weekly basis for those staying in shelter and a monthly basis to those served in Rapid Rehousing.

4A-4d. Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.

NOFO Section II.B.11.
Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

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

(limit 5,000 characters)

Family Services employs trauma-informed and victim-centered approaches with Domestic Violence clients. In the following response, we provide examples and processes to demonstrate these approaches.

1) An individual in RRH was approved for an apartment; however, she declined the initial option, preferring to stay in another location that she felt was less associated with her abuser and his frequent presence or connections. Family Services staff continued to work with this client to complete application for new desired apartment. Though the client’s choice delayed the placement, respecting her preference was an important part of providing trauma-informed, victim-centered service.

2) All staff are expected to engage with guests with mutual respect and equity. Punitive measures are not utilized, and rules are very minimal. Rules only exist to address safety measures. For example, Family Services request that guests in shelter do not eat or drink in their rooms to maintain sanitation and maintenance of the building. However, often guests do eat/drink in their room. We kindly request they clean up and offer reminders of expectations. We do not exit clients if they eat or drink in their rooms.

Family Services asks all guests to participate in maintaining the cleanliness and sanitation of communal living spaces. We ask everyone to volunteer and do a small part in cleaning. We offer gift cards as incentives for those that go above and beyond. We often have guests who do not participate or clean. They are not exited from the program. Again, we have kind conversations and encourage guests in these situations, use motivational interviewing or try to find ways to engage individuals in a positive way.

3) All clients are offered the option to participate in a domestic violence orientation prior to their participation in shelter support group. Additionally, all clients have the option to participate in an on-going on-line support group held by Family Services advocates. Clients often talk in their case management meetings about patterns of DV, healthy relationships, etc. Clients are also encouraged to meet with a Family Services counselor to discuss trauma and emotional impacts of what they have experienced. These services are free and
voluntary. Participating in available services is not required to remain in the program. Clients are able to engage with any staff for supportive counseling as needed or desired.

Family Services staff find activities or strategies to offer clients options and different ways of understanding or addressing their trauma. For example, Family Services staff bring an emotional therapy dog to shelter on a regular basis. Additionally, we have an on-site therapist 2x/week who is able to provide individual and/or group activities. Currently, she is offering a weekly creative art group option.

4) Initial housing assessments within the VI-SPDAT ask about strengths and abilities. Initial housing stabilization plans in RRH have an area where strengths are discussed and identified. Staff and program structure focus on positive reinforcement, encouragement and empowerment, all of which come from a strengths-based perspective. Each week, shelter guests are asked to complete a weekly goal sheet where they can reflect and share what they’ve focused on or accomplished throughout the week. They can complete a survey to assess their feelings about their experience in shelter. RRH guests complete monthly stabilization plans with their case managers where they have the opportunity to reflect on goals as well.

5) The Family Services shelter and housing services are available to women, men, transgender residents and their children of all races, ethnicities and abilities. The first floor of the Family Services shelter is handicapped accessible. This includes multiple guest rooms, bathrooms and kitchen, the conference room, and staff offices. Family Services staff reflect the ethnic and racial diversity of our clients. Bi-lingual staff is present onsite.

6) Communal living naturally offers the opportunity for peer to peer support and relationship building. Family Services staff hold weekly house meetings for shelter guests to receive information and to communicate concerns or needs. Additionally, weekly support group is available at shelter or by zoom for anyone in shelter or RRH. This offers the ability to connect with other Domestic Violence survivors.

7) Family Services partners with other programs and agencies to provide childcare and make referrals as needed or desired (The Child Development Division of Family Services /Head Start, Smart Start, Parenting PATH). We have babysitting agreements available if shelter guests would like to allow other guests to assist with childcare. We also have volunteers and interns available on an as needed basis to assist with childcare needs.

<table>
<thead>
<tr>
<th>4A-4e. Meeting Service Needs of DV Survivors–Project Applicant Experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section II.B.11.</td>
</tr>
</tbody>
</table>

Describe in the field below:

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

2. provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)
1) Family Services partners with many other community agencies to ensure that Domestic Violence clients are offered a variety of services as needed. These collaborative relationships allow our Domestic Violence housing clients to access services focused on education, employment, transportation, health care, and the legal system. Collaborative partner agencies include, for example: Goodwill, Financial Pathways, the Prosperity Center, Forsyth County Department of Social Services, the Bridges to Hope Family Justice Center of Forsyth County and the Family Services advocacy offered through that location, Head Start - free child development & childcare (also a division of Family Services), and Forsyth Technical Community College.

2) Some examples of service connections and navigation include:
   - Other divisions of Family Services including Advocacy through the Bridges to Hope Family Justice Center and Head Start through the Family Services Child Development Division. These services allow domestic violence survivors to 1) file for protective orders and access legal assistance and 2) access the federally funded Head Start childcare slots specifically held open for homeless children.
   - Goodwill – Clients are connected to job training services.
   - Financial Pathways – Clients are connected to workshops and individual counseling on budgeting and money management.
   - Forsyth Technical Community College – Clients are connected to a variety of technical and academic programs offered through the community college. Staff have assisted clients with completing financial aid paperwork.
   - Department of Social Services – clients are connected to income eligibility services to be screened for various financial assistance resources such as emergency assistance, food stamps or Health Choice health coverage for children, for example.
   - Parenting PATH – clients with children are referred into a variety of Parenting PATH programs to assist with various parenting issues.

   - Staff will employ trauma-informed and victim-centered approaches with Domestic Violence clients. Family Services will implement the new DV
expansion project through the following approaches.

1) Family Services will add a Housing screener position to the advocacy team stationed at the Bridges to Hope Family Justice Center of Forsyth County. Bridges to Hope serves over 1,000 survivors per year. This new position will screen many DV survivors for housing needs and offer to engage them with the Coordinated Intake Center.

Family Services staff will provide DV survivor clients with choices and respect their preferences concerning housing placements. This will include, for example, respecting client choices about geographic location, perceived safety and accessibility of housing options.

2) All staff will engage with guests with mutual respect and equity. Punitive measures will not be utilized, and rules will be very minimal. Rules will only exist to address safety measures. For example, Family Services will request that guests in shelter do not eat or drink in their rooms to maintain sanitation and maintenance of the building. However, often guests do eat/drink in their room. We kindly request they clean up and offer reminders of expectations. We will not exit clients if they eat or drink in their rooms.

Family Services will ask all guests to participate in maintaining the cleanliness and sanitation of communal living spaces. We will ask everyone to volunteer and do a small part in cleaning. We will offer gift cards as incentives for those that go above and beyond. If guests do not participate or clean, they will not be exited from the program. Staff will have kind conversations and encourage guests in these situations and use motivational interviewing or try to find ways to engage individuals in a positive way.

3) All housing clients will have the option to participate in an on-line support group facilitated by Family Services advocates. Clients may discuss patterns of DV, healthy relationships and more in their meetings with Domestic Violence Case Managers. Clients will be encouraged to meet with a Family Services counselor to discuss trauma and emotional impacts of what they have experienced. These services will be offered to clients at no cost and are voluntary. Participating in available services will not be required to remain in the program. Clients will be able to engage with any staff for supportive counseling as needed or desired.

Family Services staff will find activities or strategies to offer clients options and different ways of understanding or addressing their trauma. For example, Family Services staff will bring an emotional therapy dog to shelter on a regular basis.

4) Initial housing assessments within the VI-SPDAT ask about strengths and abilities. Initial housing stabilization plans in RRH have an area where strengths are discussed and identified. Staff and program structure focus on positive reinforcement, encouragement and empowerment, all of which come from a strengths-based perspective. Each week, shelter guests will be asked to complete a weekly goal sheet where they can reflect and share what they’ve focused on or accomplished throughout the week. They will be offered a survey to assess their feelings about their experience in shelter. RRH guests will complete monthly stabilization plans with their case managers where they have the opportunity to reflect on goals as well.
5) The new DV project of the Family Services shelter and housing services will be available to women, men, transgender residents and their children of all races, ethnicities and abilities. The first floor of the Family Services shelter is handicapped accessible. This includes multiple guest rooms, bathrooms and kitchen, the conference room, and staff offices. Family Services staff reflect the ethnic and racial diversity of our clients. Bi-lingual staff is present onsite.

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4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tbody>
<tr>
<td>1C-14. CE Assessment Tool</td>
<td>Yes</td>
<td>CE Assessment Tool</td>
<td>11/03/2021</td>
</tr>
<tr>
<td>1C-7. PHA Homeless Preference</td>
<td>No</td>
<td>PHA Homeless Pref...</td>
<td>11/03/2021</td>
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<tr>
<td>1C-7. PHA Moving On Preference</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>1E-1. Local Competition Announcement</td>
<td>Yes</td>
<td>Local Competition...</td>
<td>11/12/2021</td>
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<tr>
<td>1E-2. Project Review and Selection Process</td>
<td>Yes</td>
<td>Project Review an...</td>
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<td>1E-5. Public Posting--Projects Rejected-Reduced</td>
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<td>1E-5a. Public Posting--Projects Accepted</td>
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<td>1E-6. Web Posting--CoC-Approved Consolidated Application</td>
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<td>3A-1a. Housing Leveraging Commitments</td>
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<td>3A-2a. Healthcare Formal Agreements</td>
<td>No</td>
<td>Healthcare Formal...</td>
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<td>3C-2. Project List for Other Federal Statutes</td>
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Attachment Details

Document Description:  CE Assessment Tool

Attachment Details

Document Description:  PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description:  Local Competition Announcement

Attachment Details

Document Description:  Project Review and Selection Process

Attachment Details

Document Description:  Public Posting-Projects Rejected-Reduced
Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description: Web Posting-CoC-Approved Consolidated Application

Attachment Details

Document Description: Healthcare Formal Agreements
Submission Summary

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

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<td>1B. Inclusive Structure</td>
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<td>1C. Coordination</td>
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<td>1C. Coordination continued</td>
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<td>1D. Addressing COVID-19</td>
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<td>1E. Project Review/Ranking</td>
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<td>2A. HMIS Implementation</td>
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<td>2B. Point-in-Time (PIT) Count</td>
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<td>2C. System Performance</td>
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<td>3A. Housing/Healthcare Bonus Points</td>
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<td>3B. Rehabilitation/New Construction Costs</td>
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<tr>
<td><strong>3C. Serving Homeless Under Other Federal Statutes</strong></td>
<td>09/28/2021</td>
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<tr>
<td><strong>4A. DV Bonus Application</strong></td>
<td>11/09/2021</td>
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<tr>
<td><strong>4B. Attachments Screen</strong></td>
<td>11/12/2021</td>
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<tr>
<td><strong>Submission Summary</strong></td>
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Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/
SPDAT Training Series

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

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

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

Current SPDAT training available:
• Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
• Level 1 SPDAT Training: SPDAT for Frontline Workers
• Level 2 SPDAT Training: SPDAT for Supervisors
• Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:
• Excellence in Housing-Based Case Management
• Coordinated Access & Common Assessment
• Motivational Interviewing
• Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at http://www.orgcode.com/product-category/training/spdat/
VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS AMERICAN VERSION 2.0

Administration

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<tr>
<th>Interviewer’s Name</th>
<th>Agency</th>
<th>Team</th>
<th>Staff</th>
<th>Volunteer</th>
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<tbody>
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</table>

Survey Date: __/__/____
Survey Time: ___ ___ ___
Survey Location: ______________________

Opening Script

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

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

Basic Information

First Name: __________________________
Nickname: ___________________________
Last Name: __________________________

In what language do you feel best able to express yourself? ___________________________

Date of Birth: __/__/____
Age: ___
Social Security Number: __________________________
Consent to participate: Yes or No

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

SCORE: 0
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Outdoors
   - Other (specify):
   - Refused


SCORE: 1

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

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

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

SCORE: 0

B. Risks

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

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

SCORE: 0

5. Have you been attacked or beaten up since you’ve become homeless?
   - Y
   - N
   - Refused

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

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE: 0
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  


**IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.**  
**SCORE:** 0

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


9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that?  


**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.**  
**SCORE:** 0

**C. Socialization & Daily Functioning**

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


11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  


**IF “YES” TO QUESTION 10 OR “NO” TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.**  
**SCORE:** 0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  


**IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.**  
**SCORE:** 0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  


**IF “NO,” THEN SCORE 1 FOR SELF-CARE.**  
**SCORE:** 0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  


**IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.**  
**SCORE:** 0
D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? □ Y □ N □ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? □ Y □ N □ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? □ Y □ N □ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? □ Y □ N □ Refused

19. When you are sick or not feeling well, do you avoid getting help? □ Y □ N □ Refused

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? □ Y □ N □ N/A or Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:
0

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

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

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:
0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? □ Y □ N □ Refused

b) A past head injury? □ Y □ N □ Refused

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

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:
0

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

SCORE:
0
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  
   ☐ Y ☐ N ☐ Refused

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

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.  
SCORE: 0

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?  
   ☐ Y ☐ N ☐ Refused

IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.  
SCORE: 0

**Scoring Summary**

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>SUBTOTAL</th>
<th>RESULTS</th>
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</thead>
<tbody>
<tr>
<td>PRE-SURVEY</td>
<td>0 /1</td>
<td></td>
</tr>
<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
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<td></td>
</tr>
<tr>
<td>B. RISKS</td>
<td>0 /4</td>
<td></td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>0 /4</td>
<td></td>
</tr>
<tr>
<td>D. WELLNESS</td>
<td>0 /6</td>
<td></td>
</tr>
<tr>
<td>GRAND TOTAL:</td>
<td>0 /17</td>
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</table>

**Score: Recommendation:**

- 0-3: no housing intervention
- 4-7: an assessment for Rapid Re-Housing
- 8+: an assessment for Permanent Supportive Housing/Housing First

**Follow-Up Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
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<tbody>
<tr>
<td>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</td>
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<tr>
<td>place: ______________________</td>
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<td>time: ___ : ___ or Night</td>
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<tr>
<td>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</td>
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<tr>
<td>phone: (___) ___ - ___</td>
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<tr>
<td>email: _____________________________________________________________</td>
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<tr>
<td>Ok, now I’d like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

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

The VI-SPDAT

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

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

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

Version 2

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

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

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

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.
A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**
- Parts of Alabama Balance of State

**Arizona**
- Statewide

**California**
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County

**Colorado**
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**
- District of Columbia

**Florida**
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

**Hawaii**
- Honolulu

**Illinois**
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

**Iowa**
- Parts of Iowa Balance of State

**Kansas**
- Kansas City/Wyandotte County

**Kentucky**
- Louisville/Jefferson County

**Louisiana**
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**
- Cape Cod Islands
- Springfield/Holyoke/ Chicopee/Westfield/Hampden County

**Maryland**
- Baltimore City
- Montgomery County

**Maine**
- Statewide

**Michigan**
- Statewide

**Minnesota**
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

**Missouri**
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/ Lee’s Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

**North Carolina**
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

**North Dakota**
- Statewide

**Nebraska**
- Statewide

**New Mexico**
- Statewide

**Nevada**
- Las Vegas/Clark County

**New York**
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

**Ohio**
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

**Oklahoma**
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

**Rhode Island**
- Statewide

**South Carolina**
- Charleston/Low Country
- Columbia/Middler

**Tennessee**
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**
- Statewide

**Virginia**
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**
- Seattle/King County
- Spokane City & County

**Wisconsin**
- Statewide

**West Virginia**
- Statewide

**Wyoming**
- Wyoming Statewide is in the process of implementing
Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:
• VI-SPDAT V 2.0 for Individuals
• VI-SPDAT V 2.0 for Families
• VI-SPDAT V 1.0 for Youth

All versions are available online at
www.orgcode.com/products/vi-spdat/

SPDAT Series

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

Current versions available:
• SPDAT V 4.0 for Individuals
• SPDAT V 2.0 for Families
• SPDAT V 1.0 for Youth

Information about all versions is available online at
www.orgcode.com/products/spdat/
SPDAT Training Series

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

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

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

Current SPDAT training available:
• Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
• Level 1 SPDAT Training: SPDAT for Frontline Workers
• Level 2 SPDAT Training: SPDAT for Supervisors
• Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:
• Excellence in Housing-Based Case Management
• Coordinated Access & Common Assessment
• Motivational Interviewing
• Objective-Based Interactions

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

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

Interviewer’s Name | Agency | ☐ Team  ☐ Staff  ☐ Volunteer

Survey Date | Survey Time | Survey Location
DD/MM/YYYY ___/___/____  ___ : ___ AM/PM

Opening Script

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

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

Basic Information

PARENT 1

First Name | Nickname | Last Name

In what language do you feel best able to express yourself?

Date of Birth | Age | Social Security Number | Consent to participate
DD/MM/YYYY ___/___/____  ___  _____________ | ☐ Yes  ☐ No

☐ No second parent currently part of the household

PARENT 2

First Name | Nickname | Last Name

In what language do you feel best able to express yourself?

Date of Birth | Age | Social Security Number | Consent to participate
DD/MM/YYYY ___/___/____  ___  _____________ | ☐ Yes  ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
**Children**

1. How many children under the age of 18 are currently with you? □ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? □ Refused

3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? □ Y □ N □ Refused

4. Please provide a list of children’s names and ages:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Date of Birth</th>
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**SCORE:**

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

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

---

**A. History of Housing and Homelessness**

5. Where do you and your family sleep most frequently? (check one)

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

□ Refused

**SCORE:**

---

6. How long has it been since you and your family lived in permanent stable housing? □ Refused

7. In the last three years, how many times have you and your family been homeless? □ Refused

**SCORE:**

---

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

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

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

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

9. Have you or anyone in your family been attacked or beaten up since they’ve become homeless? □ Y □ N □ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

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

IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? □ Y □ N □ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don’t know, share a needle, or anything like that? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.
C. Socialization & Daily Functioning

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

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

IF “YES” TO QUESTION 14 OR “NO” TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

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

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? □ Y □ N □ Refused

IF “NO,” THEN SCORE 1 FOR SELF-CARE.

SCORE:

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

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

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

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

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? □ Y □ N □ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? □ Y □ N □ Refused

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

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

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

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

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

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern?  
      ☐ Y  ☐ N  ☐ Refused

   b) A past head injury?  
      ☐ Y  ☐ N  ☐ Refused

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

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

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

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

**IF “YES”, SCORE 1 FOR TRI-MORBIDITY.**  
SCORE:

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

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

**IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**  
SCORE:

31. **YES OR NO:** Has your family’s current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?  
☐ Y  ☐ N  ☐ Refused

**IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.**  
SCORE:
E. Family Unit

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IF “NO” TO QUESTION 39, OR “YES” TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.
Scoring Summary

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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so? place: ________________________________ time: ___ : ___ or Morning/Afternoon/Evening/Night

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? phone: (____) _____ - _______ email: ________________________________

Ok, now I’d like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? ☐ Yes ☐ No ☐ Refused

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

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

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

The VI-SPDAT

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

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

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

Version 2

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

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

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

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.
A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**
- Parts of Alabama Balance of State

**Arizona**
- Statewide

**California**
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

**Colorado**
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**
- District of Columbia

**Florida**
- Sarasota/Bradenton/
  Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/
  Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard
  County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell
  County
- Marietta/Cobb County
- Dekalb County

**Hawaii**
- Honolulu

**Illinois**
- Rockford/Winnebago, Boone Counti
  es
- Waukegan/North Chicago/Lake
  County
- Chicago
- Cook County

**Iowa**
- Parts of Iowa Balance of State

**Kansas**
- Kansas City/Wyandotte
  County

**Kentucky**
- Louisville/Jefferson County

**Louisiana**
- Lafayette/Acadia
  County
- Shreveport/Bossier/
  Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana
  CoC

**Massachusetts**
- Cape Cod Islands
- Springfield/Holyoke/
  Chicopee/Westfield/Hampden
  County

**Maryland**
- Baltimore City
- Montgomery County

**Maine**
- Statewide

**Michigan**
- Statewide

**Minnesota**
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central
  Minnesota
- Southwest Minnesota

**Missouri**
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton
  Counties
- Kansas City/Independence/
  Lee’s Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**
- Jackson/Rankin, Madison
  Counties
- Gulf Port/Gulf Coast Regional

**North Carolina**
- Winston Salem/Forsyth
  County
- Ashevill/Buncombe County
- Greensboro/High Point

**North Dakota**
- Statewide

**Nebraska**
- Statewide

**New Mexico**
- Statewide

**Nevada**
- Las Vegas/Clark County

**New York**
- New York City
- Yonkers/Mount Vernon/New
  Rochelle/Westchester County

**Ohio**
- Toledo/Lucas County
- Canton/Massillon/Alliance/
  Stark County

**Oklahoma**
- Tulsa City & County/Broken
  Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**
- Philadelphia
- Lower Marion/Norristown/
  Abington/Montgomery County
- Allentown/Northeast
  Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks
  County
- Pittsburgh/McKeesport/Penn
  Hills/Allegheny County

**Rhode Island**
- Statewide

**South Carolina**
- Charleston/Low Country
- Columbia/Midlands

**Tennessee**
- Chattanooga/Southeast
  Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant
  County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto,
  Wichita, Archer Counties
- Bryan/College Station/Brazos
  Valley
- Beaumont/Port Arthur/South
  East Texas

**Utah**
- Statewide

**Virginia**
- Richmond/Henrico,
  Chesterfield, Hanover
  Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**
- Seattle/King County
- Spokane City & County

**Wisconsin**
- Statewide

**West Virginia**
- Statewide

**Wyoming**
- Wyoming Statewide is in the process of implementing
Please be advised that the Authority’s Housing Program provides the following preferences:

Preference: The Authority gives a preference for housing to applicants who meet certain criteria. Only the status of the head of household or spouse will be considered in determining whether the preference is applicable. The referrals for the homeless preference program are received from the Bethesda Center.

The homeless preferences are as follows:

Chronic Homeless Person or Chronic Homeless Family—must be receiving documented supportive services and referred by an approved Homeless Council Agency. The Authority will limit the number of applicants that qualify for this preference to the number that does not allow for more than (10%) ten percent of the units in the Cleveland Avenue Homes, Piedmont Park and Sunrise Towers developments. In addition, we have 6 units set aside for the homeless at Camden Station Apartments and we have 9 units set aside for the homeless at our project-based voucher property, Drayton Pines Apartments. The homeless preference does not apply to any other communities.

Weighted Preferences: Applicants who qualify for the Chronic Homeless Preference will be housed before other preferences.

Regarding the “Moving on Strategy”, HAWS does not have a program related to the “Moving on Strategy” within our Public Housing ACOP or our HCV Administrative Plan.
Local Competition Announcement

Note: The Collaborative Applicant coordinated two local competitions. The Local Competition announced on August 27 and opened on September 1 incorporated all funding opportunities (e.g., CoC Bonus, DV Bonus, etc.) detailed in the HUD-CoC NOFO. The Local Competition announced on June 7 and opened on June 8 afforded our CoC and its applicants/subrecipients more time to prepare applications and an opportunity to apply for renewal and new projects in following with prior competition timelines. The CoC was anticipating HUD following its original estimate of an early summer CoC NOFO announcement.

Section 1: “Screenshot of a website posting that legibly displays a system generated-date and time or advertisement from a local newspaper(s), social media (Twitter, Facebook, etc.) that demonstrates your CoC announced it was accepting project applications.”

Page 1 Public Web Posting of 2nd Round RFP
(Posted on 8/27/21; Screenshot taken 9/1/21)
See Top Right-Hand Corner of Computer-Generated Date in Toolbar.

Page 2 Public Web Posting of 1st Round RFP and Scoring Documents
(Posted on 6/7/21; Screenshot taken 6/8/21)
See Top Right-Hand Corner of Computer-Generated Date in Toolbar.

Page 3-4 Newspaper Publication Dates (Published 8/31/21 and 6/7/21)

Also, e-mail notifications of the Public Web Posting of RFPs were sent out to the entire CoC on August 27, 2021 (Round 2) and June 7, 2021 (Round 1) and included a link to the Publicly Posted Documents. The Public Web Posting featured links to the RFP, Scoring Documents, as well as other local competition review, ranking, and selection resources.

Section 2: “Document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.”

Page 5-17 Renewal and New Project Scoring Documents
COVID UPDATE

The City of Winston-Salem is seeking a qualified consultant to conduct an operational assessment of the NC-500 Continuum of Care (CoC). The consultant must demonstrate expertise in providing planning and technical assistance to organizations that are responsible for assisting persons experiencing homelessness. The consultant will employ a comprehensive, data-driven, and equitable engagement process that will strengthen the homeless and supportive services provided for our unhoused and at-risk of homelessness residents.

Submissions will be accepted beginning August 1st, 2021. Proposals are due by September 3rd, 2021 by 12:00pm (noon). The full Request for Proposals with detailed information is available at https://www.wsfcs.org/CoC/continuum. For more information, please contact Melvin Parker at (336) 734-1210 or melvin@cityofsfs.org or Sherinda Floyd at (252) 564-1295 or sherinda@cityofsfs.org.

Request for Proposals for Continuum of Care Homeless Assistance Grants Bonus Funds

The City of Winston-Salem seeks proposals for funding to be available under the Continuum of Care Homeless Assistance Grants Program (CoC) bonus funding (CV Bonus Funding, CoC Bonus Funds, and Reallocation) for the FY23 Program Year. The CoC is a communitywide system of care with the goal of ending homelessness. Submissions will be accepted beginning September 1st, 2021. Proposals are due on September 13th, 2021 at 12:00pm (noon). This RFP is available to all eligible agencies that wish to participate in the FY 2023 Bonus Funding Application to operate a project within the Winston-Salem/Forsyth County CoC jurisdiction. For more information, please contact Melvin Parker at (336) 734-1210 or melvin@cityofsfs.org.

There will be a virtual CoC Bonus Funding Grant Application workshop held September 3rd from 9:00am-9:30am to review the request for proposals due September 13th, 2021 for bonus funds.

If you would like to attend, please contact Sherinda Floyd at sherinda@cityofsfs.org.

- Bonus Funds RFP
- Apply Through Neighbor software
- Neighbor Software Getting Started Guide
FY 2021 WS/FC CoC (NC-500) Local CoC Competition Request for Proposal (RFP)

The City of Winston-Salem seeks proposals for funding to be available under the Continuum of Care Homeless Assistance Grants Program (CoC). The CoC is a community wide system of care with the goal of ending homelessness. Submissions will be accepted beginning June 9th, 2021. Proposals are due by 12:00 p.m. (noon) on July 5th, 2021 at 12:00pm (noon) using the online Neighborhood Software application. This RFP is available to all eligible agencies that wish to participate in the FY 2021 Collaborative Application to operate a project within the Winston-Salem/Forsyth County CoC Jurisdiction. Please see the Request for Proposals below.

- Request for Proposals 2021 Continuum of Care Homeless Assistance Grants (pdf)
- Acuity Through Healthcare Software
- Neighborhood Software Getting Started Guide (pdf)
- NC500 2021 General Project Scorecard with Threshold (pdf)
- NC500 2021 New Project Scorecard with Threshold (pdf)
- NC500 HIS/PS CoC Policy on Funding Decision Appeals (pdf)
- NC500 HIS/PS CoC Termination Proposal FY2021 (pdf)
Request for Proposals for CONTINUUM OF CARE HOMELESS ASSISTANCE GRANTS

The City of Winston-Salem seeks proposals for funding to be available under the Continuum of Care Homeless Assistance Grants Program (CoC) bonus funding (UV Bonus Funding, CoC Bonus Funds, and Reallocation) for the FY21 Program Year. The CoC is a community-wide system of care with the goal of ending homelessness. Submissions will be accepted beginning September 1st, 2021. Proposals are due on September 13th, 2021 at 12:00pm (noon). This RFP is available to all eligible agencies that wish to participate in the FY 2021 Bonus Funding Application to operate a project within the Winston-Salem/Forsyth County CoC jurisdiction. The full request for proposals with detailed information is available at https://www.wcfy.org/2453/Homelessness. For more information, please contact Melinda Parker at (336) 734-1210 or melindap@cfcfsv.org.

WSJ: August 31, 2021.

Publisher of the Winston-Salem Journal

Before the undersigned, a Notary Public duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher's Representative who by being duly sworn deposes and says: that he/she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Winston-Salem Journal on the following dates:

08/31/2021

and that the said newspaper in which such notice, paper document, or legal advertisement was published, was at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina.

(signature of person making affidavit)

Sworn to and subscribed before me the 31st day of August, 2021.

Notary Public

State of Virginia
County of Fauquier
My commission expires: May 31, 2022

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU
CITY OF WINSTON-SALEM HOUSING & COMMUNITY SERVICES  
PO BOX 2611  
WINSTON-SALEM, NC 27102

<table>
<thead>
<tr>
<th>PO Number</th>
<th>Order</th>
<th>Category</th>
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<td>0000723013</td>
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<td>Request for Proposals for CONTINUUM OF CARE HOMELESS ASSISTANCE GRANTS</td>
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Request for Proposals for CONTINUUM OF CARE HOMELESS ASSISTANCE GRANTS

The City of Winston-Salem seeks proposals for funding to be available under the Continuum of Care Homeless Assistance Grants Program (CoC). The CoC is a community-wide system of care with the goal of ending homelessness. Submissions will be accepted beginning June 8th, 2021. Proposals are due by 12:00 p.m. (noon) on July 9th, 2021 at 12:00 p.m. (noon). This RFP is available to all eligible agencies that wish to participate in the FY 2021 Collaborative Application to operate a project within the Winston-Salem/Forsyth County CoC jurisdiction. The full Request for Proposals with detailed information is available at http://www.cityofws.org/Departments/Community-Development/Planning/Homelessness. For more information, please contact Mellin Parker at (336) 734-1310 or mellin@cityofws.org.

Publisher of the Winston-Salem Journal

Before the undersigned, a Notary Public duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher's Representative who by being duly sworn deposes and says: that he/she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Winston-Salem Journal on the following dates:

06/07/2021

and that the said newspaper in which such notice, paper document, or legal advertisement was published, was at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina.

(signature of person making affidavit)

Sworn to and subscribed before me the 7th day of June, 2021.

(Notary Public)

Sharon R Carsten
NOTARY PUBLIC
Commonwealth of Virginia
Notary Registration Number: 329549
Commission Expires: July 31, 2021

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU
This scorecard will be used by the WS/FC Continuum of Care (CoC) Rating Panel to score applications for CoC renewal funding. Scores will be used in developing project rankings for submission to HUD. In addition, both scores and data will be considered by the Rating Panel in any recommendations for reallocation of funds from existing projects to new projects.

The WS/FC CoC Rating Panel uses this scorecard and the following seven goals to develop a recommended Project Priority Listing.

1. Fund organizations that exhibit the capacity to run effective and efficient programs.
2. Fund projects that consider participants’ severity of needs & length of time homeless and serve the most vulnerable populations.
3. Fund projects with the best results in participant engagement and housing success.
4. Fund projects that improve clients’ outcomes (e.g., employment, other income, health/mental health/well-being).
5. Fund projects that contribute to overall successful system performance.
6. Fund projects that exhibit effective stewardship and efficient use of CoC funding.
7. Reallocate resources from lower performing projects to higher performing projects and/or reallocate resources to create new projects that improve overall performance, with an overall priority to better end homelessness.

The WS/FC Renewal Project Performance Scorecard is reviewed annually and revised or updated to reflect current process and/or reporting practices. It also reflects current HUD CoC policy/program requirements and CoC project and system performance measures. The majority of data collected for this process comes from Homeless Management Information System (HMIS) reports. HMIS reports used include the new canned CoC-APR (Annual Performance Report), the 0701 & 0703 System Performance reports, and the 0260 data completeness report. Generally, the data reflects project performance between October 1, 2019, and September 30, 2020, which is aligned with the Federal FY.

Where indicated, some measures require a comparison to prior year data (October 1, 2018 - September 30, 2019) or they require data from the most recent grant operating year for which an APR has been submitted to HUD. DV projects provide data through reports generated in Osnium.

**THRESHOLD REVIEW**

The WS/FC CoC Rating Panel conducts a threshold review of each project prior to scoring performance to make sure it meets eligibility requirements as stated in the Notice of Funding Availability for the Continuum of Care Program Competition. The Rating Panel uses the *WS/FC CoC Local Project Application Threshold Review* (attached) in its eligibility evaluation of Project Applicants & Subrecipients and assigns either a PASS or FAIL to the project application.
### PERFORMANCE

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<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| **1. Length of Stay**  
(SSO-CE & HMIS excluded) | RRH. Avg. # of days from entry to move-in (HUD Goal: 15 days)  
PSH. Avg. # of days from entry to move-in (HUD Goal: 15 days)  
TH+RRH – TH Component. Avg. # of days participants stay in project (HUD Goal: 90 days)  
TH+RRH – RRH Component. Avg. # of days from entry to move-in (HUD Goal: 30 days)  
Note: Points split in half for each component of TH+RRH and then summed.  
*Source: HMIS Report CoC-APR & APR Detail* | 0  
0  
0  
0  
0 |

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<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
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</table>
| **2. Housing Outcomes: Exits to PH**  
(SSO-CE & HMIS excluded) | RRH & TH+RRH: “Persons exiting to permanent housing destinations during the operating year.” [# who exited to other PH destinations] divided by [# of persons exiting the program during the year] x100 from APRQ23a., APRQ23b., & APRQ5a.5. Note: Deceased are excluded.  
PSH: “Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.” [# who remained in PSH + # who exited to other PH] divided by [# of persons who exited PH project + # of persons who did not leave the project (i.e., total # served in year)] x100 from APRQ23a., APRQ23b., APRQ5a.1., & APRQ5a.8. Note: Deceased are excluded.  
*Source: HMIS Report CoC-APR* | RRH & TH+RRH & RRH  
<70%  
RRH & TH+RRH  
70-79%  
RRH & TH+RRH  
80-90%  
RRH & TH+RRH >90%  
PSH  
<80%  
PSH  
80-89%  
PSH  
90-99%  
PSH 100% | 0  
4  
8  
12  
16  
20 |

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<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
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</table>
| **3. Assessment Outcomes: SSO-CE Rate of Conducting Household Assessments**  
(RRH, PSH, TH+RRH, & HMIS excluded) | Additional Performance: % of households entering/accessing Coordinated Intake Center (CIC) who are assessed. [# of households assessed by CIC] divided by [total # of households entering/accessing CIC during the operating year] x100  
*Source: HMIS Report CoC-APR and program data* | <75%  
75-84%  
85-95%  
>95% | 0  
3  
9  
15 |

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<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| **4. Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness**  
(SSO-CE & HMIS excluded) |  
• **System Performance Measures (SPM) Metric 2b.2:** Returns to SO, ES, SH, TH, and PH projects within 2 years after exits to permanent housing destinations.  
*Source: HMIS Report 0701, run for CoC not individual providers – Results are given as both a number of returns and a percent of returns based on the total exits 2 years prior.* | >20%  
11-20%  
5-10%  
<5% | 0  
3  
9  
15 |
<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| 5a. – 5f. Employment and Income Growth for Homeless Persons in CoC Program-funded Projects from System Performance Measures (SPM) Metric 4 (SSO-CE & HMIS excluded) | • SPM Metric 4.1: Change in employment income during the reporting period for system stayers  
• SPM Metric 4.2: Change in non-employment cash income during the reporting period for system stayers  
• SPM Metric 4.3: Change in total cash income during the reporting period for system stayers  
• SPM Metric 4.4: Change in employment income from entry to exit for system leavers  
• SPM Metric 4.5: Change in non-employment cash income from entry to exit for system leavers  
• SPM Metric 4.6: Change in total cash income from entry to exit for system leavers  
Source: HMIS Report CoC-APR – Results for each metric are given as the percentage of adults who increased across stated metric, with the universe being those who have income information at entry AND assessment/exit. | 0 | 1 or 2 (see below) |
| 6. Accessing Mainstream Benefits (SSO-CE & HMIS excluded) N/A if no LEAVERS | % of Adult Participants with 1+ Sources of Non-Cash Income at Exit: [# of adult participants with 1+Source of non-cash benefit at exit] divided by [# of all adult leavers] x100 from APRQ20b. & APRQ5a.6.  
Source: HMIS Report CoC-APR | 0 | 1 | 2 | 3 |
| 7. PSH Bed Utilization Rate (RRH, TH+RRH, SSO-CE, & HMIS excluded) | Project Operates at Capacity: [# of beds utilized] divided by [total bed capacity (i.e., # of funded beds) Source: HDX Housing Inventory Chart and HMIS Report CoC-APR (APRQ7b.)] <65%  
65-79%  
80-95%  
>95% | 0 | 1 | 2 | 3 |
| 8. Participants Enter from Emergency Shelter or Streets (SSO-CE & HMIS excluded) | Percentage of Adult Persons Entering from an Emergency Shelter or the streets: [APRQ15. Prior Living Situation was Emergency Shelter + Place not meant for habitation] divided by [APRQ5a.2. Total Adults Served] x100  
Source: HMIS Report CoC-APR | <85%  
85-89%  
90-95%  
>95% | 0 | 1 | 2 | 3 |
| 9. Percentage Exiting to a Known Destination (HMIS excluded) N/A if no LEAVERS | Percentage of Persons Exiting to a Known Destination: {[APRQ5a.5. Total Leavers] minus [APRQ23a. + APRQ23b. for Doesn’t Know/Refused and Data Not Collected]} divided by [APRQ5a.5. Total Leavers] x100  
Source: HMIS Report CoC-APR | <80%  
80-89%  
90-95%  
>95% | 0 | 1 | 2 | 3 |
| 10. Adult Participants Employed at Exit (SSO-CE & HMIS excluded) N/A if no LEAVERS | Percentage of Adults Employed at Exit: [APRQ17 Adults w/earned income at exit] divided by [APRQ5a.6. Total Adult Leavers] x100  
Source: HMIS Report CoC-APR | <20%  
20-24%  
25-30%  
>30% | 0 | 1 | 2 | 3 |
## SERVE HIGH NEED POPULATIONS

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| **11. Coordinated Assessment Scores of Households Relative to Project Type Referral/Placement**
(RRH, PSH, TH+RRH, & HMIS excluded) | SSO-CE: Of the households entering/accessing Coordinated Intake Center (CIC) who are assessed, project referrals/placements are indicated for the specified interventions based on assessment scores and per the CIC Policy and Procedure Manual (i.e., for RRH, Individuals: 4-7 and Families: 4-8; and for PSH, Individuals and Families: Highest VI-SPDAT scores).
- RRH and TH+RRH (RRH Component) – Assessment score for 95% of RRH referrals/placements indicates RRH or more intervention.
- PSH – Assessment score for PSH referrals/placements indicates PSH with 95% at highest end of PSH range.
*Source: CIC program data and HMIS data* | 0 | 10 | 15 | 20 |
| **12. Project Serves Participants Referred from SSO-CE & Considers Severity of Needs**
(SSO-CE & HMIS excluded) | 95% or more of project’s participant entries are from Coordinated Intake Center referrals
*Source: Project Application* | 0 | 2 | 4 | 6 |
| **13. Ending Chronic Homelessness**
(HMIS excluded) | % of Chronically Homeless Households Served: [# of households with one or more CH persons served by project] divided by [total # of households served by project] x100 from APRQ26a. & APRQ8a.
*Source: HMIS Report CoC-APR* | <26% | 26-50% | 51-75% | >75% |
| **14. Ending Homelessness Among Households with Children and Unaccompanied Youth**
(HMIS excluded) | Project serves families with children and/or unaccompanied youth. [# of participants who are in families with children or unaccompanied youth] divided by [total # of participants served] x100
*Source: HMIS Report CoC-APR* | <16% | 16-32% | >32% |
| **15. Ending Veterans Homelessness**
(HMIS excluded) | Project serves Veterans. [# of participants who are Veterans] divided by [total # of participants served] x100
*Source: HMIS Report CoC-APR* | <16% | 16-32% | >32% |
| **16. Ending Homelessness Among Persons Fleeing Domestic Violence**
(HMIS excluded) | Project serves persons fleeing domestic violence. [# of participants who are fleeing domestic violence] divided by [total # of participants served] x100
*Source: HMIS Report CoC-APR* | <16% | 16-32% | >32% |
## PROJECT EFFECTIVENESS

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17. HMIS Performance: Meet all HUD Reporting Requirements (RRH, PSH, TH+RRH, &amp; SSO-CE excluded)</strong></td>
<td>HMIS Project Applicant has submitted high-quality CoC reports (PIT, HIC, SPM, LSA, etc.) on time. <em>Source: HDX and HDX 2.0</em></td>
<td>0</td>
</tr>
<tr>
<td><strong>18. HMIS Performance: Maintain high levels of Data Completeness (DV projects excluded)</strong></td>
<td>Rating of data completeness for individual CoC-funded Projects – 22 HUD data elements assessed (13 UDE + 5 Additional + 4 Homeless Situation) <em>Note: HMIS project is scored based on the cumulative data of all CoC-funded Projects.</em> <em>Source: HMIS Report 0260</em></td>
<td>0</td>
</tr>
<tr>
<td><strong>19. HMIS Performance: Data Sharing (DV projects excluded)</strong></td>
<td>Project Applicant and Subrecipients have signed or agreed to sign the CoC’s data sharing agreement. HMIS Project facilitates and coordinates data sharing agreements. <em>Source: Collaborative Applicant/LSA HMIS Records</em></td>
<td>NO</td>
</tr>
<tr>
<td><strong>20. Cost per PH Exit/Success (SSO-CE &amp; HMIS excluded)</strong></td>
<td>RRH: Grant dollars awarded/PH Exits [This calculation is based on the number # of households exiting to PH using avg. HH size.] PSH: Grant dollars awarded/PH Success [This calculation is based on the number # of households achieving housing stability (i.e., retention or exit to PH) using avg. HH size.] <em>Source: Project Applicant Financial Records and HMIS Report CoC-APR</em></td>
<td>RRH &amp; TH+RRH $5,851-8,875</td>
</tr>
</tbody>
</table>
<88% | 88-94.99% | 95-98.99% | >99% |
| PSH $7,801-11,700 | PSH $3,900-7,800 | PSH <$3,900 |
| **22. Funds Recaptured for Last Ending Operating Year** | Percentage of Funds Recaptured for Last Ending Operating Year out of Total Grant Award *Source: Project Applicant Financial Records* | >25% | 10-24% | 5-9% | <5% |
# OTHER & LOCAL CRITERIA

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Max. 100 pts</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

### 23. Local CoC Renewal Project Application Submission in Neighborly

- Project is scored across nine categories in the Neighborly CoC Renewal for a total of 100 points. Project application is organized and scored as follows:
  - A. Organization & Contact Information (5 pts.)
  - B. Basic Requirements (10 pts.)
  - C. Project Summary (10 pts.)
  - D. Organizational Capacity (10 pts.)
  - E. Performance & Compliance (10 pts.)
  - F. Financial Information (10 pts.)
  - G. Housing First Standards: Operates with fidelity to Housing First approach & Low Barrier (15 pts.)
  - H. Program-Specific Standards: Operates using best practices, standards, and key elements in accordance with federal and local policies or standards (15 pts.)
  - I. Documents (15 pts.)

*Source: Local CoC Project Application in Neighborly*

### 24. Project Applicant and Subrecipients are Active Participants in CoC Meetings/Process

- Project Applicant and Subrecipients have participated in more than 75% of all Operating Cabinet and full CoC meetings.

*Source: Meeting Minutes*

### 25. Addressing the Needs of Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking

- Provider participates in annual training that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking.

*Source: Training Attendance Sheet and Training Survey*

### 26. Addressing the Needs of LGBTQ

- Provider participates in annual training about how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including the Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs.

*Source: Training Attendance Sheet and Training Survey*
<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| 27. Addressing Racial Disparities in Homelessness | Provider participates in CoC’s annual assessment on whether there are racial disparities in the provision or outcome of homeless assistance and participates in any action steps or trainings to address any identified disparities.  
*Source: Training Attendance Sheet and Training Survey* | NO     | YES    |
| 28. Addressing Job Training & Employment   | Provider participates in annual training(s) on job training and employment to improve participant outcomes.  
*Source: Training Attendance Sheet and Training Survey* | NO     | YES    |
| 29. Addressing Health, Mental Health & Well-being of Participants | Provider participates in annual training(s) on health, mental health, and well-being topics to improve participant outcomes  
*Source: Training Attendance Sheet and Training Survey* | NO     | YES    |

**MAXIMUM TOTAL POINTS**

*If a measure is NA, then Maximum Total Points are reduced accordingly.*

See below for Maximum Points by Project Type. Final project scores are reported as a percentage for ranking.

**Maximum Points Possible by Project Type:**

- Permanent Supportive Housing (PSH) = 229 points (or less points if N/A due to no participant data for scored measure)
- Rapid Rehousing (RRH) = 232 points (or less points if N/A due to no participant data for scored measure)
- Joint TH+RRH = 229 points (or less points if N/A due to no participant data for scored measure)
- Supportive Services Only (SSO-CE) = 190 points (or less points if N/A due to no participant data for scored measure)
- Homeless Management Information System (HMIS) = 229 points

Note: Newer projects may not have data for the time periods indicated by the performance measure, which also may reduce the maximum score possible.
<table>
<thead>
<tr>
<th>Criterion</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete application was submitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Match documentation was submitted for prior year and applicant identified minimum matching funds prior to application submission which satisfy HUD requirements</td>
<td></td>
<td></td>
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<tr>
<td>Quarterly Financial Drawdowns/Spend Rate/Funds Recaptured were reviewed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>APR submitted to HUD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No unresolved HUD Monitoring Findings on grant-funded project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has documentation of having served HUD-eligible homeless persons or families, through CoC-eligible activities during the twelve months prior to the RFP deadline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposes an eligible activity for an eligible homeless population, pursuant to HUD requirements (including eligibility under the NOFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is an eligible contractor for federal funds per <a href="https://www.sam.gov/">https://www.sam.gov/</a>, has a current tax exempt status as verified by the IRS, and does not owe any unresolved tax debts, as documented on IRS 990 submissions to the IRS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Does not propose to use HUD funds to supplant current funding</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Project is financially feasible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has satisfactory organizational status, experience, capacity, and financial stability to implement and operate the project, as determined by the City of Winston-Salem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted authorization to apply for CoC funding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted most recently filed IRS Form 990</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Submitted most recent audit report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted By-Laws</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted Articles of Incorporation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted IRS 501(c)3 designation letter, with status in place for at least one year prior to RFP deadline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted current board roster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted copy of current year budget</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted copies of Code of Conduct, Personnel Policies, Fair Housing Policy, Anti-Discrimination Policy, Accounting and Procurement Policies, and other documents and procedures for the Organization (as applicable and as requested)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project application was reviewed by WS/FC CoC Rating Panel members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in Coordinated Entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing First and/or Low Barrier Implementation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in HMIS or an HMIS comparable database for DV agencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant is a CoC-member agency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explanation for N/A items: ____________________________________________________________

Reviewed by (print and sign name): ________________________________________________

PASS/FAIL: ____________________________  Date: ____________________________
The WS/FC CoC Rating Panel conducts a threshold review of each project prior to scoring applications to make sure it meets eligibility requirements as stated in the Notice of Funding Availability for the Continuum of Care Program Competition. The Rating Panel uses the *WS/FC CoC Local Project Application Threshold Review* (attached) in its eligibility evaluation of Project Applicants & Subrecipients and assigns either a PASS or FAIL to the project application.

<table>
<thead>
<tr>
<th>THRESHOLD REVIEW</th>
<th>Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section A: ORGANIZATION &amp; CONTACT INFORMATION</strong> — Information is complete.</td>
<td>1</td>
</tr>
<tr>
<td><strong>Section B: BASIC REQUIREMENTS</strong> — Generally, answers to the questions should be Yes, and the agency should not owe money to the IRS.</td>
<td>2</td>
</tr>
<tr>
<td><strong>Section C: PROJECT SUMMARY</strong> — Is the project summary complete? Does it give a concise, but complete picture of the proposed project?</td>
<td>2</td>
</tr>
</tbody>
</table>

### Section D: ORGANIZATIONAL CAPACITY

<table>
<thead>
<tr>
<th>Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

1. **Mission** — Does the project support the mission of the organization?
   - 3 points — The project has a clearly defined connection to mission.
   - 1 point — The project may have potential to support the mission.
   - 0 points — This project does not support the organization’s mission.

2. **Experience** — Will the experience of the organization contribute to the project’s success?
   - 6 points — The applicant clearly states relevant experiences and length of time.
   - 3 points — The applicant can implement the project with training and assistance.
   - 0 points — It is not clear the applicant will implement this project successfully.

3. **Structure** — Are organizational structure and human resources appropriate to support the project?
   - a) 2 points — Clearly describes strong structure.
   - b) 2 points — Provides job descriptions if applicable.
   - c) 2 points — Organizational chart is provided.
### Section D: ORGANIZATIONAL CAPACITY

<table>
<thead>
<tr>
<th>Points Available</th>
<th>Capacity and Timing—Does the organization have the capacity and resources to start and finish the project in a timely and effective manner?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>6 points—Yes, definitely</td>
</tr>
<tr>
<td>4</td>
<td>4 points—Probably</td>
</tr>
<tr>
<td>2</td>
<td>2 points—Probably Not</td>
</tr>
<tr>
<td>0</td>
<td>0 points—No, definitely not</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Points Available</th>
<th>Collaboration—Does the organization describe collaboration(s) that will contribute to the project’s success?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>6 points—To a Great Extent</td>
</tr>
<tr>
<td>4</td>
<td>4 points—Somewhat</td>
</tr>
<tr>
<td>2</td>
<td>2 points—Very Little</td>
</tr>
<tr>
<td>0</td>
<td>0 points—Not at All</td>
</tr>
</tbody>
</table>

### Section E: STRATEGIC PRIORITY—Does the project help the community meet strategic objectives?

<table>
<thead>
<tr>
<th>Points Available</th>
<th>Need—Does the proposal identify the population to be served and establish their needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5 points—Describes the population and needs clearly.</td>
</tr>
<tr>
<td>4</td>
<td>4 points—Describes the population and provides some information on needs.</td>
</tr>
<tr>
<td>0</td>
<td>0 points—There is no clear statement of population or need.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Points Available</th>
<th>Strategies—Is the proposal consistent with the strategies referenced and described in the application?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5 points—Yes</td>
</tr>
<tr>
<td>3</td>
<td>3 points—To some degree</td>
</tr>
<tr>
<td>0</td>
<td>0 points—No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Points Available</th>
<th>Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5 points—At least one measure listed, with reasonable quantity of persons served and description of services/activities is commensurate with funding request.</td>
</tr>
<tr>
<td></td>
<td>2 points—Measure indicated but proposed outcomes do not justify the funding request.</td>
</tr>
<tr>
<td></td>
<td>0 points—Failed to list measures with target numbers or percentages.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Points Available</th>
<th>Performance Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5 points—Indicated successful performance on 2 objectives.</td>
</tr>
<tr>
<td>4</td>
<td>4 points—Indicated successful performance on at least 1 objective.</td>
</tr>
<tr>
<td>1</td>
<td>1 point—Described objectives, but results are not indicated.</td>
</tr>
<tr>
<td>0</td>
<td>0 points—No clearly measured objectives are indicated.</td>
</tr>
</tbody>
</table>
### Section E: STRATEGIC PRIORITY
- Does the project help the community meet strategic objectives?

<table>
<thead>
<tr>
<th>Points Available</th>
</tr>
</thead>
</table>

#### HMIS Data

4 points—Agency participates in HMIS. OR Domestic violence agency uses an HMIS comparable database.

2 points—Agency is not in HMIS, but presents a plan and timeline to join HMIS. OR Agency is a domestic violence agency and presents a plan and timeline to establish use of a database that is comparable to HMIS.

0 points—Agency does not participate in HMIS and does not present a plan and timeline to join HMIS OR Agency is a domestic violence agency and does not present a plan to establish use of a database that is comparable to HMIS.

---

### Section F: PROJECT APPROACH AND DESIGN

#### Coordinated Intake and Assessment

<table>
<thead>
<tr>
<th>Points Available</th>
</tr>
</thead>
</table>

4 points—Project will participate in the Community Intake Center, including such activities as participation on the Assessment Team, completing assessments, and making and accepting referrals.

0 points—No participation indicated.

#### Services—Are services appropriate to help participants meet the objectives of the funding program?

<table>
<thead>
<tr>
<th>Points Available</th>
</tr>
</thead>
</table>

a) 1 point—Describes type, frequency and duration of services, as well as a follow-up plan and all appear to be appropriate and sufficient to meet needs and to succeed on performance measures.

b) 1 point—Describes policies and procedures to meet the rights and needs of homeless children related to education.

c) 1 point—Indicates amenities are accessible.

d) 1 point—Indicates assistance with SSI/SSDI is provided.

e) 1 point—Indicates staff has SOAR training.

f) 1 point—Table is completed.

g) 1 point—Transportation assistance is provided.

h) 1 point—A single application form is used.

i) 1 point—Regular follow up will be provided.

j) 1 point—Frequency of follow up is described.

---

#### Housing First & Program Practices

<table>
<thead>
<tr>
<th>Points Available</th>
</tr>
</thead>
</table>

a) 4 points—Agency checked all or most of the boxes in the Housing First Survey.

b) 4 points—Agency checked all or most of the boxes in the Program-Specific Practices Survey that is applicable to their program type.

c) If the agency did not check some of the boxes in a or b, they should use this section to provide explanations for a and b.

---

#### Duplication—The proposed project does not duplicate services, or if services are duplicated, a reasonable justification is provided.

<table>
<thead>
<tr>
<th>Points Available</th>
</tr>
</thead>
</table>
### Section G: COST EFFECTIVENESS

<table>
<thead>
<tr>
<th>Points Available</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> CoC Proposed Funds Requested</td>
<td>4</td>
</tr>
<tr>
<td>4 points—Applicant lists all the activities and the funds requested.</td>
<td></td>
</tr>
<tr>
<td>0 points—Applicant does not list all the activities or funds requested.</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Budget is submitted.</td>
<td>2</td>
</tr>
<tr>
<td><strong>3</strong> Activity Supported with Other Funds</td>
<td>6</td>
</tr>
<tr>
<td>CoC Projects: Does the project meet or exceed the 25% match requirement?</td>
<td></td>
</tr>
<tr>
<td>6 points—Applicant fills out all information, and match is at least 25%.</td>
<td></td>
</tr>
<tr>
<td>0 points—Information is missing and/or match is less than 25%.</td>
<td></td>
</tr>
<tr>
<td>Non-CoC Projects:</td>
<td></td>
</tr>
<tr>
<td>6 points—NA</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Average Cost</td>
<td>4</td>
</tr>
<tr>
<td>4 points—All of the information is provided.</td>
<td></td>
</tr>
<tr>
<td>0 points—Not all of the information is provided.</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> &amp; <strong>6</strong> Sustainability</td>
<td>2</td>
</tr>
<tr>
<td>2 points—A plan is described and appears to be reasonable.</td>
<td></td>
</tr>
<tr>
<td>0 points—A reasonable plan is not described.</td>
<td></td>
</tr>
</tbody>
</table>

### Section H: Required Documents

<table>
<thead>
<tr>
<th>Points Available</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Documents are submitted or a plan and timeline are provided to submit documents that are missing.</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total Possible Points = 100**
**Winston-Salem/Forsyth County Continuum of Care**  
**Local Project Application Threshold Review**  
**for Project Applicants and Subrecipients**

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete application was submitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Match documentation was submitted for prior year and applicant identified minimum matching funds prior to application submission which satisfy HUD requirements</td>
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Explanation for N/A items:

Reviewed by (print and sign name):

PASS/FAIL: ___________________________  Date: ___________________________
The WS/FC CoC Rating Panel conducts a threshold review of each project prior to scoring applications to make sure it meets eligibility requirements as stated in the Notice of Funding Availability for the Continuum of Care Program Competition. The Rating Panel uses the *WS/FC CoC Local Project Application Threshold Review* (attached) in its eligibility evaluation of Project Applicants & Subrecipients and assigns either a PASS or FAIL to the project application.

### Section A: ORGANIZATION & CONTACT INFORMATION

**Information is complete.**

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
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### Section B: BASIC REQUIREMENTS

Generally, answers to the questions should be Yes, and the agency should not owe money to the IRS.

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<tbody>
<tr>
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</tbody>
</table>

### Section C: PROJECT SUMMARY

Is the project summary complete? Does it give a concise, but complete picture of the proposed project?

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### Section D: ORGANIZATIONAL CAPACITY

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</tr>
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<td>1</td>
</tr>
</tbody>
</table>

1. **Mission**—Does the project support the mission of the organization?

   - 3 points—The project has a clearly defined connection to mission.
   - 1 point—The project may have potential to support the mission.
   - 0 points—This project does not support the organization’s mission.

2. **Experience**—Will the experience of the organization contribute to the project’s success?

   - 6 points—The applicant clearly states relevant experiences and length of time.
   - 3 points—The applicant can implement the project with training and assistance.
   - 0 points—It is not clear the applicant will implement this project successfully.

3. **Structure**—Are organizational structure and human resources appropriate to support the project?

   - a) 2 points—Clearly describes strong structure.
   - b) 2 points—Provides job descriptions if applicable.
   - c) 2 points—Organizational chart is provided.
<table>
<thead>
<tr>
<th>Section D: ORGANIZATIONAL CAPACITY</th>
<th>Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong> Capacity and Timing—Does the organization have the capacity and resources to start and finish the project in a timely and effective manner?</td>
<td>6</td>
</tr>
<tr>
<td>&amp; 6 points—Yes, definitely</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> 4 points—Probably</td>
<td>6</td>
</tr>
<tr>
<td>2 points—Probably Not</td>
<td></td>
</tr>
<tr>
<td>0 points—No, definitely not</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Collaboration—Does the organization describe collaboration(s) that will contribute to the project’s success?</td>
<td>6</td>
</tr>
<tr>
<td>6 points—To a Great Extent</td>
<td></td>
</tr>
<tr>
<td>4 points—Somewhat</td>
<td></td>
</tr>
<tr>
<td>2 points—Very Little</td>
<td></td>
</tr>
<tr>
<td>0 points—Not at All</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E: STRATEGIC PRIORITY—Does the project help the community meet strategic objectives?</th>
<th>Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Need—Does the proposal identify the population to be served and establish their needs?</td>
<td>5</td>
</tr>
<tr>
<td>5 points—Describes the population and needs clearly.</td>
<td></td>
</tr>
<tr>
<td>4 points—Describes the population and provides some information on needs.</td>
<td></td>
</tr>
<tr>
<td>0 points—There is no clear statement of population or need.</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Strategies—Is the proposal consistent with the strategies referenced and described in the application?</td>
<td>5</td>
</tr>
<tr>
<td>5 points—Yes</td>
<td></td>
</tr>
<tr>
<td>3 points—To some degree</td>
<td></td>
</tr>
<tr>
<td>0 points—No</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Performance Measures</td>
<td>5</td>
</tr>
<tr>
<td>5 points—At least one measure listed, with reasonable quantity of persons served and description of services/activities is commensurate with funding request.</td>
<td></td>
</tr>
<tr>
<td>2 points—Measure indicated but proposed outcomes do not justify the funding request.</td>
<td></td>
</tr>
<tr>
<td>0 points—Failed to list measures with target numbers or percentages.</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Performance Results</td>
<td>5</td>
</tr>
<tr>
<td>5 points—Indicated successful performance on 2 objectives.</td>
<td></td>
</tr>
<tr>
<td>4 points—Indicated successful performance on at least 1 objective.</td>
<td></td>
</tr>
<tr>
<td>1 point—Described objectives, but results are not indicated.</td>
<td></td>
</tr>
<tr>
<td>0 points—No clearly measured objectives are indicated.</td>
<td></td>
</tr>
</tbody>
</table>
### Section E: STRATEGIC PRIORITY—Does the project help the community meet strategic objectives?

<table>
<thead>
<tr>
<th>5</th>
<th>HMIS Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 points—Agency participates in HMIS. OR Domestic violence agency uses an HMIS comparable database.</td>
<td></td>
</tr>
<tr>
<td>2 points—Agency is not in HMIS, but presents a plan and timeline to join HMIS. OR Agency is a domestic violence agency and presents a plan and timeline to establish use of a database that is comparable to HMIS.</td>
<td></td>
</tr>
<tr>
<td>0 points—Agency does not participate in HMIS and does not present a plan and timeline to join HMIS OR Agency is a domestic violence and does not present a plan to establish use of a database that is comparable to HMIS.</td>
<td></td>
</tr>
</tbody>
</table>

### Section F: PROJECT APPROACH AND DESIGN

<table>
<thead>
<tr>
<th>1</th>
<th>Coordinated Intake and Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 points—Project will participate in the Community Intake Center, including such activities as participation on the Assessment Team, completing assessments, and making and accepting referrals.</td>
<td></td>
</tr>
<tr>
<td>0 points—No participation indicated.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Services—Are services appropriate to help participants meet the objectives of the funding program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>a) 1 point—Describes type, frequency and duration of services, as well as a follow-up plan and all appear to be appropriate and sufficient to meet needs and to succeed on performance measures.</td>
</tr>
<tr>
<td></td>
<td>b) 1 point—Describes policies and procedures to meet the rights and needs of homeless children related to education.</td>
</tr>
<tr>
<td></td>
<td>c) 1 point—Indicates amenities are accessible.</td>
</tr>
<tr>
<td></td>
<td>d) 1 point—Indicates assistance with SSI/SSDI is provided.</td>
</tr>
<tr>
<td></td>
<td>e) 1 point—Indicates staff has SOAR training.</td>
</tr>
<tr>
<td></td>
<td>f) 1 point—Table is completed.</td>
</tr>
<tr>
<td></td>
<td>g) 1 point—Transportation assistance is provided.</td>
</tr>
<tr>
<td></td>
<td>h) 1 point—A single application form is used.</td>
</tr>
<tr>
<td></td>
<td>i) 1 point—Regular follow up will be provided.</td>
</tr>
<tr>
<td></td>
<td>j) 1 point—Frequency of follow up is described.</td>
</tr>
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<table>
<thead>
<tr>
<th>11</th>
<th>Housing First &amp; Program Practices</th>
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<tbody>
<tr>
<td>a) 4 points—Agency checked all or most of the boxes in the Housing First Survey.</td>
<td></td>
</tr>
<tr>
<td>b) 4 points—Agency checked all or most of the boxes in the Program-Specific Practices Survey that is applicable to their program type.</td>
<td></td>
</tr>
<tr>
<td>c) If the agency did not check some of the boxes in a or b, they should use this section to provide explanations for a and b.</td>
<td></td>
</tr>
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</table>

<p>| 12 | Duplication—The proposed project does not duplicate services, or if services are duplicated, a reasonable justification is provided. |</p>
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<thead>
<tr>
<th>Section G: COST EFFECTIVENESS</th>
<th>Points Available</th>
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<tbody>
<tr>
<td><strong>1</strong> CoC Proposed Funds Requested</td>
<td>4</td>
</tr>
<tr>
<td>4 points—Applicant lists all the activities and the funds requested.</td>
<td></td>
</tr>
<tr>
<td>0 points—Applicant does not list all the activities or funds requested.</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Budget is submitted.</td>
<td>2</td>
</tr>
<tr>
<td><strong>3</strong> Activity Supported with Other Funds</td>
<td>6</td>
</tr>
<tr>
<td>CoC Projects: Does the project meet or exceed the 25% match requirement?</td>
<td></td>
</tr>
<tr>
<td>6 points—Applicant fills out all information, and match is at least 25%.</td>
<td></td>
</tr>
<tr>
<td>0 points—Information is missing and/or match is less than 25%.</td>
<td></td>
</tr>
<tr>
<td>Non-CoC Projects:</td>
<td></td>
</tr>
<tr>
<td>6 points—NA</td>
<td></td>
</tr>
<tr>
<td><strong>4 &amp; 5</strong> Average Cost</td>
<td>4</td>
</tr>
<tr>
<td>4 points—All of the information is provided.</td>
<td></td>
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<tr>
<td>0 points—Not all of the information is provided.</td>
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<tr>
<td><strong>6</strong> Sustainability</td>
<td>2</td>
</tr>
<tr>
<td>2 points—A plan is described and appears to be reasonable.</td>
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<td>0 points—A reasonable plan is not described.</td>
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<th>Section H: Required Documents</th>
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<td>Required Documents are submitted or a plan and timeline are provided to submit documents that are missing.</td>
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**Total Possible Points = 100**
## Winston-Salem/Forsyth County Continuum of Care
### Local Project Application Threshold Review for Project Applicants and Subrecipients

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<tr>
<th><strong>Criterion</strong></th>
<th><strong>Yes</strong></th>
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<th><strong>N/A</strong></th>
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<tr>
<td>Complete application was submitted</td>
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<td>Match documentation was submitted for prior year and applicant <em>identified</em> minimum matching funds prior to application submission which satisfy HUD requirements</td>
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**Explanation for N/A items:**

__________________________________________________________________________

Reviewed by (print and sign name):__________________________________________

**PASS/FAIL:**__________________________  **Date:**__________________________

---

5
This scorecard will be used by the WS/FC Continuum of Care (CoC) Rating Panel to score applications for CoC renewal funding. Scores will be used in developing project rankings for submission to HUD. In addition, both scores and data will be considered by the Rating Panel in any recommendations for reallocation of funds from existing projects to new projects.

The WS/FC CoC Rating Panel uses this scorecard and the following seven goals to develop a recommended Project Priority Listing.

1. Fund organizations that exhibit the capacity to run effective and efficient programs.
2. Fund projects that consider participants’ severity of needs & length of time homeless and serve the most vulnerable populations.
3. Fund projects with the best results in participant engagement and housing success.
4. Fund projects that improve clients’ outcomes (e.g., employment, other income, health/mental health/well-being).
5. Fund projects that contribute to overall successful system performance.
6. Fund projects that exhibit effective stewardship and efficient use of CoC funding.
7. Reallocate resources from lower performing projects to higher performing projects and/or reallocate resources to create new projects that improve overall performance, with an overall priority to better end homelessness.

The WS/FC Renewal Project Performance Scorecard is reviewed annually and revised or updated to reflect current process and/or reporting practices. It also reflects current HUD CoC policy/program requirements and CoC project and system performance measures. The majority of data collected for this process comes from Homeless Management Information System (HMIS) reports. HMIS reports used include the new canned CoC-APR (Annual Performance Report), the 0701 & 0703 System Performance reports, and the 0260 data completeness report. Generally, the data reflects project performance between October 1, 2019, and September 30, 2020, which is aligned with the Federal FY.

Where indicated, some measures require a comparison to prior year data (October 1, 2018 - September 30, 2019) or they require data from the most recent grant operating year for which an APR has been submitted to HUD. DV projects provide data through reports generated in Osnium.

**THRESHOLD REVIEW**

The WS/FC CoC Rating Panel conducts a threshold review of each project prior to scoring performance to make sure it meets eligibility requirements as stated in the Notice of Funding Availability for the Continuum of Care Program Competition. The Rating Panel uses the *WS/FC CoC Local Project Application Threshold Review* (attached) in its eligibility evaluation of Project Applicants & Subrecipients and assigns either a PASS or FAIL to the project application.
## PERFORMANCE

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| **1. Length of Stay**  
(SSO-CE & HMIS excluded) | **RRH.** Avg. # of days from entry to move-in (HUD Goal: 15 days)  
**PSH.** Avg. # of days from entry to move-in (HUD Goal: 15 days)  
**TH+RRH – TH Component.** Avg. # of days participants stay in project  
(HUD Goal: 90 days)  
**TH+RRH – RRH Component.** Avg. # of days from entry to move-in  
(HUD Goal: 30 days)  
Note: Points split in half for each component of TH+RRH and then summed.  
*Source: HMIS Report CoC-APR & APR Detail* | | |
| | | **RRH, PSH, & RRH**  
Cmpt ½ pts  
>180 days | **RRH, PSH, & RRH**  
Cmpt ½ pts  
61-180 days | **RRH, PSH, & RRH**  
Cmpt ½ pts  
30-60 days | **RRH, PSH, & RRH**  
Cmpt ½ pts  
<30 days |
| | | **TH Cmpt**  
½ pts  
>365 days | **TH Cmpt**  
½ pts  
181-365 days | **TH Cmpt**  
½ pts  
90-180 days | **TH Cmpt**  
½ pts  
<90 days |
| **2. Housing Outcomes: Exits to PH**  
(SSO-CE & HMIS excluded) | **RRH & TH+RRH:** “Persons exiting to permanent housing destinations during the operating year.”  
[# who exited to other PH destinations] divided by  
[# of persons exiting the program during the year] x100 from APRQ23a., APRQ23b., & APRQ5a.5.  
Note: Deceased are excluded.  
**PSH:** “Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.”  
[# who remained in PSH + # who exited to other PH] divided by  
[# of persons who exited PH project + # of persons who did not leave the project (i.e., total # served in year)] x100 from APRQ23a., APRQ23b., APRQ5a.1., & APRQ5a.8.  
Note: Deceased are excluded.  
*Source: HMIS Report CoC-APR* | | |
| | | **RRH & TH+RRH**  
<70% | **RRH & TH+RRH**  
70-79% | **RRH & TH+RRH**  
80-90% | **RRH & TH+RRH**  
>90% |
| | | **PSH**  
<80% | **PSH**  
80-89% | **PSH**  
90-99% | **PSH**  
100% |
| **3. Assessment Outcomes: SSO-CE Rate of Conducting Household Assessments**  
(RRH, PSH, TH+RRH, & HMIS excluded) | Additional Performance: % of households entering/accessing Coordinated Intake Center (CIC) who are assessed.  
[# of households assessed by CIC] divided by  
[total # of households entering/accessing CIC during the operating year] x100  
*Source: HMIS Report CoC-APR and program data* | | |
| | | <75% | 75-84% | 85-95% | >95% |
| **4. Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness**  
(SSO-CE & HMIS excluded) | **System Performance Measures (SPM) Metric 2b.2:** Returns to SO, ES, SH, TH, and PH projects within 2 years after exits to permanent housing destinations.  
*Source: HMIS Report 0701, run for CoC not individual providers – Results are given as both a number of returns and a percent of returns based on the total exits 2 years prior.* | | |
<p>| | | &gt;20% | 11-20% | 5-10% | &lt;5% |</p>
<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| 5a. – 5f. Employment and Income Growth for Homeless Persons in CoC Program-funded Projects from System Performance Measures (SPM) Metric 4 (SSO-CE & HMIS excluded) | - **SPM Metric 4.1:** Change in employment income during the reporting period for system stayers  
- **SPM Metric 4.2:** Change in non-employment cash income during the reporting period for system stayers  
- **SPM Metric 4.3:** Change in total cash income during the reporting period for system stayers  
- **SPM Metric 4.4:** Change in employment income from entry to exit for system leavers  
- **SPM Metric 4.5:** Change in non-employment cash income from entry to exit for system leavers  
- **SPM Metric 4.6:** Change in total cash income from entry to exit for system leavers  
*Source: HMIS Report CoC-APR – Results for each metric are given as the percentage of adults who increased across stated metric, with the universe being those who have income information at entry AND assessment/exit.* | 0 1 or 2 (see below) | Positive and No Change  
Negative Change  
Applies to 8a. - 8f. (SPM Metrics 4.1-4.6)  
2 points for 8c. & 8f. (SPM 4.3 & 4.6) |

<table>
<thead>
<tr>
<th>Rating Factor</th>
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</tr>
</thead>
</table>
| 6. Accessing Mainstream Benefits (SSO-CE & HMIS excluded) N/A if no LEAVERS  | % of Adult Participants with 1+ Sources of Non-Cash Income at Exit: [# of adult participants with 1+Source of non-cash benefit at exit] divided by [# of all adult leavers] x100  
*Source: HMIS Report CoC-APR* | 0 1 2 3                                                    | <41% 41-61% 62-85% >85% |
| 7. PSH Bed Utilization Rate (RRH, TH+RRH, SSO-CE, & HMIS excluded)           | Project Operates at Capacity: [# of beds utilized] divided by [total bed capacity (i.e., # of funded beds)] *Source: HDX Housing Inventory Chart and HMIS Report CoC-APR (APRQ7b.)* | <65% 65-79% 80-95% >95% |
| 8. Participants Enter from Emergency Shelter or Streets (SSO-CE & HMIS excluded) | Percentage of Adult Persons Entering from an Emergency Shelter or the streets: [APRQ15. Prior Living Situation was Emergency Shelter + Place not meant for habitation] divided by [APRQ5a.2. Total Adults Served] x100  
*Source: HMIS Report CoC-APR* | <85% 85-89% 90-95% >95% |
| 9. Percentage Exiting to a Known Destination (HMIS excluded) N/A if no LEAVERS | Percentage of Persons Exiting to a Known Destination: {[APRQ5a.5. Total Leavers] minus [APRQ23a. + APRQ23b. for Doesn’t Know/Refused and Data Not Collected]} divided by [APRQ5a.5. Total Leavers] x100  
*Source: HMIS Report CoC-APR* | <80% 80-89% 90-95% >95% |
| 10. Adult Participants Employed at Exit (SSO-CE & HMIS excluded) N/A if no LEAVERS | Percentage of Adults Employed at Exit: [APRQ17 Adults w/earned income at exit] divided by [APRQ5a.6. Total Adult Leavers] x100  
*Source: HMIS Report CoC-APR* | <20% 20-24% 25-30% >30% |
## SERVE HIGH NEED POPULATIONS

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| **11. Coordinated Assessment Scores of Households Relative to Project Type Referral/Placement** *(RRH, PSH, TH+RRH, & HMIS excluded)* | SSO-CE: Of the households entering/accessing Coordinated Intake Center (CIC) who are assessed, project referrals/placements are indicated for the specified interventions based on assessment scores and per the CIC Policy and Procedure Manual (i.e., for RRH, Individuals: 4-7 and Families: 4-8; and for PSH, Individuals and Families: Highest VI-SPDAT scores).  
  - RRH and TH+RRH (RRH Component) – Assessment score for 95% of RRH referrals/placements indicates RRH or more intervention.  
  - PSH – Assessment score for PSH referrals/placements indicates PSH with 95% at highest end of PSH range.  
  
  *Source: CIC program data and HMIS data* | <75% | 75-84% | 85-95% | >95% |
| **12. Project Serves Participants Referred from SSO-CE & Considers Severity of Needs** *(SSO-CE & HMIS excluded)* | 95% or more of project’s participant entries are from Coordinated Intake Center referrals  
  
  *Source: Project Application* | NO | YES |
| **13. Ending Chronic Homelessness** *(HMIS excluded)* | % of Chronically Homeless Households Served: [# of households with one or more CH persons served by project] divided by [total # of households served by project] x100 from APRQ26a. & APRQ8a.  
  
  *Source: HMIS Report CoC-APR* | <26% | 26-50% | 51-75% | >75% |
| **14. Ending Homelessness Among Households with Children and Unaccompanied Youth** *(HMIS excluded)* | Project serves families with children and/or unaccompanied youth. [# of participants who are in families with children or unaccompanied youth] divided by [total # of participants served] x100  
  
  *Source: HMIS Report CoC-APR* | <16% | 16-32% | >32% |
| **15. Ending Veterans Homelessness** *(HMIS excluded)* | Project serves Veterans. [# of participants who are Veterans] divided by [total # of participants served] x100  
  
  *Source: HMIS Report CoC-APR* | <16% | 16-32% | >32% |
| **16. Ending Homelessness Among Persons Fleeing Domestic Violence** *(HMIS excluded)* | Project serves persons fleeing domestic violence. [# of participants who are fleeing domestic violence] divided by [total # of participants served] x100  
  
  *Source: HMIS Report CoC-APR* | <16% | 16-32% | >32% |
### PROJECT EFFECTIVENESS

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. HMIS Performance: Meet all HUD Reporting Requirements (RRH, PSH, TH+RRH, &amp; SSO-CE excluded)</td>
<td>HMIS Project Applicant has submitted high-quality CoC reports (PIT, HIC, SPM, LSA, etc.) on time. <em>Source: HDX and HDX 2.0</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
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</tbody>
</table>
| 18. HMIS Performance: Maintain high levels of Data Completeness (DV projects excluded) | Rating of data completeness for individual CoC-funded Projects – 22 HUD data elements assessed (13 UDE + 5 Additional + 4 Homeless Situation)  
*Note: HMIS project is scored based on the cumulative data of all CoC-funded Projects.*  
*Source: HMIS Report 0260* | | NO | YES | 0 < 88% | 88 - 94.99% | 95 - 98.99% | > 99% |
| 19. HMIS Performance: Data Sharing (DV projects excluded) | Project Applicant and Subrecipients have signed or agreed to sign the CoC’s data sharing agreement. HMIS Project facilitates and coordinates data sharing agreements.  
*Source: Collaborative Applicant/LSA HMIS Records* | | NO | YES | 0 |
| 20. Cost per PH Exit/Success (SSO-CE & HMIS excluded) | RRH: Grant dollars awarded/PH Exits [This calculation is based on the number # of households exiting to PH using avg. HH size.]  
PSH: Grant dollars awarded/PH Success [This calculation is based on the number # of households achieving housing stability (i.e., retention or exit to PH) using avg. HH size.]  
*Source: Project Applicant Financial Records and HMIS Report CoC-APR* | | 0 | 2 | 4 | 6 |
| | RRH & TH+RRH > $8,775 | RRH & TH+RRH > $5,851-8,875 | RRH & TH+RRH > $2,925-5,850 | RRH & TH+RRH > $2,925 |
| | PSH > $11,700 | PSH > $7,801-11,700 | PSH > $3,900-7,800 | PSH > $3,900 |
| 21. Cost per Household Assessment (RRH, PSH, TH+RRH, & HMIS excluded) | SSO-CE/CIC: Grant dollars awarded/# of Household Assessments  
*Source: Project Applicant Financial & Participant Records and HMIS Report CoC-APR* | | > $135 | 125-135 | 110-124 | < 110 |
| 22. Funds Recaptured for Last Ending Operating Year | Percentage of Funds Recaptured for Last Ending Operating Year out of Total Grant Award  
*Source: Project Applicant Financial Records* | | > 25% | 10-24% | 5-9% | < 5% |
### OTHER & LOCAL CRITERIA

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Max. 100 pts</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 23. Local CoC Renewal Project Application Submission in Neighborly | Project is scored across nine categories in the Neighborly CoC Renewal for a total of 100 points. Project application is organized and scored as follows:  
A. Organization & Contact Information (5 pts.)  
B. Basic Requirements (10 pts.)  
C. Project Summary (10 pts.)  
D. Organizational Capacity (10 pts.)  
E. Performance & Compliance (10 pts.)  
F. Financial Information (10 pts.)  
G. Housing First Standards: Operates with fidelity to Housing First approach & Low Barrier (15 pts.)  
H. Program-Specific Standards: Operates using best practices, standards, and key elements in accordance with federal and local policies or standards (15 pts.)  
I. Documents (15 pts.)  
*Source: Local CoC Project Application in Neighborly* | | |

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| **24. Project Applicant and Subrecipients are Active Participants in CoC Meetings/Process** | Project Applicant and Subrecipients have participated in more than 75% of all Operating Cabinet and full CoC meetings.  
*Source: Meeting Minutes* | 0 | 2 | 4 | 6 |
| **NO** | **YES** | | | |

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| **25. Addressing the Needs of Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking** | Provider participates in annual training that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking.  
*Source: Training Attendance Sheet and Training Survey* | 0 | 1 |
| **NO** | **YES** | | | |

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
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</thead>
</table>
| **26. Addressing the Needs of LGBTQ** | Provider participates in annual training about how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including the Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs.  
*Source: Training Attendance Sheet and Training Survey* | 0 | 1 |
<p>| <strong>NO</strong> | <strong>YES</strong> | | | |</p>
<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Explanation of Rating Factor</th>
<th>Points</th>
</tr>
</thead>
</table>
| 27. Addressing Racial Disparities in Homelessness | Provider participates in CoC’s annual assessment on whether there are racial disparities in the provision or outcome of homeless assistance and participates in any action steps or trainings to address any identified disparities.  
*Source: Training Attendance Sheet and Training Survey*                                                                                 |        |
| 28. Addressing Job Training & Employment          | Provider participates in annual training(s) on job training and employment to improve participant outcomes.  
*Source: Training Attendance Sheet and Training Survey*                                                                                                                                       |        |
| 29. Addressing Health, Mental Health & Well-being of Participants | Provider participates in annual training(s) on health, mental health, and well-being topics to improve participant outcomes  
*Source: Training Attendance Sheet and Training Survey*                                                                                                                                     |        |
| MAXIMUM TOTAL POINTS                              | If a measure is NA, then Maximum Total Points are reduced accordingly.  
See below for Maximum Points by Project Type. Final project scores are reported as a percentage for ranking.                                                                                                                  |        |

**Maximum Points Possible by Project Type:**
- Permanent Supportive Housing (PSH) = 229 points (or less points if N/A due to no participant data for scored measure)
- Rapid Rehousing (RRH) = 232 points (or less points if N/A due to no participant data for scored measure)
- Joint TH+RRH = 229 points (or less points if N/A due to no participant data for scored measure)
- Supportive Services Only (SSO-CE) = 190 points (or less points if N/A due to no participant data for scored measure)
- Homeless Management Information System (HMIS) = 229 points

*Note: Newer projects may not have data for the time periods indicated by the performance measure, which also may reduce the maximum score possible.*
### Criterion

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete application was submitted</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Match documentation was submitted for prior year and applicant identified minimum matching funds prior to application submission which satisfy HUD requirements</td>
<td></td>
<td></td>
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<tr>
<td>Quarterly Financial Drawdowns/Spend Rate/Funds Recaptured were reviewed</td>
<td></td>
<td></td>
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<tr>
<td>APR submitted to HUD</td>
<td></td>
<td></td>
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<tr>
<td>No unresolved HUD Monitoring Findings on grant-funded project</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Has documentation of having served HUD-eligible homeless persons or families, through CoC-eligible activities during the twelve months prior to the RFP deadline</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Proposes an eligible activity for an eligible homeless population, pursuant to HUD requirements (including eligibility under the NOFA)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Is an eligible contractor for federal funds per <a href="https://www.sam.gov/">https://www.sam.gov/</a>, has a current tax exempt status as verified by the IRS, and does not owe any unresolved tax debts, as documented on IRS 990 submissions to the IRS</td>
<td></td>
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<tr>
<td>Does not propose to use HUD funds to supplant current funding</td>
<td></td>
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<tr>
<td>Project is financially feasible</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Has satisfactory organizational status, experience, capacity, and financial stability to implement and operate the project, as determined by the City of Winston-Salem</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Submitted authorization to apply for CoC funding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted most recently filed IRS Form 990</td>
<td></td>
<td></td>
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<tr>
<td>Submitted most recent audit report</td>
<td></td>
<td></td>
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<tr>
<td>Submitted By-Laws</td>
<td></td>
<td></td>
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<tr>
<td>Submitted Articles of Incorporation</td>
<td></td>
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<tr>
<td>Submitted IRS 501(c)3 designation letter, with status in place for at least one year prior to RFP deadline</td>
<td></td>
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<tr>
<td>Submitted current board roster</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Submitted copy of current year budget</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted copies of Code of Conduct, Personnel Policies, Fair Housing Policy, Anti-Discrimination Policy, Accounting and Procurement Policies, and other documents and procedures for the Organization (as applicable and as requested)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project application was reviewed by WS/FC CoC Rating Panel members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in Coordinated Entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing First and/or Low Barrier Implementation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in HMIS or an HMIS comparable database for DV agencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant is a CoC-member agency</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Explanation for N/A items:_____________________________________________________________________________

Reviewed by (print and sign name):_____________________________________________________________________

PASS/FAIL:__________________________________________ Date:__________________

---

8
<table>
<thead>
<tr>
<th>HMIS ID</th>
<th>Fifth Street Apts- Expansion</th>
<th>Fifth Street Apts- Expansion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1106</td>
<td>Experiment in Self-Reliance</td>
<td>Experiment in Self-Reliance</td>
</tr>
</tbody>
</table>

**THRESHOLD REVIEW**
PASS/FAIL - Threshold Review by Rating Panel
PASS  PASS

**Client Counts**
- Total # of Clients Served (Adults + Children) (APR Q5a.1.)
  - 11
- Total # of Adults Served (APR Q5a.2.)
  - 11
- Total # of Households Served (APR Q8a.)
  - 11
- Total # of Clients Exiting Program - Leavers (Adults + Children) (APR Q5a.5.)
  - 0

**SCORERCARD METRIC**

<table>
<thead>
<tr>
<th>SCORERCARD METRIC</th>
<th>PERFORMANCE</th>
<th>MAX POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Length of Stay</td>
<td>Avg. = 14 for 3 ppl</td>
<td>20 20</td>
</tr>
<tr>
<td>2 Housing Outcomes: Exit to PH OR Retention of PSH/Exit to PH</td>
<td>100.00%</td>
<td>24 24</td>
</tr>
<tr>
<td>3 Assessment Outcomes</td>
<td>N/A N/A only applies to SSO-CE</td>
<td></td>
</tr>
<tr>
<td>4 Returns to HL</td>
<td>0.00%</td>
<td>15 15</td>
</tr>
<tr>
<td>5 Income Growth</td>
<td>neg, pos, pos, N/A, N/A, N/A</td>
<td>3 4</td>
</tr>
<tr>
<td>6 Access Mainstream Benefits</td>
<td>N/A N/A N/A due to No Leavers</td>
<td></td>
</tr>
<tr>
<td>7 PSH Bed Utilization</td>
<td>100.00%</td>
<td>3 3</td>
</tr>
<tr>
<td>8 Enter from ES or Street</td>
<td>100.00%</td>
<td>3 3</td>
</tr>
<tr>
<td>9 Exit to Known Destination</td>
<td>N/A N/A N/A due to No Leavers</td>
<td></td>
</tr>
<tr>
<td>10 Employed at Exit</td>
<td>N/A N/A N/A due to No Leavers</td>
<td></td>
</tr>
</tbody>
</table>

**SERVE HIGH NEED POPULATIONS**

<table>
<thead>
<tr>
<th>SERVE HIGH NEED POPULATIONS</th>
<th>PERFORMANCE</th>
<th>MAX POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Assessment Scores Relative to Program Placement/Referral</td>
<td>N/A N/A only applies to SSO-CE</td>
<td></td>
</tr>
<tr>
<td>12 Considers Severity of Needs &amp; Serves Participants from CE</td>
<td>YES</td>
<td>6 6</td>
</tr>
<tr>
<td>13 Ending CH</td>
<td>90.91%</td>
<td>3 3</td>
</tr>
<tr>
<td>14 Ending HH Among HH with children and Unaccompanied Youth</td>
<td>0.00%</td>
<td>0 2</td>
</tr>
<tr>
<td>15 Ending Veterans HH</td>
<td>9.09%</td>
<td>0 2</td>
</tr>
<tr>
<td>16 Ending DV HH</td>
<td>0.00%</td>
<td>0 2</td>
</tr>
</tbody>
</table>

**PROJECT EFFECTIVENESS**

<table>
<thead>
<tr>
<th>PROJECT EFFECTIVENESS</th>
<th>PERFORMANCE</th>
<th>MAX POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 HMIS Data Reporting Requirements</td>
<td>N/A N/A only applies to HMIS</td>
<td></td>
</tr>
<tr>
<td>18 HMIS Data Completeness</td>
<td>100.00%</td>
<td>6 6</td>
</tr>
<tr>
<td>19 HMIS Data Sharing</td>
<td>YES</td>
<td>6 6</td>
</tr>
<tr>
<td>20 Cost per PH Exit/Success</td>
<td>$8,764.27</td>
<td>2 6</td>
</tr>
<tr>
<td>21 Cost per HH Assessment</td>
<td>N/A N/A only applies to SSO-CE</td>
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<tr>
<td>22 Recaptured Funds</td>
<td>4.00%</td>
<td>6 6</td>
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</tbody>
</table>

**OTHER & LOCAL CRITERIA**

<table>
<thead>
<tr>
<th>OTHER &amp; LOCAL CRITERIA</th>
<th>PERFORMANCE</th>
<th>MAX POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 Neighboorly Application</td>
<td>94.00 94.00 100</td>
<td></td>
</tr>
<tr>
<td>24 Active in CoC Meetings</td>
<td>YES</td>
<td>6 6</td>
</tr>
<tr>
<td>25 Training: DV, Dating Violence, etc.</td>
<td>NO</td>
<td>0 1</td>
</tr>
<tr>
<td>26 Training: LGBTQ</td>
<td>YES</td>
<td>1 1</td>
</tr>
<tr>
<td>27 Training/Assessment: Racial Disparities</td>
<td>YES</td>
<td>1 1</td>
</tr>
<tr>
<td>28 Training: Job Training &amp; Employment</td>
<td>NO</td>
<td>0 1</td>
</tr>
<tr>
<td>29 Training: Health/Mental Health/Well-being</td>
<td>YES</td>
<td>1 1</td>
</tr>
</tbody>
</table>

**TOTAL POINTS SCORED**
200

**TOTAL POSSIBLE POINTS**
219

**PERCENTAGE SCORED**
91.32%
## Winston-Salem/Forsyth County Continuum of Care 2021 Project Priority Listing as Recommended by Rating Panel

<table>
<thead>
<tr>
<th>CoC Priority Ranking</th>
<th>Performance Score</th>
<th>Agency</th>
<th>Status</th>
<th>Type</th>
<th>Project Description</th>
<th>Proposed Amount</th>
<th>Cumulative Amount</th>
<th>Proposed Funds from Renewal</th>
<th>Proposed Funds from Reallocation</th>
<th>Proposed Funds from Bonus</th>
<th>Proposed Funds from DV Bonus</th>
<th>Funds from all Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>96.21%</td>
<td>City of Winston-Salem</td>
<td>Renewal</td>
<td>HMIS</td>
<td>Homeless Management Information System 2 Combined</td>
<td>$112,419</td>
<td>$112,419</td>
<td>$112,419</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$112,419</td>
</tr>
<tr>
<td>2</td>
<td>91.32%</td>
<td>ESR</td>
<td>Renewal</td>
<td>PH-PSH</td>
<td>Fifth Street Apts-Expansion</td>
<td>$105,251</td>
<td>$217,670</td>
<td>$105,251</td>
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<td>3</td>
<td>90.38%</td>
<td>ESR</td>
<td>Renewal</td>
<td>PH-PSH</td>
<td>5th Street II</td>
<td>$68,426</td>
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<td>4</td>
<td>87.79%</td>
<td>United Way</td>
<td>Renewal</td>
<td>SSO-CE</td>
<td>Community Intake Center (CIC) Consolidated Combined</td>
<td>$157,746</td>
<td>$443,842</td>
<td>$157,746</td>
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<td>$157,746</td>
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<tr>
<td>5</td>
<td>78.50%</td>
<td>Multiple</td>
<td>Renewal</td>
<td>PH-PSH</td>
<td>Forsyth PSH Collaborative</td>
<td>$774,941</td>
<td>$1,218,783</td>
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<tr>
<td>6</td>
<td>73.24%</td>
<td>Multiple</td>
<td>Renewal</td>
<td>PH-RRH</td>
<td>ESR-PH Case Management (aka FRRC)</td>
<td>$766,415</td>
<td>$1,985,198</td>
<td>$766,415</td>
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<td>$0</td>
<td>$766,415</td>
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<tr>
<td>7</td>
<td>67.53%</td>
<td>United Way/Family Services</td>
<td>Renewal</td>
<td>PH-RRH</td>
<td>Housing Independence Project (HIP)</td>
<td>$187,651</td>
<td>$2,172,849</td>
<td>$187,651</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$187,651</td>
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<tr>
<td>8</td>
<td>99.67%</td>
<td>City of Winston-Salem</td>
<td>New</td>
<td>PH-PSH</td>
<td>Forsyth PSH Collaborative Expansion (for Housing CM &amp; Navigator)</td>
<td>$110,000</td>
<td>$2,282,849</td>
<td>$110,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>9</td>
<td>94.00%</td>
<td>Goodwill of NWNC</td>
<td>New</td>
<td>PH-RRH</td>
<td>FRRC Expansion (ESR-PH CM Expansion) (aka Lifeskills &amp; Employment Services)</td>
<td>$35,000</td>
<td>$2,317,849</td>
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<td>10</td>
<td>90.00%</td>
<td>Multiple</td>
<td>New</td>
<td>PH-RRH</td>
<td>Housing Independence Project (HIP) Expansion</td>
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<td>Pathways to Healthy Housing</td>
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**Subtotal without Planning Grant**

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<th>$2,748,196</th>
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<th>$145,000</th>
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<td>Funds Available</td>
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<td>$2,317,849</td>
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<td>$321,657</td>
<td>$2,755,398</td>
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<td>$7,202</td>
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**Total with Planning Grant**

|                  |                  |                  |                  |                  | $2,817,731 |

- **Performance Score**
- **Agency**
- **Status**
- **Type**
- **Project**
- **Proposed Amount**
- **Cumulative Amount**
- **Proposed Funds from Renewal**
- **Proposed Funds from Reallocation**
- **Proposed Funds from Bonus**
- **Proposed Funds from DV Bonus**
- **Funds from all Sources**
Public Posting – Projects Rejected-Reduced

Page 1: Membership E-mail Notification Public Web Posting Sent out October 25, 2021, and included link to Public Web Posting that follows
See Top Right-Hand Corner of Email Generated Date & Time Stamp.

Page 2: Public Web Posting (Screenshot taken on October 23, 2021)
See Top Right-Hand Corner of Computer-Generated Date in Toolbar.

Page 3: Projects Rejected-Reduced Document that was Linked in Public Web Posting

Page 4-14: Individual Project Application Reduction-Rejection Notification Letters Distributed via Mail on October 21, 2021
Please see the message below

Kathleen Wiener
Grants and Projects Manager
United Way of Forsyth County
301 N. Main Street, Suite 1700
Winston-Salem, NC 27101
Office Phone (336) 721-9378
Cell Phone (336) 403-8566
Fax (336) 724-1045
www.forsythunitedway.org

COVID-19 Support and Resources
Need Help? Dial 2-1-1 by phone or visit www.nc211.org

From: Shereka Floyd <sherekaf@cityofws.org>
Sent: Monday, October 25, 2021 9:54 AM
To: Kathleen Wiener <kathleen.wiener@uwforsyth.org>
Subject: Please forward to the CoC:

TO: Winston-Salem/Forsyth County Continuum of Care Members

The Winston-Salem/Forsyth County Continuum of Care’s Project Review, Ranking, and Selection Process is now complete. The final ranking of CoC New and Renewal Projects that were Accepted for inclusion into the NC-500 CoC Project Priority Listing, and the list of CoC New and Renewal Projects that were Reduced or Rejected, have been publicly posted, and all applicants have been notified outside of e-snaps that their projects were either accepted, rejected, or reduced. You can access the ranking of the project priority listings by visiting: https://www.cityofws.org/2453/Homelessness

Shereka N. Floyd
COC Program Manager
(336) 721-4909
www.cityofws.org

City of Winston-Salem
ONE TEAM
Committed to Excellence

All emails and/or attachments sent to and from this address are subject to being released to the media and the public in accordance with the North Carolina Public Records Law.
FY 2021 WS/FC CoC (NC-500) Local CoC Competition Request for Proposals (RFP)

The City of Winston-Salem seeks proposals for funding to be available under the Continuum of Care Homeless Assistance Grants Program (CoC). The CoC is a community-wide system of care with the goal of ending homelessness. Submissions will be accepted beginning June 8th, 2021. Proposals are due by 12:00 p.m. (noon) on July 9th, 2021 at 12:00 p.m. (noon) using the online Neighborly Software application. The RFP is available to all eligible agencies that wish to participate in the FY 2021 Collaborative Application to operate a project within the Winston-Salem Forsyth County CoC jurisdiction. Please see the Request for Proposals below:

- Request for Proposals 2021 Continuum of Care Homeless Grants (PDF)
- Apply Through Neighborly Software
- Neighborly Software Getting Started Guide (PDF)
- NCCH 2021 Renewal Project Scorecard with Threshold (PDF)
- NCCH 2021 New Project Scorecard with Threshold (PDF)
- NCCH WSIFC CoC Policies on Funding Decision Appeal (PDF)
- NCCH WSIFC CoC Reallocation Process for FY2021 (PDF)
- Appendix A CoC RFP (PDF)
- 2021 Continuum of Care Grants Eligible for Renewal or Reallocation

2021 Continuum of Care Consolidated Grant Application

The Continuum of Care Homeless Assistance programs are offered by the U.S. Department of Housing and Urban Development (HUD) to address homelessness in local communities. The 2021 Project Priority Listing of Continuum of Care projects for inclusion in the Federal Fiscal Year 2021 CoC application is posted here. It includes all projects that were accepted. The Winston-Salem Forsyth County Commission on Ending Homelessness meeting minutes and the Continuum of Care Operating Cabinet meetings are posted below:

- 10.19.21 OC Meeting Attendance Sheet
- 10.19.21 OC Meeting Minutes
- 10.20.21 OC/CH Meeting Minutes
- NC-500 Public Posting - Projects Rejected or Reduced for FY 2021 CoC
- NC-500 Public Posting - Accepted for FY 2021 CoC Project Priorities Listing

Request for Proposals for an Administrator to Programatically Operate a Housing Opportunities for Persons with Aids (HOPWA) Program

The City of Winston-Salem is accepting proposals from qualified program administrators with the capacity and experience to programatically operate a HOPWA program. This program will provide housing and supportive services within a 5-county geographical region. The goal of the HOPWA program is to ensure that affordable housing options and related housing services are available to low-income persons living with HIV/AIDS and their families. Proposals are due by August 12th, 2021.
<table>
<thead>
<tr>
<th>Funding Status</th>
<th>Applicant Name</th>
<th>Subrecipient Name</th>
<th>Project Name</th>
<th>Project Type</th>
<th>Project Status</th>
<th>Amount Reduced for Reallocation</th>
<th>Amount Rejected</th>
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<tr>
<td>Reduced</td>
<td>City of Winston-Salem</td>
<td>Bethesda Center, ESR, Housing Authority of Winston-Salem</td>
<td>Bethesda Center, ESR, Housing Authority of Winston-Salem</td>
<td>PH-PSH</td>
<td>Renewal</td>
<td>$5,449</td>
<td></td>
</tr>
<tr>
<td>Reduced</td>
<td>City of Winston-Salem</td>
<td>Bethesda Center, ESR, United Way</td>
<td>Bethesda Center, ESR, United Way</td>
<td>PH-RRH</td>
<td>Renewal</td>
<td>$5,449</td>
<td></td>
</tr>
<tr>
<td>Rejected</td>
<td>City of Winston-Salem</td>
<td>United Way</td>
<td>Rapid Response Housing (HEART)</td>
<td>Joint TH and PH-RRH</td>
<td>Renewal</td>
<td>$83,484</td>
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</tr>
<tr>
<td>Rejected</td>
<td>City of Winston-Salem</td>
<td>Crossnore School &amp; Children's Home</td>
<td>A Place of My Own</td>
<td>Joint TH and PH-RRH</td>
<td>Renewal</td>
<td>$50,618</td>
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</tr>
<tr>
<td>Rejected</td>
<td>City of Winston-Salem</td>
<td>Achieving Our Greatness</td>
<td>Achieving Our Greatness</td>
<td>TH</td>
<td>New</td>
<td></td>
<td>$338,600</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Amount Available for Reallocation</td>
<td>$145,000</td>
</tr>
</tbody>
</table>
October 21, 2021

Ms. Aretha Hubbard
Achieving Our Greatness
2300 N. Glenn Avenue
Winston-Salem, NC 27105

Dear Ms. Hubbard:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for new project funding that was considered under the “Achieving our Greatness” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will not be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Mr. Brett A. Loftis, CEO
Crossnore School & Children’s Home
1001 Reynolda Road
Winston-Salem, NC 27104

Dear Mr. Loftis:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal project funding to be considered under the “A Place of My Own” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will not be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Cynthia Gordineer, President
United Way of Forsyth County
301 N. Street Suite 1700
Winston-Salem, NC 27101

Dear Ms. Gordineer:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal project funding to be considered under the “Rapid Response Housing (HEART)” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will not be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Robert Feikema, Executive Director
Family Services, Inc.
1200 S. Broad Street
Winston-Salem, NC 27101

Dear Mr. Feikema:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency failed to apply for renewal of funding to be considered under the “Housing Independence Project (HIP)” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will not be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https: www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Baraka Riptoe, Executive Director
Bethesda Center for the Homeless
930 N. Patterson Avenue
Winston-Salem, NC 27101

Dear Ms. Riptoe:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “ESR-PH Case Management” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant with a reduction in the amount of $5,449.00.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Twana Roebuck, Executive Director
Experiment in Self-Reliance
PO Box 135
Winston-Salem, NC 27102

Dear Ms. Roebuck:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “ESR-PH Case Management” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant with a reduction in the amount of $5,449.00.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Cynthia Gordineer, President
United Way of Forsyth County
301 N. Street Suite 1700
Winston-Salem, NC 27101

Dear Ms. Gordineer:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “ESR-PH Case Management” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant with a reduction in the amount of $5,449.00.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Baraka Riptoe, Executive Director
Bethesda Center for the Homeless
930 N. Patterson Avenue
Winston-Salem, NC 27101

Dear Ms. Riptoe:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Forsyth PSH Collaborative” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant with a reduction in the amount of $5,449.00.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Kevin Chesire, Executive Director
Housing Authority of Winston-Salem
500 W. 4th Street Suite 300
Winston-Salem, NC 27101

Dear Mr. Chesire:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Forsyth PSH Collaborative” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant with a reduction in the amount of $5,449.00.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Twana Roebuck, Executive Director
Experiment in Self-Reliance
PO Box 135
Winston-Salem, NC 27102

Dear Ms. Roebuck:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Forsyth PSH Collaborative” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant with a reduction in the amount of $5,449.00.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
Public Posting – Projects Accepted

Page 1  Membership E-mail Notification Public Web Posting Sent out October 25, 2021, and included link to Public Web Posting that follows.
See Top Right-Hand Corner of Email Generated Date & Time Stamp.

Page 2  Public Web Posting (Screenshot taken on October 23, 2021)
See Top Right-Hand Corner of Computer-Generated Date in Toolbar.

Page 3  Projects Accepted Document that was Linked in Public Web Posting

Page 4-20  Individual Project Application Acceptance Notification Letters Distributed via Mail on October 21, 2021
Please see the message below

Kathleen Wiener
Grants and Projects Manager
United Way of Forsyth County
301 N. Main Street, Suite 1700
Winston-Salem, NC 27101
Office Phone (336) 721-9378
Cell Phone (336) 403-8566
Fax (336) 724-1045
www.forsythunitedway.org

COVID-19 Support and Resources
Need Help? Dial 2-1-1 by phone or visit www.nc211.org

From: Shereka Floyd <sherekaf@cityofws.org>
Sent: Monday, October 25, 2021 9:54 AM
To: Kathleen Wiener <kathleen.wiener@uwforsyth.org>
Subject: Please forward to the CoC:

TO: Winston-Salem/Forsyth County Continuum of Care Members

The Winston-Salem/Forsyth County Continuum of Care’s Project Review, Ranking, and Selection Process is now complete. The final ranking of CoC New and Renewal Projects that were Accepted for inclusion into the NC-500 CoC Project Priority Listing, and the list of CoC New and Renewal Projects that were Reduced or Rejected, have been publicly posted, and all applicants have been notified outside of e-snaps that their projects were either accepted, rejected, or reduced. You can access the ranking of the project priority listings by visiting: https://www.cityofws.org/2453/Homelessness

All e-mails including attachments sent to and from this address are subject to being released to the media and the public in accordance with the North Carolina Public Records Law.

City of Winston-Salem
ONE TEAM
Commited to Excellence

All e-mails including attachments sent to and from this address are subject to being released to the media and the public in accordance with the North Carolina Public Records Law.
FY 2021 WS/FC CoC (NC-500) Local CoC Competition Request for Proposals (RFP)

The City of Winston-Salem seeks proposals for funding to be available under the Continuum of Care Homeless Assistance Grants Program (CoC). The CoC is a community-wide system of care with the goal of ending homelessness. Submissions will be accepted beginning June 8th, 2021. Proposals are due by 12:00 p.m. (noon) on July 9th, 2021 at 12:00pm (noon) using the online Neighborhood Software application. This RFP is available to all eligible agencies that wish to participate in the FY 2021 Collaborative Application to operate a project within the Winston-Salem Forsyth County CoC jurisdiction. Please see the Request for Proposals below:

- Request for Proposals 2021 Continuum of Care Homeless Grants (PDF)
- Apply Through Neighborhood Software
- Neighborhood Software Getting Started Guide (PDF)
- NCCHCO 2021 Renewal Project Scorecard with Threshold (PDF)
- NCCHCO 2021 New Project Scorecard with Threshold (PDF)
- NCCHCO WS/FC CoC Policies on Funding Decision Appeal (PDF)
- NCCHCO WS/FC CoC Reallocation Process for FY2021 (PDF)
- Appendix A CoC RFP (PDF)
- 2021 Continuum of Care Grants Eligible for Renewal or Reallocation

2021 Continuum of Care Consolidated Grant Application

The Continuum of Care Homeless Assistance programs are offered by the U.S. Department of Housing and Urban Development (HUD) to address homelessness in local communities. The 2021 Project Priority Listing of Continuum of Care projects for inclusion in the Federal Fiscal Year 2021 CoC application is posted here. It includes all projects that were accepted. The Winston-Salem Forsyth County Commission on Ending Homelessness meeting minutes and the Continuum of Care Operating Cabinet meetings are posted below:

- 10.19.21 OC Meeting Attendance Sheet
- 10.19.21 OC Meeting Minutes
- 10.20.21 COEH Meeting Minutes
- NC-500 Public Posting - Projects Rejected or Reduced for FY 2021 CoC
- NC-500 Public Posting - Accepted for FY 2021 CoC Project Priority Listings

Request for Proposals for an Administrator to Programmatically Operate a Housing Opportunities for Persons with AIDS (HOPWA) Program

The City of Winston-Salem is accepting proposals from qualified program administrators with the capacity and experience to programmatically operate a HOPWA program. This program will provide housing and supportive services within a 5-county geographical region. The goal of the HOPWA program is to ensure that affordable housing options are available to low-income persons living with HIV/AIDS and their families. Proposals are due by August 30th, 2021 at
<table>
<thead>
<tr>
<th>CoC Priority Ranking</th>
<th>Project Applicant</th>
<th>Subrecipients</th>
<th>Project &amp; Funding Status</th>
<th>Type</th>
<th>Project</th>
<th>Proposed Amount</th>
<th>Cumulative Amount</th>
<th>Bethesda Center</th>
<th>ESR</th>
<th>Family Services</th>
<th>Housing Authority of W-S</th>
<th>Goodwill</th>
<th>United Way</th>
<th>United Health Centers</th>
<th>City of WS</th>
<th>Total</th>
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<tr>
<td>1</td>
<td>City of Winston-Salem</td>
<td>Renewal</td>
<td>HMIS</td>
<td>Homeless Management Information System 2 Combined</td>
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<tr>
<td>2</td>
<td>City of Winston-Salem</td>
<td>ESR</td>
<td>Renewal</td>
<td>Fifth Street Apt-Expansion</td>
<td>$105,251</td>
<td>$217,670</td>
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<tr>
<td>3</td>
<td>City of Winston-Salem</td>
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<td>Renewal</td>
<td>5th Street II</td>
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<td>$280,096</td>
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<td>4</td>
<td>City of Winston-Salem</td>
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<td>Renewal</td>
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<td>$157,746</td>
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<td>5</td>
<td>City of Winston-Salem</td>
<td>Bethesda Center, ESR, Housing Authority of Winston-Salem</td>
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<td>Forsyth PSH Collaborative</td>
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<td>6</td>
<td>City of Winston-Salem</td>
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<td>Renewal (Reduced)</td>
<td>ESR-PH Case Management (aka FRRC)</td>
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<tr>
<td>7</td>
<td>City of Winston-Salem</td>
<td>United Way/Family Services</td>
<td>Renewal</td>
<td>Housing Independence Project (HIP)</td>
<td>$187,651</td>
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<td>8</td>
<td>City of Winston-Salem</td>
<td>New (funds from Reallocation)</td>
<td>PH-PSH</td>
<td>Forsyth PSH Collaborative Expansion (for Housing CM &amp; Navigator)</td>
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<td>9</td>
<td>City of Winston-Salem</td>
<td>Goodwill of NWNC</td>
<td>New (funds from Reallocation)</td>
<td>FRRC Expansion (ESR-PH CM Expansion) (for Lifeskills &amp; Employment Services)</td>
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<td>10</td>
<td>City of Winston-Salem</td>
<td>Family Services, United Way</td>
<td>New (DF Bonus)</td>
<td>Housing Independence Project (HIP) Expansion</td>
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<td>11</td>
<td>City of Winston-Salem</td>
<td>United Way, United Health Centers</td>
<td>New (CoC Bonus)</td>
<td>Pathways to Healthy Housing</td>
<td>$115,892</td>
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<td><strong>Not Ranked</strong></td>
<td>City of Winston-Salem</td>
<td>New</td>
<td>Planning</td>
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| Total NC500 CoC REQUEST | $2,817,731 | $257,002 | $412,656 | $124,887 | $35,000 | $1,005,975 | $67,275 | $69,715 | $2,817,731 |

**Tier 1 Projects**

- FY2021 Tier 1 Cut-Off: $2,317,849

**Tier 2 Projects**

- No projects straddle the line
October 21, 2021

Ms. Marla Newman, Community Development Director
City of Winston-Salem
PO Box 2511
Winston-Salem, NC 27101

Dear Ms. Newman:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Homeless Management Information System 2” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc: Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Twana Roebuck, Executive Director
Experiment in Self-Reliance
PO Box 135
Winston-Salem, NC 27102

Dear Ms. Roebuck:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Fifth Street Apartments- Expansion” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https: www.cityofws.org/2453/Homelessness.

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Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Twana Roebuck, Executive Director
Experiment in Self-Reliance
PO Box 135
Winston-Salem, NC 27102

Dear Ms. Roebuck:

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- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Cynthia Gordineer, President
United Way of Forsyth County
301 N. Street Suite 1700
Winston-Salem, NC 27101

Dear Ms. Gordineer:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Community Intake Center (CIC)” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Cynthia Gordineer, President
United Way of Forsyth County
301 N. Street Suite 1700
Winston-Salem, NC 27101

Dear Ms. Gordineer:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Housing Independence Project (HIP)” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Marla Newman, Community Development Director
City of Winston- Salem
PO Box 2511
Winston-Salem, NC 27101

Dear Ms. Newman:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for new project funding that was considered under the “Forsyth PSH Collaborative Expansion” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for approval of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Reni Geiger, Director of Mission Performance Management
Goodwill Industries of Northwest North Carolina
2701 University Parkway
Winston-Salem, NC 27105

Dear Ms. Geiger:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for new project funding that was considered under the “FRRC Expansion for Lifeskills & Employment” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for approval of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Cynthia Gordineer, President
United Way of Forsyth County
301 N. Street Suite 1700
Winston-Salem, NC 27101

Dear Ms. Gordineer:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for new project funding that was considered under the “Pathways to Healthy Housing” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for approval of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Cynthia Gordineer, President
United Way of Forsyth County
301 N. Street Suite 1700
Winston-Salem, NC 27101

Dear Ms. Gordineer:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for expansion of funding that was considered under the “Housing Independence Project (HIP)” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for the approval of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Robert Feikema, Executive Director
Family Services, Inc.
1200 S. Broad Street
Winston-Salem, NC 27101

Dear Mr. Feikema:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for expansion of funding that was considered under the “Housing Independence Project (HIP)” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application for expansion will be submitted to the U.S. Department of Housing and Urban Development (HUD) for approval of the grant.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Baraka Riptoe, Executive Director
Bethesda Center for the Homeless
930 N. Patterson Avenue
Winston-Salem, NC 27101

Dear Ms. Riptoe:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “ESR-PH Case Management” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

- A project application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for renewal of the grant with a reduction in the amount of $5,449.00.

All projects approved for funding are ranked on the 2021 Project Priority Listing. The complete 2021 Project Priority Listing, as well as meeting minutes and other documents related to the project solicitation, review, ranking and selection process, are publicly posted on City of Winston-Salem’s website at https://www.cityofws.org/2453/Homelessness.

Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Twana Roebuck, Executive Director
Experiment in Self-Reliance
PO Box 135
Winston-Salem, NC 27102

Dear Ms. Roebuck:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “ESR-PH Case Management” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

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Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Cynthia Gordineer, President
United Way of Forsyth County
301 N. Street Suite 1700
Winston-Salem, NC 27101

Dear Ms. Gordineer:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “ESR-PH Case Management” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

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Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Twana Roebuck, Executive Director
Experiment in Self-Reliance
PO Box 135
Winston-Salem, NC 27102

Dear Ms. Roebuck:

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Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Ms. Baraka Riptoe, Executive Director
Bethesda Center for the Homeless
930 N. Patterson Avenue
Winston-Salem, NC 27101

Dear Ms. Riptoe:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Forsyth PSH Collaborative” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

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Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
October 21, 2021

Kevin Chesire, Executive Director
Housing Authority of Winston-Salem
500 W. 4th Street Suite 300
Winston-Salem, NC 27101

Dear Mr. Chesire:

This letter is to notify you of the status of the 2021 Continuum of Care funding request submitted by your agency to the City of Winston-Salem, which serves as the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care (NC-500) and is the Recipient for HUD grant awards. Your agency applied for renewal and/or expansion of funding that was considered under the “Forsyth PSH Collaborative” grant. Based on the recommendation of the Continuum of Care Rating Panel and the decision of the Winston-Salem/Forsyth County Commission on Ending Homelessness, the status of your request is described below:

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Should you have any questions, please feel free to contact Mellin L. Parker at (336) 734-1310 or mellinp@cityofws.org.

Sincerely,

Jim Goodwin
Chairman, Winston-Salem/Forsyth County Continuum of Care

cc:
Mellin L. Parker
Planning Senior Project Supervisor
City of Winston-Salem
Notification of Final FY 2021 Continuum of Care (CoC) Posting NC-500 FY 2021 CoC Program Competition Application

Posted: November 12, 2021

All parts of the Winston-Salem/Forsyth County Continuum of Care Consolidated Application, including the CoC Application attachments and the Priority Listing are complete, and the final version has been posted. The final version of the Collaborative Application will be submitted to HUD by November 12, 2021.

[Links to CoC documents]

Request for Proposals for an Administrator to Programmatically Operate a Housing Opportunities for Persons with Aids (HOPWA) Program

The City of Winston-Salem is accepting proposals from qualified program administrators with the capacity and experience to programmatically operate a HOPWA program. This program will provide housing and supportive services within a 5-county geographical region. The goal of the HOPWA program is to ensure that affordable housing options and related housing services are available to low income persons living with HIV/AIDS and their families. Proposals are due by August 13th, 2021 at 12:00pm (noon). The full Request for Proposals with detailed information is available at https://www.cityofws.org/2453/Homelessness. For more information, please contact Melin Parker at (336) 734-1310 or email Melin.Parker@winston-salem.org.

Proposals must be submitted to the City by 12:00 p.m. on August 13th, 2021 using the online Neighborly Software application. Please see the Request for Proposals below.

[Links to proposal information]

Request For Proposals for Consultant to Perform an Assessment of the NC-500 CoC

The City of Winston-Salem is seeking a qualified consultant to conduct an operational assessment of the NC-500 Continuum of Care (CoC). The consultant must demonstrate expertise in providing planning and technical assistance to organizations that are responsible for assisting persons experiencing homelessness. The consultant will employ a comprehensive, data-driven, and equitable engagement process that will strengthen the homeless and supportive services provided for our unhoused and at-risk of homelessness residents.

[Links to consultant call for proposals]
FY2021 Continuum of Care Program Competition Final Competition Application  

1 message

Fri, Nov 12, 2021 at 3:03 PM

Shereka Floyd <shereka@cityofws.org>

To: Kathleen Wiener <kathleen.wiener@uwforsyth.org>, Andrea Kurtz <andrea.kurtz@uwforsyth.org>, Elyssa Rosenberg <erosenberg@familyservicesforsyth.org>, Jackie Hundt <jackie.hundt@gmail.com>, Jan Kelly <jan.kelly@samaritanforsyth.org>, Jean Eastwood <jean.eastwood@uwforsyth.org>, Jessica Lunnenarm <jessica.lunnenarm@uwforsyth.org>, johngiampaolo@cardinalinnovations.org <johngiampaolo@cardinalinnovations.org>, Kemona McCarter <kemona@mcityofws.org>, Laura Lama <LAURAL@cityofws.org>, Lea Thullbery <lea@cityofws.org>, Melissa Parker <mellinp@cityofws.org>, Obie Johnson <obiejohnson@wakehealth.edu>, Pam Peoples-Joyner <PAMPEOPLE@wsfcs.k12.nc.us>, Rochelle Smith <rsmiting@bethesdacenterc.org>, Shanta Fleming <shanta.fleming@samaritanforsyth.org>, Sophia Kussel <skussel@iws.wfus.org>, Tawna Hoebuck <tawna.hoebuck@leas.org>, lou.carnco@wsrescue.org <lo.carnco@wsrescue.org>, Humble, Amber L <humbleal@cityofws.org>, Debra Shields <debra.shields@uwforsyth.org>, Ilara A. Roebuck <ilara.roebuck@leas.org>, twana.roebuck@leas.org <twana.roebuck@leas.org>, "lou.carrico@wsrescue.org" <lou.carrico@wsrescue.org>, "Humble, Amber L" <humbleal@forsyth.cc>, Debra Shields <debra.shields@uwforsyth.org>, Ilara A. Roebuck <ilara.ripteo@bethesdacenterc.org>, "lwthia.ripteo@vga.gov" <lwthia.ripteo@vga.gov>

From: Shereka Floyd <shereka@cityofws.org>

Subject: FY2021 Continuum of Care Program Competition Final Competition Application

Notification of Final FY 2021 Continuum of Care (CoC) Posting

NC-500 FY 2021 CoC Program Competition Application

Posted: November 12, 2021

All parts of the CoC Consolidated Application, including the final CoC Application attachments and the final Priority Listing, have been posted on the Collaborative Applicant's Website

https://www.cityofws.org/2453/Homelessness

This email serves to notify community members and key stakeholders that the CoC Consolidated Application is available.

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Notification of Final FY 2021 Continuum of Care (CoC) Posting

NC-500 FY 2021 CoC Program Competition Application

Posted: November 12, 2021

All parts of the CoC Consolidated Application, including the final CoC Application attachments and the final Priority Listing, have been posted on the Collaborative Applicant's Website

https://www.cityofws.org/2453/Homelessness

This email serves to notify community members and key stakeholders that the CoC Consolidated Application is available.
Letter of Agreement

BETWEEN

United Health Centers
PO Box 12341
Winston-Salem, NC 27117

AND

Winston-Salem/Forsyth County Continuum of Care
101 North Main Street
Winston-Salem, NC 27101

BACKGROUND:
This Document serves to establish an agreement between United Health Centers (UHC) and the Winston-Salem/Forsyth County Continuum of Care (WS/FC CoC), NC-504. The terms contained in this agreement are not comprehensive and it is expected that additional terms may be added, and existing terms may be modified, changed, or deleted based upon situational conditions.

PROJECT NAME: Pathways to Healthy Housing

VALUE OF COMMITMENT: $520,479

PROJECT TERM: 7/01/2022 to 06/30/2023

Goals and objectives
UHC and WS/FC CoC will work together to accomplish the goal of supporting people experiencing chronic homelessness and chronic health conditions, to obtain and maintain permanent housing as a critical component of improving their health outcomes.

Roles and responsibilities
UHC’s caseworker will coordinate with the WS/FC CoC team to help program participants develop a healthcare plan that includes creating individual goals for improved health, completing applications for resource assistance such as Housing, SNAP and SSI/SSDI, accessing local food and nutritional programs and connecting to vocational services or vocational rehabilitation services as appropriate. The case worker will provide access to treatment and/or recovery services for all program participants who qualify and choose those services.

Duration of the MOU
This Letter of Agreement between UHC and WS/FC CoC, will apply for the duration of the Pathways to Healthy Housing Project; July 1, 2022 to June 30, 2023, or until termination by either party on the giving of one (1) month’s written notice.

This Document accurately reflects the understanding between the UHC and WS/FC CoC.

United Health Centers:

[Signature]

Name/Title

[Date]

Winston-Salem/Forsyth County Continuum of Care

[Signature]

Name/Title

[Date]