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: MN-511 - Southwest Minnesota CoC

1A-2. Collaborative Applicant Name: Southwest Minnesota Housing Partnership

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Coordination and Engagement–Inclusive Structure and Participation

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

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

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

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

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	No	No	No
21.	**Non-CoC-Funded Victim Service Providers**	No	No	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	No	No	No
23.	**Organizations led by and serving LGBT persons**	No	No	No
24.	**Organizations led by and serving people with disabilities**	No	No	No
25.	**Other homeless subpopulation advocates**	No	No	No
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	No	No	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	No	No	Yes
30.	**Substance Abuse Service Organizations**	No	No	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Veteran Service Organizations	Yes	No	Yes
34.	Employment Resource Center	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 CoC's Invitation Process starts with an announcement at the beginning of January in the regions four largest newspapers: "The Southwest Minnesota Continuum of Care is a regional planning group working to prevent and end homelessness. We meet monthly and our 2021 Annual Meeting will be held online from 10 a.m. to noon on Thursday January 14. For information on participation in the meeting and group, contact Justin Vorbach at justinv@swmhp.org."

Also each January customized invitations are emailed to law enforcement, substance abuse service organizations, hospitals, city and county leaders and school homeless liaisons. These groups are invited to participate in the CoC process, come to the January annual meeting (and future meetings) and assist with the PIT count. These invitations, combined with the ability to join meetings via phone and GoToMeeting (instead of driving long distances) has kept CoC attendance above 40 persons over each of the last three years.

2. Regarding individuals with disabilities, all CoC Agendas and Minutes are

provided in Microsoft Word format which allows for text enlargement for those with visual impairment. During meetings, all agenda topic are announced before discussed for those unable to read.

3. At least annually, CoC members are reminded that homeless and formerly homeless clients are encouraged to attend CoC meetings and that a stipend to cover time, transportation and childcare involved in meeting attendance is available. The CoC currently has a formerly homeless person on its Governing Board.

4. This CoC has begun collaboration with the Lower Sioux Indian Community on homelessness prevention and assistance projects. Additionally, our Coordinated Entry advertising is in English, Spanish, Somali and Hmong and intake staff speak these languages. Clients who speak these languages are invited to participate in CoC meeting with stipends available, as are clients with physical or mental disabilities.

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. In addition to monthly CoC meetings (which include relevant topic trainings at least three times per year), three CoC subcommittees also meet monthly and this CoC Coordinator participates. These groups include those listed in section 1B-1 above. The meetings feature CoC updates and an opportunity for attendees to share opinions regarding preventing and ending local homelessness. Also, this CoC provides funds to cover costs for a homeless or formerly homeless persons to participate in CoC meetings. The MN Interagency Council on Homelessness hosts weekly online meetings for homelessness response providers. This CoC coordinator attends these which are a forum for MN agencies to share best practices regarding strategies and resources for addressing homelessness. Once a month this forum features a period where "lived-experience" experts share experiences with the webinar audience. Also, all Minnesota CoC Coordinators and the Minnesota Tribal Collaborative leaders meet online twice a month to share opinions and best practices. Finally, this CoC Coordinator and CoC members attend trainings hosted by a variety state and federal public and private agencies related to improving our homelessness response system.

2. The CoC sends out press releases about our homelessness statistics and group accomplishments. In 2019, a public forum to acknowledge our ending of chronic homelessness took place. Also in 2019 a collaboration put on a play about regional homelessness ("A Prairie Homeless Companion") in our four largest cities. Over 300 community members attended and contributed during

post-play discussion sessions. Furthermore, 85 area stakeholders receive regular emails from this CoC Coordinator and are invited to contribute opinions via online surveys, open meetings, phone and email.

3. All input coming from CoC members and the general public is taken into consideration when making decisions about how to continuously improve our systems.

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

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

(limit 2,000 characters)

On August 31, 2021, this CoC Coordinator emailed the following to 85 people, representing 55 agencies, on the CoC email list, and posted the same message on the CoC's website (in PDF form) and Facebook page. This posting covers the five requested descriptions.

"The Southwest Minnesota Continuum of Care (SW MN CoC) 2021 Local CoC Program Competition
Call for Projects* / Anuncio de fondos disponibles**
*If you have questions, or if you need assistance with this announcement or with applying due to disability, contact Justin Vorbach, SW MN CoC Coordinator at justinv@swmhp.org or (507) 530-2942."

The email began with an introduction to the CoC, and included links to the MN-511 webpage, FY2021 CoC NOFO, and a link to 24 CFR part 78. The introduction stated "New projects applications are welcome from any eligible and qualified applicant, including organizations that have not previously received CoC Program funding."
The message continued with:
A. Funding Available
Listed were the CoC's ARD and amounts available for planning, bonus, and DV bonus grants.
B. New this year
Changes from previous NOFO are listed on pages 7 – 9 of the NOFO [weblink].
C. Eligible Applicants Project Component Types for the Local Competition
Eligible agency types that will work within the CoC were listed.
D. Scoring
Local Applications will be scored and ranked using the SW MN CoC's 2021 Ranking Form [weblink]."
E. Matching Funds

This section provided information regarding match found in 24 CFR 578.73 [weblink].

F. Project Applications

Deadlines for first drafts, information about eSnaps, requirements for all projects were listed.

G. Timeline to Completion.

The timeline included first, second, and final draft submission deadlines, the CoC's Ranking meeting date.

H. HUD Resources and Technical Assistance [weblinks]

•eSnaps

•HUD CoC COMPETITION Resource Page

•SW MN Webpage page with information on local features of the FY2021 Collaborative and Project Applications to Housing and Urban Development."

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

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

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

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

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

18.	State Veteran Service Officers	Yes

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

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

(limit 2,000 characters)

1. The MN Department of Human Services (DHS) administered non-entitlement ESG-CV funds in two rounds, ESG-CV1 and ESG-CV2, via a competitive RFP processes. ESG-CV1 was targeted for street outreach and emergency shelters for needs unique to responding to the COVID-19 pandemic Prior to publication of an RFP for ESG-CV2 funds, DHS staff met with providers and community members in non-entitlement areas, including this CoC, to discuss ESG-CV funds prioritization. ESG-CV2 resources were awarded for emergency shelter, prevention, and rapid rehousing. This CoC received $704,638 in CV1 shelter funds and $955,000 in CV2 RRH funds. CoC CV total = $1,659,638.

2. Regarding participation in the evaluating and reporting performance of ESG Program recipients, the State's competitive Request For Proposal process for ESG funds includes representative(s) from each CoC who participate in the evaluation of ESG applications for funding. This review process, along with additional RFP meetings, provides an opportunity for meaningful CoC input in the allocation of ESG funds in each regions.

3. The state's Continuum of Care regions use their HMIS State System Administrator (Institute for Community Alliances - ICA) to collect and report annual Point in Time (PIT) and Housing Inventory Count data (HIC) for all regions in the State. In coordination with the ICA, each CoC region provided PIT and HIC data to the State.

4. HIC and PIT data, along with local homeless information (such as market housing trends, rental and transportation barriers) was provided by CoC members through public hearings, written comments, and directly to State staff who regularly attend CoC meeting across the state. This information is incorporated in the throughout the Consolidated Plan's Needs Assessment and Market Analysis sections. The data was also a frequent source of discussion at public Consolidated Plan hearings.

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

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

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

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

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

(limit 2,000 characters)

1. This CoC collaborates with youth education providers by presenting each September an online training to all the CoC's School Homeless Liaisons (SHLs) about the region's homelessness response system. The training is led by this CoC Coordinator and by Mr. Roberto Reyes, Homeless Education Specialist with the MN Department of Education (MDE). The CoC, SHLs, and MDE work collaboratively to resolve issues faced by homeless students on a case-by-case basis.

2. This CoC's largest homelessness response agency (UCAP) provides Head Start to the majority of our CoC's population. UCAP, including their Head Start programs, commit to the CoC's Policies and Procedures.

3. This CoC and state and local education agencies have a history of strong collaboration in these areas: training, networking, and data sharing. CoC members and SHLs are trained in the federal McKinney-Vento Act in identifying homeless youth and families when screening during both Coordinated Entry Intake and school enrollment. The SEA encourages McKinney Vento SHLs to attend and participate in local CoC meetings and this CoC Coordinator sends invitations in September and January to join the CoC meetings. Examples of data collaboration include training SHLs on the PIT count, and providing CoC and county-level homelessness data to LEAs.

4. The MN Heading Home Alliance Charter documents a formal relationship between the SEA and this CoC.

5. Currently, the CoC has been collaborating with school districts regarding the American Rescue Plan Elementary and Secondary School Emergency Relief ("ARP ESSER") Fund. Ideas on proposed uses of APR ESSER if the schools receive some supplemental funds have been shared and discussed among school districts and this CoC

6. This CoC has begun a process of entering into Memorandums of Understanding (MOU) with school districts in the CoC. A draft MOU has been created and districts are currently reviewing it prior to signing on.

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

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

(limit 2,000 characters)

The CoC has adopted the following policies and procedures to inform individuals and families who become homeless of their eligibility for education services:

"Families with Children Policies

All homeless assistance projects within the SW MN COC region that serve households with children (shelter, transitional housing, rapid re-housing, and permanent supportive housing) will be expected to comply with the following policies:

i. Inform families of the name and contact information of the School Homeless Liaison for their school district. Work with the school homeless liaisons on the following items.
ii. Ensure that all homeless families are informed that their children are able to maintain enrollment in the same school despite address changes caused by homelessness, per the federal HUD legislation.
iii. Advocate for families with their school district to ensure that transportation is arranged (as needed).
iv. Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed).
v. Assist families in developing education related goals for all family members when completing housing goal plans.
vi. Ensure that all family members are connected to relevant educational resources in the community.
vii. Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start.

With exceptions for program eligibility requirements, SW MN CoC programs prohibit the denial of admission to or separation of any family members from other family members based on age, sex, gender or disability when entering

shelter or housing."

A list of the CoC's current School Homeless Liaisons (SHLs) with their contact information is available to case managers and clients on the CoC's website. The CoC Coordinator and state homeless education coordinator provide an online training to this CoC's SHLs each September.

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

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

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

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

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

(limit 2,000 characters)

1. It is this CoC's policy to annually provide training to CoC project and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. Presenters are staff from our CoC's DV agencies who work with victims of domestic violence, dating violence, stalking, sexual assault, trafficking, and/or sexual exploitation. Their agencies are integrated into the coordinated entry system. Topics covered included: trauma informed care, intake & screening, orders for

protection / restraining orders, staff safety, client safety, client safety planning, shelter safety, and intruders. The grantee for our new DVRRH grant, our largest community action agency, is collaborating with our DV agencies to serve program clients. This collaboration provides ongoing "on the job" training for the community action housing case managers. Additionally, a live online training on trauma informed service delivery and working with victims of trauma is available to all housing and coordinated entry staff three times a year.

2. Agencies who serve as the coordinated entry point for DV victims in this CoC have regular trainings on best practices for serving victims of DV. Safe Avenues, which runs the southwest Minnesota shelter for victims of domestic violence, dating violence, sexual assault, and stalking, provides trainings at their Monthly Advocacy Meeting and at monthly staff meetings. Another of our DV agencies, the Southwest Crisis Center, has offered ten days of open, free training. Topics include: Advocacy Skills, Forensic Exams, Vicarious Trauma, Youth Advocacy, Privilege and Oppression, Spectrum of Sexual Violence, Dynamics of Healing, Criminal Legal Advocacy, Batterer's Tactics and Effective Advocacy.

Finally, two of the four DV agencies have staff on our CoC's Governing Board and provide victim-focused input and perspective as our CoC develops and improves our policies and procedures.

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

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

(limit 2,000 characters)

This CoC has 18 counties that cover 12,000 square miles. There are four agencies serving survivors of domestic violence, dating violence, sexual assault, and stalking: Southwest Crisis Center, WoMen's Rural Advocacy Program (WRAP), Safe Avenues, and the McLeod Alliance for Victims of Domestic Violence. The first two use HMIS-compatible Apricot Software for their client database. The third and fourth have created their own secure digital client databases. Violence Free MN is a statewide coalition of over 90 member programs working together to end relationship abuse, create safety, and achieve social justice for all. They are working with our state HMIS administrator to assist all MN Victim Service Provider agencies to transition to HMIS comparable databases.

All four agencies provide de-identified aggregate data to the CoC throughout the year. The Safe Avenues and WRAP staff on this CoC's Governing Board is able to help members understand the data. Data includes county-by-county numbers of adults served in emergency shelter, number of children served, client gender, household size, and number of those served who faced stalking, human trafficking, and/or sexual violence.

This data, which shows the extent of the need in each county, the number of

adults and children per household, and county-by-county service numbers and need, has helped us plan and design our Domestic Violence Rapid Rehousing (DVRRH) Grant and FY2021 DVRRH Bonus Expansion Project. Our DVRRH grant has brought our DV Agencies and our largest CoC-grantee (United Community Action Agency) closer together. We continue to use de-identified aggregate data from a comparable databases to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors and improve our collaborative service to those faced with these issues.

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

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

(limit 2,000 characters)

Incorporating trauma-informed, victim-centered services:

a. In each of our 18 counties the CES Entry Point for those fleeing domestic violence is that county's victim service provider (VSP). All staff and volunteers at these agencies are trained in trauma-informed care.
b. Training on trauma informed service delivery / working with victims of trauma is available to all CoC staff three times per year.

Maximizing Client Choice:

a. This CoC's Coordinated Entry Policy states, "Clients always have choice in their housing placement and always have the right to refuse a referral."
b. Decision on where to live and when to move entirely up to clients. Our VSPs can offer fixed site shelter, site-based safe housing or use hotel voucher shelter. Most rapid rehousing and PSH in our CoC is scattered-site.

Prioritizing Safety:

a. All staff and volunteers at CES VSP entry points receive in-depth training in safety planning.
b. Keeping the location of VSP shelters, safe-houses and scattered site units confidential and making sure they are locked at all times.

Using Emergency Transfer Plans:

a. This CoC is VAWA compliant across all agencies.
b. The CoC member website includes these documents: VAWA Instructions for Housing Case Managers, VAWA Law Summary for Landlords, HUD Notice of VAWA Occupancy Rights, VAWA Lease Addendum form, Emergency Transfer Request form, Optional HUD Certification form, and the CoC's VAWA Emergency Transfer Plan

Ensuring Confidentiality:

a. DV agencies do not use HMIS and clients clients and all of our CoC agencies give the option to still receive services without sharing their data.
b. Our Coordinated Entry Policy states, "Data that will not be shared: Mental Health or medical case notes; Police Reports; Hospital or inpatient treatment records; Any information that would violate HIPPA or VAWA regulations; and anything the client requests NOT be shared."

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

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

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

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

Public Housing Agency Name	**Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry**	**Does the PHA have a General or Limited Homeless Preference?**	**Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?**
Worthington HRA	5%	Yes-Both	Yes
Kandiyohi County HRA	35%	No	No

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

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

(limit 2,000 characters)

1. The two largest PHAs in this CoC are the Worthington HRA (WHRA) and the Kandiyohi County HRA (KCHRA). The first has a homeless admissions preference and a Moving On initiative with the CoC. The second has not yet adopted a Homeless Admissions. I, the CoC Coordinator, am on the agenda of the November 10, 2021 Board of Directors Meeting of the Kandiyohi County HRA to introduce that they adopt some form of homeless admissions preference for their Section 8 vouchers and public housing units. The KCHRA is already doing a great deal of service work toward addressing homelessness in their service area, as follows:

a. They have been part of the CoC Governing Board for over a decade.
b. They currently administer two HUD grants and have applied for a bonus grant in each of the last four years. One grant provides scattered-site PSH rental assistance in all 18 CoC counties and the other supportive services at a site-based PSH family project. In the last month they took over a third grant which provides services to the scattered-site PSH rental assistance grant.
c. They participate in weekly CoC Coordinated Entry Case Management meetings.
d. They are the property managers for 17 family PSH units that are located in three developments in Willmar.
e.They are already considering adopting a Moving On Initiative similar to the one that our Worthington HRA has adopted. The KCHRA Executive Director expressed openness to this prior to the COVID pandemic and I will revisit this with her when the KCHRA has the capacity to take this on.

Given their strong efforts in addressing regional homelessness, and their understanding of the extent of the issue, this CoC Coordinator believes that the KCHRA is close to adopting a Homeless Admissions Preference for their Section 8 vouchers and possibly for their Public Housing units.

2. N/A

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

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

	If you selected yes in question 1C-7c., describe in the field below:	
1.	how your CoC includes the units in its Coordinated Entry process; and	
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.	

(limit 2,000 characters)

1. This CoC has three Housing and Redevelopment Authorities: Kandiyohi County HRA with 14 units of PSH rental assistance and services; Pipestone HRA which administers 15 new Emergency Housing Vouchers (EHVs) and; the Worthington HRA which administers 17 new EHVs. Kandiyohi County has only taken referrals from our CoC's Coordinated Entry System since the system began. For the EHVs, we began with a Move-Up program that solely allowed those in TH, RRH and PSH to apply for EHVs for one month from the roll out. The EHVs do not provide ongoing services which the TH, RRH and PSH include. Those who felt stable in these programs and not in need of ongoing services had the option to apply to transition to EHVs. This opened up capacity in TH, RRH and PSH for those currently homeless who need ongoing services and who are referred by highest priority from our CES List. After the one month Move Up period, those currently homeless were allowed the opportunity to apply for EHVs.

2. These practices are formalized in written agreements. For the CoC-funded PSH vouchers, the Kandiyohi County HRA signed a written commitment to only take referrals from the Coordinated Entry system. For the EHVs, the Worthington and Pipestone HRAs signed an MOU among them and the CoC. The MOU states, "Households will be verified and referred by the MN-511 Coordinated Entry System (CES) in the preference order below:

a. Those tenants currently in MN-511 transitional housing programs, rapid rehousing programs, or permanent supportive housing programs who are identified by MN-511 Partnering Service Providers and who have given consent to have their rental assistance transferred to an Emergency Housing Voucher. These tenants will have until July 31, 2021, to apply for an Emergency Housing Voucher.

b. After July 31, 2021, households will be referred to apply for an EHV from the MN-511 Priority List using the MN-511 Prioritization Policy and Process."

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

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

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

	If you selected yes to question 1C-7d, describe in the field below:
1.	**the type of joint project applied for;**
2.	**whether the application was approved; and**
3.	**how your CoC and families experiencing homelessness benefited from the coordination.**

(limit 2,000 characters)

N/A.

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

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

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

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

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.
PHA
This list contains no items

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	13
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.	13
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)

This CoC does the following to regularly ensure project using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and not requiring service participation or preconditions:

a. All housing programs only take referrals from this CoC's CE Priority List. Every Monday assessment agencies and housing agencies meet online to discuss program vacancies and referrals. We use this CoC's Prioritization Policy and Process, approved by our Governing Board, to refer those with highest need and most barriers to program vacancies.

b. All of our programs commit to using a housing first approach. Referrals are accepted regardless of client chemical dependency, mental illness, criminal, credit and/or housing history etc. With rental assistance voucher programs, agencies develop relationships with landlords to help find units for "hardest to house" clients.

c. Our coordinated entry policies state, "Partners agree to accept all appropriate referrals based on CoC policies, program eligibility guidelines, and HUD requirement to prioritize the most vulnerable in COC funded permanent supportive housing," and "Agencies must document why a household is denied/refused. The COC retains the right to case conference and challenge denials they feel are inappropriate." If a referral is declined by a housing agency, this CoC Coordinator / Priority List manager confirms that the denial is not due to unwillingness to work a high-need client.

d. All TH, RRH and PSH housing programs commit to policies where clients only leave programs by choice, not due to non-participation in services or any other pre-requisite requirements. While landlords may evict participants from housing due to lease violations, programs will continue to serve these clients and assist them in finding new housing. If staff feel unsafe working with a participant, every effort is made to create staff safety plans to ensure that these clients do not lose their housing and program access.

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

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

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. This CoC's Street Outreach is based on an 18-county rural geography the size of Maryland, but with only 4% of the population of Maryland. Street outreach occurs throughout the CoC region, with frequency and activity varying

by community. In the CoC's largest city, Willmar, outreach occurs at least weekly at libraries, schools, parks etc. to identify, engage, and screen people for housing/services. The remainder of street outreach is done in collaboration with public safety. Public safety departments know where the Coordinated Entry points are in each county and do not treat unsheltered homelessness as criminal. In 2020, this CoC added a 24-hour shelter hotline that allows the unsheltered on their own or with the help of public safety to connect to shelter at any time. Public safety are able to respond to unsheltered homeless emergencies brought to their attention by community members. Housing agencies are able to respond to unsheltered persons brought to their attention by public safety.

2. By providing targeted street outreach in the CoC's largest city, and collaborating with public safety departments informed of Coordinated Entry points and the shelter hotline, outreach covers 100% of the CoC's geography.

3. Street outreach takes place weekly in Willmar MN (pop. 22,000) and 24/7/365 by public safety patrols across the CoC's entire geography.

4. To tailor street outreach to persons who are least likely to request assistance, the CoC advertises its Coordinated Entry system in English, Spanish, Somali and Hmong at meal programs, food shelves, laundry mats, and thrift stores throughout the region. Staff are available to serve clients who speak these languages (non-English speakers are least likely to request assistance in our area). When needed, workers access translation services through the Minnesota Department of Human Services Interpreter Resources and State Services for the Blind and Deaf.

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

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

1.	**Engaged/educated local policymakers**	No
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	No
5.	**Other:(limit 500 characters)**	

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

2020	2021

Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."		122	107

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

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

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

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

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

(limit 2,000 characters)

1. The CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness through monthly, statewide online trainings offered by the MN Department of Human Services and annual trainings offered specifically to our CoC by local MN "Careerforce" Centers. Additionally, any announcements about mainstream benefit trainings available, whether online or in-person, are emailed to the CoC's listserv and announced at CoC meetings. County social workers participate in CoC subcommittee meetings and can act as consultants regarding mainstream resources.

2. Dissemination of information about mainstream and other resources is done: in person by county social workers who attend meetings and accept clients combined application for SNAP, TANF, and Public Health Insurance; a formerly homeless governing board member with experience navigating the system; and a website run by the MN Department of Human Services called Disability Benefits 101.

3. At intake, clients are connected to MNSURE navigators who provide help with enrollment in a variety of health plans including MN Care, Medicaid and private. In most cases, these navigators are available at the community action agencies that are the CoC's Coordinated Entry points. Navigators help clients connect to health insurance and use benefits by finding clinics that take the insurance. Also, a representative of UCare attends our CoC meetings. UCare offers Medicare, Medicaid and Individual & Family health plans in MN.

4. ES, TH, RRH and PSH all have case managers most of whom are trained as healthcare navigators. All Case Managers and clients have access to MN's Disability Benefits 101 website which is a clearinghouse for Medicaid and other benefit information. If answers cannot be found on the site, the site offers a phone number, live chat and email where one can receive guidance from an expert about Medicaid and other benefits.

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

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

(limit 2,000 characters)

1. The CoC has a coordinated entry system that covers all 12,000 square miles and 18 counties of the CoC's geographic area. The CoC offers a 211 number which is staffed 24 hours a day where people can call and be directed to the intake point for their county based on their situation (e.g. facing homelessness or imminent homelessness due to domestic violence, foreclosure, youth facing homelessness, or all others). This information is also advertised on a user-friendly website (www.swmnhousinghelp.org) where a maps allows clients to click on their county and find the appropriate entry point. The 211 and website is advertised at food shelves, county human and family services, laundromats, thrift stores, police stations, community action agencies in all 18 of the CoC's counties.

2. CoC data show that the growing Hispanic, Hmong and Somali populations in our region are least likely to apply for homelessness assistance in the absence of special outreach. Therefore, the CoC's Coordinated Entry System is advertised in English, Spanish, Somali and Hmong. The CoC has staff available to speak these languages to do intake and assessment. Those with mental illness can less likely to seek assistance. The SW MN Mental Health Center and the SW MN Adult Mental Health Consortium are part of the CoC Governing Board and work closely with our CES to assist those less likely to seek assistance due to mental illness.

3. The CoC's CES assessment tool and policies prioritize people who are unsheltered, are disabled, are fleeing domestic violence, are veterans, and have the longest lengths of homelessness.

4. Those facing the most of these challenges are prioritized for housing and supportive services. Our CES entry points can assess people for diversion/problem solving, prevention, shelter, and TH, RRH and PSH all in one visit or phone call on the day they seek assistance. Our most recent SPMs show our median length of time homeless for those in ES and SH is 16 days.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

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

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

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

6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	No
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

In mid-2020 this CoC formed an Equity Committee and added an "Equity" topic to each CoC meeting agenda. During this time, CoC members were presented with information about the history and current status of systemic racism in housing.

In March, 2021, this CoC began working with Minnesota Engagement on Shelter and Housing (MESH) to initiate The Racial Equity Accountability Project (REAP). REAP is a 2-year effort to advance racial equity and reduce racial disparities in Minnesota's homeless response system by infusing technical support, coordination, shared learning, and accountability into regional planning. The REAP workshops and process are led by Mike Manhard of MESH, Lisa Tabor of CultureBrokers and Terri Thao of Nexus Community Partners. REAP builds off the foundation established through the leadership of C4 in four of ten Minnesota CoC by helping regions work together to identify structural change objectives, implement action plans, and pursue measurable changes to the disparities in our homeless response systems.

REAP was introduced to our CoC at our April 8, 2021 CoC meeting.

On April 30, 2021 this CoC Coordinator and interested CoC agencies participated in a REAP Cohort Two Overview Session and completed a CoC Readiness Survey. On July 29, 2021 interested CoC agencies participated in a REAP Cohort Two Readiness Workshop: Leadership Team Formation webinar. This CoC Coordinator created an online sign up and commitment form for our CoC's REAP Leadership Team. The Team will consist of seven members, two of who are BIPOC. Representative are from two victim service agencies, one community action agency, and one agency serving homeless youth, along with one community member and this CoC Coordinator. The initial plan was to begin REAP on October 1, 2021 but other Minnesota CoCs asked that this date

be moved forward to January 1, 2022 due to the HUD NOFA.

REAP will allow us to restructure our homelessness response system vis-à-vis racial equity.

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

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

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

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
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)	

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

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

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

Regarding client safety during the pandemic, this CoC primarily focused on the safety needs of congregate emergency shelters. This is because: (1) our CoC has no known unsheltered encampments and (2) all of our transitional housing is done in scattered-site units. We have two congregate shelters as the majority of our shelter has always been provided via hotel rooms. One congregate facility is a domestic violence shelter and one uses a day shelter combined with churches providing overnight shelter and evening and morning meals – a different church each week. For the DV shelter, existing separate bedrooms helped with new social distancing rules, mask mandates were implemented, and extra sanitizer and PPE was provided.   The "church of the week" shelter turned the day shelter into a 24/7 shelter to limit the spread of COVID among guests and volunteers. Social distancing, mask mandates, sanitizer and PPE were also used in this setting.

At the state level, the MN Department of Health (MDH) created a dedicated unit to support homeless facilities and other congregate settings. This team supports homeless facilities in COVID-19 prevention measures (e.g., social distancing, PPE, ventilation) and provides hands-on support to facilities when they have active COVID-19 cases. MDH also developed, and regularly updated, guidance to shelters and other congregate settings on preventing COVID-19 and managing outbreaks. MDH also managed a PPE warehouse for homeless settings. The State gave priority to people living or working in homeless settings during its initial vaccine roll-out and ensured that all homeless settings, including congregate transitional housing facilities, had an opportunity to host a vaccine clinic or transport clients to a clinic. The MN Interagency Council on

Homelessness began hosting weekly provider webinars and publishing weekly newsletters to share the latest information about resources and guidance for addressing COVID-19 in homeless settings.

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)

This CoC made major improvements in being prepared for future public health emergencies. Each of our 18 counties has a Public Health department. As COVID became a pandemic, these departments took action which included weekly online conferences among them, hospitals, city and county leadership, public safety, mental health agencies, schools and the homelessness response system. This CoC Coordinator, along with CoC member agency representatives, participated in these weekly conferences throughout our 18 counties. One key improvement that came from these weekly conferences is a better understanding among these partner agencies of the resources and procedures offered by our Coordinated Entry system. This CoC worked with hospitals and public health departments to help those leaving COVID hospitalizations to be given the option to stay in temporary hotel rooms to avoid exposing families or roommates to infection. Public Health departments informed the CoC of vaccine clinics. The agency which provides the CES entry points in 13 of our 18 counties created a 24 hour shelter hotline for hospitals and public safety officers to use as needed. This hotline is now advertised to the general public.

At the state level, the resources and guidance that the Minnesota Public Health has to homeless programs to address COVID-19 will be applicable to current and future respiratory diseases. The pandemic has also prompted the State to create new programs and practices that will help it address future public health emergencies. For example, the Minnesota Department of Health created a new permanent position, Senior Adviser on Health, Homelessness, and Housing, to be the department's point person for helping homeless providers respond to future public health emergencies. The adviser position will also help the Minnesota Interagency Council on Homelessness in developing an updated, justice-oriented state homelessness plan, which will include a focus on health justice.

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

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;

4.	healthcare supplies; and	
5.	sanitary supplies.	

(limit 2,000 characters)

The Minnesota Department of Human Services (DHS) awarded $22.8m to homeless service providers in ESG-CV funds. CoC Coordinators participated in the review and scoring process with DHS. Three agencies in this CoC (United Community Action Partnership (UCAP), Lutheran Social Services Youth Programs (LSS) and Communidades Latinas Unidos en Servicio (CLUES)) received over $1,600,000 ($805,000 for shelter health safety measures, healthcare supplies and sanitary supplies; $844,000 for homelessness prevention and rapid rehousing). UCAP and LSS, who received 99% of our CV money, participated in weekly Coordinated Entry phone calls that provided an opportunity to discuss the status of need for the five categories of COVID response described in the five categories listed above.   These agencies provide the majority of state and federally funded shelter (via vouchers) and rapid rehousing in the CoC.

UCAP, which received 92% of our CV funds, is the primary coordinated entry point in 13 of our 18 counties. UCAP manages ~$1,00,000 per year in state Homeless Prevention and Assistance Dollars and helped administer over $2,000,000 of the COVID Housing Assistance Fund during the last half of 2020. UCAP receives 69% of our HUD CoC awards for projects that include RRH, DVRRH and PSH. UCAP is on the CoC's Governing Board and the UCAP CoC representative is the CoC's Governing Board Chair. UCAP's is the primary Coordinated Entry site in 13 of our 18 counties and being, by far, the largest homelessness prevention and assistance program in our CoC. Through weekly check in calls on Mondays and monthly CoC meetings which had COVID response on the top of every agenda for over a year, combined with weekly online meetings with both local and state public health departments, the CoC consistently coordinated regarding CoC-wide use of safety measures, housing assistance, eviction prevention, healthcare supplies and sanitary supplies.

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. As described in the response to 1D-2, each of our 18 counties has a Public Health departments which initiated weekly online conferences among their departments, hospitals, city and county leadership, public safety, mental health agencies, schools and the homelessness response system (this CoC Coordinator, along with CoC member agency representatives). This CoC's agencies worked with hospitals and public health departments to share information regarding: free vaccine clinics, some offering incentives; getting free PPE, sanitizer and other supplies; hotel shelter options for both the homeless and those non-homeless leaving COVID hospitalizations, best practices regarding implementing social distancing and enforcing mask mandates, and

pandemic-related homelessness prevention resources to keep people housed and less likely to spread COVID.

At the state level, the Minnesota Department of Health (MDH) communicated directly with homeless service providers via weekly provider webinars and newsletters hosted by the Minnesota Interagency Council on Homelessness (MICH). MDH developed and regularly updated a guidebook to shelters and other congregate facilities on COVID-19 prevention and safety measures. MDH also participated in regular online meetings, hosted by MICH, to answer CoCs' questions and share information. Over time, these CoC calls decreased in frequency from twice a week to once a week. MDH staff always participated in these calls to provide the most up-to-date guidance for homelessness response agencies to decrease the spread of COVID-19 and to answer questions.

2. CoC agencies committed to implement safety measures. If program participants or staff refused to comply with safety measures, agencies could reach out to local and state public health departments for advice and council on bringing them into compliance or on finding alternative assistance or different job responsibilities for clients to minimize the spread of COVID.

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)

Information regarding COVID-19 safety measures, changing local restrictions and vaccine implementation was communicated in a variety of ways:

a. As the pandemic emerged and guidance and resource information came out quickly, emails to the entire CoC listserv along with targeted calls and emails from this CoC Coordinator to specific agencies took place.

b. This CoC Coordinator and provider agencies participated in county-level stakeholder online meetings run by local public health departments and attended by staff from hospitals, public safety, schools, human service departments, etc. These allowed our providers to both educate stakeholders and be educated by them regarding safety measures and resources to implement them, local restriction policies and updates and vaccine eligibility and vaccination clinics. Local public health departments added me to their email lists. When they sent out relevant information that could help our service providers and clients, I forwarded that information to our CoC.

c. For the first fifteen months of the pandemic, the first agenda item on every monthly CoC meeting was "COVID-19." This part of the meetings focused on staff and client safety, changing public health restriction guidance, vaccinations and overcoming vaccine hesitancy, current data and projections, public and private COVID response funding opportunities, eviction moratoria and legal aid

resources for tenants, and the status of implementation of COVID-specific prevention, shelter, rapid rehousing, and permanent housing resources.

d. The MN Department of Health (MDH) communicated directly with homeless service providers via weekly provider webinars which began in March of 2020 and are ongoing. The Minnesota Interagency Council on Homelessness hosts these webinars and emails weekly newsletters to this CoC Coordinator and CoC providers. MDH also developed and regularly updated a guidebook for shelters and other congregate facilities on COVID-19 prevention and safety measures.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

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

(limit 2,000 characters)

Early in the pandemic our state HMIS administrator made adjustments to HMIS to help track clients who were COVID symptomatic. Our shelter staff identified vaccine-eligible individuals and families by asking clients about their vaccination status and monitoring eligibility as vaccinations were rolled out.

The State of MN gave people living and working in homeless and other congregate settings Phase 1a prioritization for the vaccine roll-out. Within this group, first priority was given to staff in COVID-19 isolation settings, seniors and medically vulnerable guests in protective hotels, and unsheltered homeless. With the support this CoC, the Minnesota Department of Health (MDH) worked with local Public Health agencies to identify all homeless service providers and assign them a vaccinator. Facilities that did not have a common space to host a vaccine clinic we're given the option of transporting people to either state-run mass vaccination sites or local vaccine clinics. MDH has contracted with the Hennepin Healthcare Research Institute to merge statewide HMIS data with COVID-19 vaccination records from the Minnesota Immunization Information Center (MIIC) database. MDH regularly shares information with the CoCs on their local vaccination rates on the weekly provider webinars and monthly CoC coordination meetings, and an online data dashboard.

When de-identified, cross-referenced MIIC and HMIS data showed a low rate of vaccination among our CoC's homeless and formerly homeless population, we planned a vaccine clinic in our largest city. Case managers helped educate clients, using MN Department of Health (MDH) and HUD resources, in an effort to overcome vaccine hesitancy. We were able to combine MDH and a state grant award to offer a $150 Visa Gift Card for anyone getting the vaccine from among our clients in shelter, TH, RRH or PSH.

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)

This CoC did the following to address possible increases in DV calls due to the impacts of COVID-19:

a. We added more shelter beds for anyone facing homelessness. In 2020 our Housing Inventory Chart (HIC) listed 56 emergency shelter beds. This rose to 88 beds in our 2021 HIC, a 57% increase.

b. We doubled the number of domestic violence specific shelter beds from 12 beds in our 2020 HIC to 24 beds in or 2021 HIC (a 100% increase).

c. DV agencies with site-based shelter worked with local and state public health to ensure that shelter beds were not lost due to COVID. Using new resources for supplies, staffing and technical assistance, they made sure site-based shelters did not have to close due to staff or client COVID infections.

d. We quickly implemented our Emergency Housing Voucher (EHVs) Program. Beginning on July 5, 2021 we began taking applications for those currently in transitional housing, rapid rehousing or permanent supportive housing who were ready to continue in housing with rental assistance without services. We received 32 vouchers, fifteen for a one-county housing redevelopment authority (HRA) and 17 for an HRA that serves seven counties. We have collaborated with HRAs and housing agencies in our remaining 10 counties to assist with application completion and debriefing in order to use EHVs in all of our counties. We are working with applicants for all 32 vouchers. Once these households transition to the EHVs, up to 32 units of TH, RRH and PSH with services will become available for those fleeting DV who need ongoing services to be safe and stable.

e. Our DV and non-DV system entry and housing agencies adapted to better serve clients with assessments and safe shelter. For example, one DV agency implemented Resource Connect, a new web-based service which offers clients another digital option to reach help.

f. DV agencies have been offering more online assessment and assistance. They are doing much more phone advocacy and court appearances via Zoom.

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)

Our CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic in the following ways:

a. We created a 24/7 shelter hotline to accept people into shelter when agencies are closed. Prior to the pandemic, we offered this to those fleeing

domestic violence. For those not, we used public safety departments with small emergency budgets to place people in hotels when our agencies were closed. With the pandemic our coordinated entry sites worked with hospitals and public safety to place people in shelter around the clock. When this was successful, the hotline became available to the general public to allow for direct connection with shelter during non-business hours without going through public safety departments.

b. We expanded our ability to do intake and assessment by phone or more safely in person. Intake and assessment agencies used call forwarding or masked, socially-distanced, in-person interviews to allow clients to be assessed and placed in shelter and on our Priority List.

c. We increased homelessness prevention resources. Our main coordinated entry sites in all 18 of our counties provide problem solving, prevention and shelter assistance. UCAP, which provides CE points in 13 of our 18 counties became the administrator of ~$3,000,000 in new prevention dollars. Another $2,000,000 in prevention funds became available from four other CoC agencies. We increased collaboration with regional and state legal aid agencies to help clients understand their rights during the state and federal COVID eviction moratoria and decrease evictions.

d. Because not everyone could prevent their homelessness we increased the amount of shelter available by applying for, receiving and using public and private resources that became available.

5. Through RRH grants and Emergency Housing Vouchers, we significantly increased the capacity of our homelessness response system.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	08/31/2021
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.**	08/31/2021

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

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

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

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. Regarding the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects, in 2021 this CoC considered: (1) % of beds dedicated to the chronically homeless; (2) % of units for HH with children (3) use of a Housing First model; (4) % of referrals received through coordinated entry; and (5) % of units for youth-only households. In tie-breaking situation, priority was given to projects who were the only project of its kind in our geographic area serving a special homeless population/subpopulation.

2. Regarding scoring considerations that this CoC gave to projects working with hard-to-serve populations:

a.Up to 15 points can be earned for % of beds dedicated to the chronically homeless (76-100% = 15 points, 51-75% = 10 points, 1-50% = 5 points, 0% = 0 points). This prioritization gave such projects an advantage to compensate for the fact that, due to the chronic population that they serve, these projects tend to do less well in two other of our scoring categories: Housing Stability and Increases in Employment Income.
b. Up to 15 can also be earned for % of units for households with children (76-100% = 15 points, 51-75% = 10 points, 1-50% = 5 points, 0% = 0 points). This prioritization gave such projects an advantage to compensate for the fact that, due to the disabled youth population that they serve, these projects also tend to do less well in two other of our scoring categories: Housing Stability and Increases in Employment Income.

Since all of our programs take all referrals from our Coordinated Entry Priority List and use a Housing First model, all work with those with histories of victimization or abuse, criminal histories, low or no incomes or past or current substance abuse. Therefore we do not score using these criteria as all projects would receive the same score for serving these populations.

In 2022, this CoC plans to do a thorough reevaluation of our scoring and ranking policies and procedures.

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

	Describe in the field below how your CoC:
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;

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

(limit 2,000 characters)

1. Every year, the CoC reviews it scoring and ranking policies and procedures to ensure that they align with CoC need and goals and with HUD priorities described in the most recent NOFO questions. This process takes place at the full CoC meeting with all participating CoC members, including three people of color attending since 2019.

2. The CoC's scoring and ranking was done a team of three people, two Non-Hispanic white and one person of color. According to data from the Institute for Community Alliances, our CoC's Non-Hispanic white population is 93.3%, much higher than the U.S. as a whole. Our CoC's homeless at a point in time by race is 81.5% Non-Hispanic white. Our Scoring and Ranking Committee is 67% Non-Hispanic white, so people of color are overrepresented on the Committee. The reason this Committee is so small is that 75% of our Governing Board Agencies are grantees or sub-grantees of our HUD CoC project applications and conflicts of interest prevent them from being on the committee. As part of our 2022 reevaluation of our scoring and ranking policies and procedures we plan to grow the Committee by bringing in non-CoC members from among state government agencies, private statewide homelessness advocacy agencies and community members.

3. This CoC added six scoring criteria related to racial equity: equal access, agency staff racial composition, agency board an leadership racial composition, percent of BICOP clients increasing income, exiting to permanent housing and returning to homelessness. Since applicants did not know of these scoring criteria prior to the NOFO, these criteria will not be used until the next competition. As part of our 2022 Racial Equity Accountability Project initiative, this CoC may incorporate more scoring and ranking criteria which consider how a project promotes racial equity where individuals and families of different races are over-represented.

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

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

(limit 2,000 characters)

1. The CoC's written process for reallocation states, "In the months leading up to the release of HUD's CoC Notice of Funding Availability, the CoC coordinator puts potential project applications on CoC meeting agendas. Grants may be

considered for reallocation for any of the following reasons: they have been underutilized and returned money to HUD; they are underperforming; they no longer meet the CoC's Priorities. If reallocation is a possibility, the entire CoC is informed and a request for new project applications is announced."

2. After reviewing each grants last two APRs, this CoC did identify two grants to be partially reallocated. The CoC Coordinator proposed cutting $3,500 from one grant and $12,780 from another grant to cover expenses related to the CoC's Coordinated Entry System. This planned reallocation was approved by the CoC at the September 9, 2021 CoC meeting.

3. The CoC reallocated the $12,780 from a scattered-site PSH rental assistance grant because the grant returned $6,214 and $17,473 from the most recently completed grant cycles. The CoC reallocated $3,500 from our HMIS state system administrator grant because the state HMIS governing board policy is that 2% of each CoC's ARD is to go to this grant. We were able to reallocate the $3,500 from the grant and remain above the 2% minimum.

4. N/A

5. The CoC Coordinator sent personal emails to the directors of the agencies whose grants were to be partially reallocated. Both understood the decision and did not appeal it.

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

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

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	No
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.**	10/27/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/17/2021

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	

You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

Select from dropdown menu your CoC's HMIS coverage area.	Statewide

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)

I preface my response by noting that there are no DV housing and service providers who receive HUD funding in this CoC.

1. Despite our CoC having zero HUD-funded programs, we nonetheless have two of our four DV agencies, which cover 11 of our 18 counties, using Apricot, a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards.

2. Since none of our DV agencies have HUD-funded projects, none submit de-identified aggregated system performance measures data in a comparable database to this CoC and HMIS lead. Efforts to have the other two agencies begin using a comparable database are described in the response to 2A-5b.1 below.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	88	24	55	85.94%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	31	0	31	100.00%
4. Rapid Re-Housing (RRH) beds	107	0	107	100.00%
5. Permanent Supportive Housing	146	0	146	100.00%
6. Other Permanent Housing (OPH)	48	0	48	100.00%

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

N/A.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	50.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,000 characters)

1. The CoC has been working with Violence Free Minnesota (VFMN), a statewide agency made up of 90 MN VSP agencies, to increase VSP comparable database bed coverage. It has been challenging for VSP programs to pay for, onboard, and upkeep a comparable database even in cases where they are HUD-funded. Nevertheless, for many years VFMN, with supportive partners like ICA (our state HMIS Administrator), has been trying to identify resources for VSPs to more easily access databases. One option is to identify funding to support the creation of a system where VSPs can voluntarily buy-in to a uniform (but not shared) database that is designed specifically for VSPs. This option is with the assumption that the database would be an HMIS-comparable database so that programs could easily start tracking and reporting HUD required fields if they started to receive HUD funding.

The Office of Justice Programs recently received a federal grant, through which VFMN is the partner, to do a needs assessment with all crime victim advocacy groups in MN (and stakeholders) to identify barriers around technology/data gathering, make recommendations, put new systems/resources in place, and identify sustainability for those systems. That grant began October 1, 2021 and is hiring a staff person to lead the work. As that project moves forward COC Coordinators will be among the stakeholders to discuss the barriers and data issues around VSPs.

The MN CoC's will also be submitting a grant application to the Bush Foundation to hire a consultant to help us improve our statewide homelessness response data. Increasing use of VSP comparable databases will be addressed by the consultant if the grant is awarded.

2. These steps are being implemented at the state level among VFMN, ICA, and the CoCs. All of Minnesota's CoC Coordinators, ICA and VFMN will be meeting together on November 23, 2021 to discuss how the CoC will collaborate with the data initiative staff person once he or she is hired.

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

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

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

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

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

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

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

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

2C. System Performance

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

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

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

(limit 2,000 characters)

1. Processes used to identify risk factors for first-time homelessness include: studying data from hospitals, foster care, mental health and corrections about people who are at risk of being discharged into homelessness and how this can be prevented and; having MN's Homeless Prevention and Assistance Program (HPAP) providers on the CoC's Governing Board and providing the CoC data on causes of housing crises. The HPAP program covers the CoC's entire geography and totals $465,965/year for 2021 - 2022 in this CoC's entire geography. Data from the HPAP grant is reviewed and discussed quarterly at the CoC's Homeless and Hunger Task Force subcommittee meeting. This CoC Coordinator and the CoC Governing Board chair attend these meetings. This data reveals to us the most common risk factors for homelessness (e.g. domestic violence, income loss).

2. Prevention is done first by advertising (in English, Spanish, Somali and Hmong) that the CoC's Coordinated Entry System is for both those at risk of becoming homeless and those already experiencing homelessness. Public advertising is done by radio, newspapers, and hundreds of flyers in the CoC's restaurants, food shelves, laundry mats etc. Agencies, including hospitals, foster care, mental health and corrections, are kept informed of Coordinated Entry Prevention intake sites. Both homelessness prevention resources and assistance resources for those already homeless are available within each coordinated entry intake point. Workforce Centers, DV programs, mental health programs, substance abuse programs and housing resource programs all direct those at risk for homelessness to the CoC's intake points for prevention and diversion assistance.

3. The CoC Coordinator, working closely with the Homeless Prevention Assistance Program grantee, sub-grantees, and the grant oversight committee (the CoC's Homeless and Hunger Task Force) is responsible for reducing first-time homelessness in this CoC's entire geography.

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

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

(limit 2,000 characters)

1. The CoC's strategy to reduce the LOT homeless of individuals and families remain homeless includes: having a well-advertised Coordinated Entry system covering the CoC's entire geography; advertising the system in Spanish, Hmong and Somali and offering services in these languages; using Housing First for all programs; developing and maintaining trusting relationships with local landlords (since much of our RRH and PSH is scattered-site), having a landlord risk mitigation fund, prioritizing our Chronic and Family PSH programs in the CoC's ranking process; using a CoC-approved Prioritization Policy that prioritizes chronic homeless and those with longest LOT homeless, providing presentations to community groups and School Homeless Liaisons about CoC resources and Coordinated Entry; having a CoC-wide non-discrimination policy; providing ongoing Coordinated Entry, HMIS, Domestic Violence, and Trauma-Informed Care trainings to CoC staff; continually monitoring grant performance and considering reallocation of funds based on performance and need data; and effectively using diversion / problem solving, RRH and PSH.

2. This CoC identifies individuals and persons in families with the longest lengths of time homeless through its HMIS-based common assessment tool which collects data on LOT homeless and chronic homelessness status. Priority Lists, showing length of time homeless and chronic homelessness status, are shared, with client consent, at least weekly and reviewed in CoC-wide online/phone case management and referral meetings.

3. This CoC Coordinator, working in consultation with the CoC / Coordinated Entry Governing Board, is responsible for the strategy to rapidly rehouse individuals and families with children and to reduce the length of time individuals and families remain homeless. This process has led to the CoC being recognized by HUD and USICH in 2019 as the fourth Continuum of Care to have ended chronic homelessness.

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

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

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

(limit 2,000 characters)

1. The CoC's strategy to increase the rate at which individuals and persons in families in ES, SH, TH and RRH exit to permanent housing destinations include: improvement of the quantity and quality of our landlord/property management relationships through individualized training and quality case management; growing our Landlord Risk Mitigation Fund; expanding our Section 8 "Move Up" program to more HRAs; growing our collaboration with PHAs to maximize use of HUD's new Emergency Housing Vouchers; increasing outreach to and collaboration with cities, employers and the Southwest Minnesota Housing Partnership regarding development and rehabilitation of affordable, low-barrier housing units; employing high-performing, well-trained case managers; growing our collaboration with our CoC's six "Careerforce" centers to increase client earned income and the ability to pay rent without assistance; and continuing to reallocate money from underperforming PSH grants to fund more and higher-performing PSH grants.

2. The CoC's strategy to increase the rate at which individuals and persons in families in PH projects retain their permanent housing or exit to permanent housing destinations, includes: increasing emphasis on connecting clients to the resources that make employment possible (e.g. transportation, child-care, physical and mental health care, and training in job search, application, and interviewing skills); improving our case manager training through the creation of a CoC training web-page that offers the best training videos on topics such as successful tenancy, motivational interviewing, landlord tenant law, and VAWA law, all topics that can help clients retain permanent housing; and, having officially ended Veteran and Chronic homelessness, building and promoting a community-wide campaign to finish ending youth and family homelessness with buy-in from developers, landlords, property managers, and local and state government to contribute to this common goal.

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

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

(limit 2,000 characters)

1. The CoC identifies common traits of individuals and persons in families who return to homelessness via the HMIS ServicePoint 054 Returns to Homelessness Report described here: https://hmismn.org/wp-content/uploads/MIN-00-SAG-054-Returns-to-Homelessness-Manual-FINAL-v2019.2.pdf. APRs, which are reviewed by this CoC before submission, also inform the CoC of clients returning to homelessness. Our projects are small enough that when we see that a client has returned to homelessness we can talk to the client's case manager about what led to that less-than-successful

outcome. The CoC also monitors the Coordinated Entry (CE) Priority List at least weekly and flags clients who have returned to homelessness and we are able to use data on the factors that led to the return so that it will not be repeated for them or others.

2. The CoC's strategy to reduce the rate of additional returns to homelessness includes: working with cities and developers to add affordable, low-barrier rental units where the formerly homeless can achieve housing success; reviewing project-level 'returns to homelessness' HMIS report data and considering lower-performing projects for technical assistance and/or reallocation; continuing to fund and use high-performing, well-trained case managers; having staff continue to assist clients in finding employment, unearned income, transportation and all relevant resources to maximize their housing stability; continuing to improve our CE System so as to match clients with housing where they will be most successful; continuing to use statewide HMIS data sharing to best track returns to homelessness; and increasing recruitment and training of landlords to minimize evictions and maximize collaboration.

3. The CoC Coordinator, working with the CoC's Governing Board and Project Performance and Review Committee, is responsible for overseeing the CoC's strategy for reducing returns to homelessness for individuals and persons in families in our 18 county CoC.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

1. The CoC's strategy to increase employment income is first having all case managers consult with clients upon entry regarding income and helping those able to work form a plan to increase employment income, and connecting those unable to work to resources (e.g. treatment, mental health care) that might bring them to employability. Case Managers first help clients connect to childcare and transportation that are needed prior to employment. Next, in 2019 this CoC Coordinator led a statewide Economic Advancement Workgroup. The group created an Income Advancement Referral Decision Chart that helps intake, assessment, and case management workers guide clients to, whenever possible, jobs for the unemployed and better-paying jobs for the employed. The group also created a Coordinated Entry Income Planning Checklist which has helped this CoC to systematically identify at what points in the CE process clients will be helped with getting the best employment possible and which staff are responsible for ensuring this happens. This CoC has MN "CareerForce" staff attend CoC meetings and annually do a presentation on their employment resources. "CareerForce," run by The MN Department of Employment and Economic Development, is business-led network of private, public and nonprofit partners throughout MN committed to helping individuals start, advance or

change their career and employers attract, develop and retain talent. There are "CareerForce" centers in the six largest cities in this CoC.

2. Regarding mainstream employment organizations, this CoC has large employers with ongoing job availability often providing worker transportation (e.g. JBS Pork, Schwan Foods, temp agencies, etc.). Our agencies are kept informed of these employment opportunities and job fairs and connect clients to them.

3. The CoC Coordinator, working with the CoC's Governing Board and full CoC, is responsible for overseeing the CoC's strategy to increase income from employment.

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

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

(limit 2,000 characters)

1. United Community Action Partnership (UCAP) is by far the largest homelessness response agency in this CoC. UCAP has two-thirds of our HUD CoC funding, serve 13 or our 18 counties, is the CES entry point in those 13 counties, is the sole grantee for state Homeless Prevention and Assistance Program funding and received the majority of CV1 and CV2 funds. UCAP has also worked with JBS in Worthington MN, a pork plant that employs over 2,200 people and is perennially looking for staff. UCAP has connections with other employers, such as Jonticraft, who provide transportation to work at their companies.   Monogram Foods is another huge employer in Chandler MN and they keep UCAP informed of position openings and send UCAP information on job vacancies to post and promote. UCAP also connects and works with temporary employment agencies to fill positions as well as makes referrals of clients to them. Finally, as UCAP has a staff of over 300, they attend local job fairs to promote job openings at their agency. Attendance at these job fairs provides opportunities for UCAP to connect with and learn about employers in the region who may hire our clients.

2. Regarding education and training, on-the-job training, internships, and employment opportunities for program participants, this CoC works closely with the Minnesota Careerforce Centers which are in the six largest cities in our CoC. Each Careerforce Center primary program is to help the unemployed find work. They offer one-on-one sessions with a specialist to develop employment or education plans, assist with job search and placement services, provide access to short-term training, and help with other services that support your career success. They also offer a Migrant Seasonal Worker Program, Vocational Rehabilitation, Veterans Services, State Service for the Blind, and a Dislocated Worker Program. There offices are conveniently located and during the pandemic services have been offered via phone and computer.

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

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

(limit 2,000 characters)

1. The CoC's strategy to increase non-employment cash income includes:
a. all CoC-funded grantees continuing to work with clients upon entry and throughout program participation regarding increasing income;
b. having case managers, working with county human service workers, assist clients in applying for potential cash benefits, such as MN General Assistance or the MN Family Investment Program (Minnesota's TANF equivalent) or accessing disability insurance, pension, child support, or alimony;
c. working with providers of SSI/SSDI Outreach, Access and Recovery (SOAR) for clients in our 18 counties and having SW MN Careerforce staff become active participants in the CoC;
d. having on our CoC website an Income Advancement Referral Decision Chart that helps intake, assessment, and case management staff guide clients to non-employment cash income;
e. having on our CoC website a Coordinated Entry Income Planning Checklist which has helped this CoC to systematically identify at what points in the CE process clients will be helped with getting the best possible referrals to benefits for which they are eligible.

2. This CoC's strategy to help individuals and families to increase access to non-employment cash sources includes:
a. all Case Managers and clients having access to MN's Disability Benefits 101 website which is a clearinghouse for benefit information. If answers cannot be found on the site, the site offers a phone number, live chat and email where one can receive guidance from an expert about accessing non-employment cash sources;
b. having staff that can provide services in English, Spanish, Somali and Hmong, the four most common languages in the region and;
c. referring all veterans to Veteran Service Officers and/or the MN Assistance Council for Veterans to assist in accessing veteran pensions and other benefits.

3. The CoC Coordinator, working with the CoC's Governing Board, is responsible for overseeing the CoC's strategy for increasing 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

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

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

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

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

N/A.

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

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

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

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

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

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

N/A.

4A. DV Bonus Application

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

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

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

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

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

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

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

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

1.	**Enter the number of survivors that need housing or services:**	113
2.	**Enter the number of survivors your CoC is currently serving:**	91
3.	**Unmet Need:**	22

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

Describe in the field below:

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

(limit 2,000 characters)

1. To calculate the number of DV survivors needing housing or services, we first found all active households where the Head of Household responded 'Yes' to the question, "Are you or have you ever been a victim of domestic violence?" OR "Are you seeking housing due to concern for your safety?" This is the number we used for "Enter the number of survivors that need housing or services." Regarding "Enter the number of survivors your CoC is currently serving," we looked at all 113 households from part one and found which were being served in permanent housing projects (PH, PH-S, PSH, RRH) and transitional housing projects and were in program on 6/30/2021.

2. HMIS for non-DV projects is the data source for this information. None of our DV projects currently have TH, RRH or PSH programs. Three DV agencies collaborate with United Community Action Partnership who is the grantee of our CoC's only DV-specific project: DVRRH. No clients being served by any of our CoC's projects are mandated to allow their personal data to be entered into HMIS. It is always optional. Since all of this CoCs TH, RRH and PSH is run by non-DV agencies (including DVRRH), clients work with agencies that use HMIS.

3. According to these data, this CoC is unable to meet the needs of 22 households of survivors needing TH, RRH or PSH. This is why we are applying for a DV bonus grant to add at least six more units of DVRRH rental assistance and services. The barriers to meeting the needs are: a shortage of rental assistance and supportive services resources, a tight, competitive rental market and shortage of affordable housing units for our primarily scattered-site homelessness response system, occasional inability to provide enough days of shelter to allow for a successful apartment search and, on rare occasions, decisions by those fleeing DV to return to abusive situations.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.
	NOFO Section II.B.11.

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

Applicant Name
United Community ...

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

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

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

1.	**Applicant Name**	United Community Action Partnership, Inc
2.	**Rate of Housing Placement of DV Survivors–Percentage**	83.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	100.00%

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

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

(limit 1,000 characters)

1. The project applicant for the DVRRH bonus project currently operated a HUD CoC-funded DVRRH project. The most recently submitted Annual Performance Report for this grant showed that ten of twelve total households served moved into housing and that every person who left the program moved on to a rental by client with no ongoing housing subsidy or a rental by client in a public housing unit.

2. Since the grantee for this DVRRH grant is a non-DV agency, HMIS was the data source for these numbers.

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

	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;	
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	connected survivors to supportive services; and	

4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

The project applicant has a great deal of successful experience in serving DV survivors with rapid rehousing. The applicant, United Community Action Partnership (UCAP) was awarded a HUD CoC FY20218 DVRRH grant. UCAP operates all of the RRH grants in this CoC, 107 year-round beds.

1. The project applicant has submitted its first DVRRH Annual Performance Report showing that households were moved into safe, affordable scattered-site units in an average of under three days.   UCAP's HUD CoC general (non-DV specific) RRH grant APR data show 18% of clients were fleeing DV and 37% had a history of DV. In that grant, adult only households moved into safe affordable housing in an average of 24 days and households with children in an average of 31 days.

2. Since beginning its FY2018 DVRRH grant, UCAP has worked with our Victim Service Providers (VSPs) to take referrals. The VSPs use a standardized assessment that prioritizes survivors based on criteria including experiencing intimidation, emotional abuse, isolation, minimizing, denying, blaming, economic abuse, coercion, threats, physical and/or sexual violence. VSP staff use the standardized assessment to determine which clients to prioritize for DVRRH referrals.

3. As with all of their state and federal ES, TH, RRH and PSH grants, UCAP connects clients quickly to supportive services as identified in each households personalized plans. These services can be available within UCAP (e.g. Head Start, Transportation), via collaborating VSPs (e.g. safety planning, filing orders for protection with the courts), or with mainstream benefits (e.g. school enrollment, SNAP benefits, etc.)

4. In the first grant year of the FY2018 UCAP DVRRH grant, all twelve program leavers (100%) left to permanent housing destinations after an average of 3.5 months in the program. For the most recent APR data for UCAP's general RRH grant, 85% exited to permanent housing destinations after an average program participation of nine months.

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. Training staff on safety planning:
Safety planning is covered in depth during initial training for all new staff and volunteers. Trainings are offered both initially and intermittently thereafter. Trainings are offered by Violence Free MN, Standpoint and the Office for Victims of Crime Training and Technical Assistance Center.

2. Adjusting intake space to better ensure a private conversation:
All domestic violence advocates have their own office to meet with people in a private setting. Offices are in multiple counties for the convenience of victims to access services. Mobile and virtual advocacy services are also available for clients to meet with advocates where they are most comfortable.

3. Conducting separate interviews/intake with each member of a couple:
In addition to private advocate offices, small meeting rooms are available as needed if separate interviews need to take place.

4. Working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance:
The applicant and collaborating DV agencies look to each individual to be the expert in their own life.   This program is 100% scattered site and 100% client choice. Staff work with them to find units that meets their needs and where they will feel safe.

5. Maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant:
The applicant for the DVRRH does not operate congregate living spaces. The collaborating DV agencies operate shelters and safe houses that have been evaluated for safety and are secure.

6. Keeping the location confidential for dedicated units and/or congregate living spaces set aside solely for use by survivors:
The applicant for the DVRRH does not operate congregate living spaces. The collaborating DV agencies operate shelters and safe houses whose locations are kept confidential.

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)

United Community Action Partnership (UCAP), in collaboration with regional DV agencies, is applying for these DVRRH bonus funds. UCAP, with our DV agencies, has been operating a FY2018 CoC DVRRH grant for over two years. During those two years, there have not been any incidents where client or staff safety was compromised.

Clients fleeing domestic violence are directed to their county's Victim Service

Provider agency for assistance. These agencies:

a. Offer 24 hour access to safe shelter.
b. Work with clients on personalized safety plans at the beginning of service provision.
c. Hold a survivor's ability to keep him/herself safe as the foundation of their services.
d. Have staff and volunteers participate in in-depth initial and ongoing safety planning training.
e. Have policies related to leaving messages for clients and communicating with clients.
f. Work with our staff to ensure safety when providing transportation and services to clients.
g. Do not enter client data into HMIS.
h. Keep the location of their safe houses confidential.
i. If clients are placed in a hotel room for shelter, the location is kept confidential.
j. Have close working relationships with public safety / law enforcement.
k. Assist clients with safety planning and in securing orders for protection against abusers.
l. Ensure that schools and child are providers of victim's children know which adults are allowed to pick up children.
m. Show clients how they can more safely use technology and social media.
n. Help clients secure confidential Post Office boxes and bank accounts.

The VSPs refer highest-priority clients to UCAP for RRH rental assistance. UCAP:

a. Works with VSPs to find rental units that are in locked buildings.
b. Offers 100% client choice in selecting units.
c. Has staff attend training related to staff and client safety.
d. Does not enter or share clients' data in HMIS without written consent from the program participant.

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

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

(limit 5,000 characters)

1. Regarding client choice, this RRH program will expand an existing DVRRH program. The program uses a scattered-site model which allows 100% client choice in unit selection. Clients work with staff from the DV agencies who collaborate with staff from United Community Action Partnership (UCAP) to find affordable, available rental units. Staff help clients apply for units that the client considers acceptable based on safety, location, etc. If a client is accepted into a unit she chose to apply for she still has the right to change her mind and continue the search.

2. Regarding mutual respect, all agencies working together on this project train staff to work with survivors in a trauma-informed, victim-centered manner. Services are always free and because clients make their own decisions, there are no punitive measures that need to be taken. Meeting areas have couches and chairs to ensure a more comfortable, welcoming experience. Offices offer accessibility to gender neutral restrooms or other safe options are made available. Mobile and virtual service and advocacy is available to benefit all served, especially those who cannot or do not feel safe coming into and office. Advocates meet survivors where it is safe and convenient for them, in coffee shops, the park, and in their homes. Advocates are proactive and creative, working with survivors on any needs that they might have. All agencies working together on this project make every effort to screen clients in for assistance rather than screen then out.

3. Regarding providing information on trauma, the DV agencies providing services for this project offer individual and support group opportunities (both in-person and online) to learn about trauma in the context of being abused. We also offer extensive training to new staff on vicarious trauma and how it may impact their work with survivors. Staff are trained by experts from the Arizona Trauma Institute, Violence Free MN, Standpoint, MN Victim Assistance Academy, MN Coalition Against Sexual Assault, UDEMY and others.

4. All agencies collaborating on this project approach their work with the people we serve using strength's-based coaching and motivational interviewing. All goals are developed by the individuals we serve. Clients are empowered to change by drawing out their own meaning, importance and capacity for change. Clients are engaged in a respectful and curious way that facilitates the natural process of change and honors client autonomy. Staff are accepting and compassionate, offering ideas but knowing that clients are the experts in their own lives and have within themselves resources and skills needed for change.

5. Regarding cultural responsiveness and inclusivity, agencies collaborating on this DVRRH project have staff who speak English, Spanish, Hmong, Karen, Somali, Swahili, Arabic, and Barava and can provide other interpreters as needed. They can also provide culturally specific service providers and written information in other commonly-used languages as needed. Staff participate in training equal access, cultural competence, nondiscrimination, diversity, equity and inclusion offered by Violence Free MN, Standpoint, MN Victim Assistance Academy, MN Coalition Against Sexual Assault, UDEMY and others. The grantee for the current DVRRH and this proposed DVRRH grant is on the Leadership Team of an upcoming 12-month CoC initiative called the Racial Equity Accountability Project (REAP. REAP is a 2-year effort to advance racial equity and reduce racial disparities in Minnesota's homeless response system

by infusing technical support, coordination, shared learning, and accountability into regional planning. The REAP workshops and process will be led by Mike Manhard of MN Engagement on Shelter and Housing, Lisa Tabor of CultureBrokers and Terri Thao of Nexus Community Partners.

6. Agencies providing services in the current and proposed DVRRH grant offer online support groups. Using strength's-based coaching and motivational interviewing, clients are individually helped to find mentors and peers who can assist them in their journeys toward positive change. New clients are connected to current and former clients who are willing to be of support. Staff help clients identify friends or members of their faith communities who might help them use their spirituality to support them.

7. Collaborating agencies offer childcare and parenting and support and empowerment groups.   They also collaborate with area family planning programs and other community service providers that offer supervised visitation options, parenting classes and childcare. The primary applicant, UCAP, has a signed memorandum of understanding with Head Start for referrals. Additionally, UCAP just received a grant to assist with helping homeless families (including those who are fleeing DV) access the Child Care Assistance Program (CCAP). This program can help with transportation, diapers/wipes, childcare provider search, etc.

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

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

(limit 5,000 characters)

1. Agencies providing services for this DVRRH grant offer the following free and confidential ongoing services to those who are fleeing or attempting to flee domestic violence:
a. A 24-HOUR CRISIS LINE: Access to an advocate, day or night, to discuss options or just to listen. UCAP also has the 24 hour crisis line for people needing shelter.
b. SAFE HOUSING: Provide access to short and long-term emergency safe-housing options, such as hotel/motel overnight(s) and short-term housing within our rental single-family homes.
c. HOUSING SERVICES: Assist with housing searches, advocacy with landlords on rights of domestic violence victims (VAWA), assistance with transportation, and referrals to mental health counseling, child care, employment counseling, and other assistance to help maintain or obtain safe, affordable and appropriate housing
d. EMERGENCY TRANSPORTATION: Provide access to transportation options to ensure safety and security, including staff-provided transportation or financial assistance to obtain a taxi or bus service.
e. LEGAL & COURT ADVOCACY: Assist with the completion and filing of restraining orders, attend hearings with and/or without clients, inform clients

about the court/legal process, and help them understand the outcome of the hearing afterward.

f. SAFETY PLANNING: Assist with setting up a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, or after.

g. INFORMATION AND REFERRALS: Connect those with self-identifying needs connect to resources and support services to help them get through, over or under hurdles that keep them "stuck" in abusive situations.

h. SUPPORT GROUPS: Support groups are available to those who have experienced abusive and/or unhealthy relationships. This can be in a group setting or one-on-one, in-person or virtually.

i. COMMUNITY EDUCATION: Raising awareness about domestic violence as well as sex trafficking/exploitation and the support services available for individuals and their families.

j. SYSTEMS COORDINATION: Walking along side of individuals, helping them to navigate their way through community resources and or the court/criminal justice process.

k. REFERRAL AND RESOURCES FOR THOSE OF COLOR: Access to culturally-specific resources when and where available, at the request of a client.

l. SAFE HOUSES: In October of 2019, WoMen's Rural Advocacy Program (WRAP) rented its first single-family Safe Housing home. In September of 2020, WRAP opened a second home.

m. MAINSTREAM BENEFIT APPLICATION ASSISTANCE (SNAP, MNSure, ChildCare Assistance Program, etc.)

n. BASIC NEEDS: Food shelves, access to clothes through an agency thrift store, coats at coats for kids, Head Start/Early Head Start program, Energy Assistance Program, and multilingual staff.

2. From July 1st, 2020 through June 30th, WRAP provided 764 relocations services as well. Relocation Services is providing assistance securing housing or shelter that is not provided by WRAP. This may include assisting the victim with finding emergency shelter and/or assistance completing rental applications or arranging storage/moving services. From July 1st, 2020 through June 30th, 2021 WRAP has assisted 371 times in Emergency Financial Needs. Emergency Financial needs can be any financial assistance (e.g., direct client assistance, in-kind) provided by WRAP for crime victim needs. Assistance may be for items such as food, clothing, rent/storage/moving fees, bus/gas cards, cell phone costs, replacement documents or bedding, changing windows and/or locks, emergency hotel stays, transportation, etc.

In partnership with DV partners, UCAP works to locate safe units that meet the needs of households served. UCAP provides basic budgeting, housing search assistance, landlord advocacy, systems coordination, application assistance with internal and external program (SNAP, MNSure health insurance, Child Care Assistance Program, etc.), operate food shelves, access to clothes through their thrift store, coats through their Coats for Kids, their Head Start/Early Head Start program, their Energy Assistance Program, Transportation assistance, and multi-lingual staff.

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

		Provide examples in the field below of how the new project will:
	1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
	2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
	3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
	4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
	5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
	6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. The program will use a scattered-site model which allows 100% client choice in unit selection. Clients will work with staff from the DV agencies who collaborate with staff from United Community Action Partnership (UCAP) to find affordable, available rental units. Staff will help clients apply for units that the client considers acceptable based on safety, location, etc. If a client is accepted into a unit she still will have the right to change her mind and continue the search.

2. Regarding mutual respect, all agencies working together on this project will train staff to work with survivors in a trauma-informed, victim-centered manner. Services will always be free there will be no punitive measures used. Meeting areas at some agencies will have couches and chairs to ensure a more comfortable, welcoming experience. Offices will offer accessibility to gender neutral restrooms or other safe options will be made available. Mobile and virtual service and advocacy will be available to benefit all served, especially those who cannot or do not feel safe coming into and office. Advocates will meet survivors where it is safe and convenient for them (e.g. coffee shops, parks, their homes. Advocates will be proactive and creative, working with survivors on any needs that they might have. All agencies working together on this project will make every effort to screen clients in for assistance rather than screen them out.

3. Regarding providing information on trauma, the DV agencies will offer individual and support group opportunities (both in-person and online) to learn about trauma in the context of being abused. They will offer extensive training to new staff on vicarious trauma and how it may impact their work with survivors. Staff will be trained by experts from the Arizona Trauma Institute, Violence Free MN, Standpoint, MN Victim Assistance Academy, MN Coalition Against Sexual Assault, UDEMY and others.

4. All agencies collaborating on this project will approach their work with clients using strength's-based coaching and motivational interviewing. All goals will be developed by the individuals served. Clients will be empowered to change by drawing out their own meaning, importance and capacity for change. Clients will be engaged in a respectful and curious way that facilitates the natural process of change and honors client autonomy. Staff will be accepting and compassionate, offering ideas but knowing that clients are the experts in their

own lives and have within themselves resources and skills needed for positive change.

5. Regarding cultural responsiveness and inclusivity, agencies collaborating on this DVRRH project will have staff who speak English, Spanish, Hmong, Karen, Somali, Swahili, Arabic, and Barava and can. They will also provide interpreters, culturally specific service providers and written information in other commonly-used languages as needed. Staff will participate in trainings on equal access, cultural competence, nondiscrimination, diversity, equity and inclusion offered by Violence Free MN, Standpoint, MN Victim Assistance Academy, MN Coalition Against Sexual Assault, UDEMY and others. UCAP will be on the Leadership Team of an upcoming 12-month CoC initiative called the Racial Equity Accountability Project (REAP. REAP is a 2-year effort to advance racial equity and reduce racial disparities in Minnesota's homeless response system by infusing technical support, coordination, shared learning, and accountability into regional planning. The REAP workshops and process will be led by Mike Manhard of MN Engagement on Shelter and Housing, Lisa Tabor of CultureBrokers and Terri Thao of Nexus Community Partners.

6. Agencies providing services in this project will offer online support groups. Using strength's-based coaching and motivational interviewing, clients will be individually helped to find mentors and peers who can assist them in their journeys toward positive change. New clients will be connected to current and former clients who are willing to be of support. Staff will help clients identify friends or members of their faith communities who might help them use their spirituality to support them.

7. Collaborating agencies will offer childcare and parenting and support and empowerment groups. They will also collaborate with area family planning programs and other community service providers that offer supervised visitation options, parenting classes and childcare. The primary applicant, UCAP, will have a signed memorandum of understanding with Head Start for referrals. Additionally, UCAP will use an existing program to assist those who are fleeing DV access the Child Care Assistance Program (CCAP). This program will help with transportation, diapers/wipes, childcare provider search, etc.

4B. Attachments Screen For All Application Questions

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

 Attachments must match the questions they are associated with.

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

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

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

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting-Project Rejected-Reduced

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/26/2021
1B. Inclusive Structure	11/08/2021
1C. Coordination	11/08/2021
1C. Coordination continued	11/08/2021
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	11/08/2021
2B. Point-in-Time (PIT) Count	09/16/2021
2C. System Performance	11/08/2021
3A. Housing/Healthcare Bonus Points	09/23/2021
3B. Rehabilitation/New Construction Costs	09/16/2021

3C. Serving Homeless Under Other Federal Statutes	09/16/2021
4A. DV Bonus Application	11/08/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Opening Script

Hello, my name is [_____] and I work for [_____].
To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

Basic Client Information (if not already in HMIS)

Name	First	Middle	Last	Suffix
Name Data Quality	o Full Name Reported o Partial, Street Name or Code Name Reported o Client doesn't know o Client refused o Data not collected			
Social Security #				
SSN Data Quality	o Full SSN Reported o Approximate or Partial SSN Reported o Client doesn't know o Client refused o Data not collected			
U.S. Military Veteran	o Yes o No o Client doesn't know o Client refused o Data not collected			

Coordinated Entry Assessment

Date of Assessment	
Assessment Location	
Assessor's Name	
Assessor's Organization	
Assessor's Title	
Assessor's Phone	
Assessor's Email	
Assessment Type	o Phone o Virtual

	o In Person
Assessment Level	Housing Needs Assessment
Prioritization Status	Placed on Prioritization List

SECTION 1. Client & Household Information

Date of ROI Consent	Day___ / Month___/ Year_____
Relationship to Head of Household	*(Should always be "Self (head of household") as that is the only member of a household that should be assessed).*
What gender do you identify with?	o Female o Gender Non-Conforming (i.e. not exclusively male or female) o Male o Trans Female (MTF or Male to Female) o Client doesn't know o Client refused o Trans Male (FTM or Female to Male) o Data not Collected
Date of Birth	Day___ / Month___/ Year_____
Race (may select more than one)	o American Indian or Alaska Native (HUD) o Asian (HUD) o Black or African American (HUD) o Native Hawaiian or Other Pacific Islander (HUD) o White (HUD) o Client doesn't know o Client refused o Data not collected
Ethnicity	o Non-Hispanic/Non-Latino (HUD) o Hispanic/Non-Latino (HUD) o Client doesn't know o Client refused o Data not collected
Household Type	o Family o Single o Youth – Family o Youth –Single
Household Size	Total # of Persons_____ Total # of Adults____ Total # children_____
Are you pregnant?	o Yes o No o Client doesn't know o Client refused o Data Not collected

SECTION 2. Eligibility:

Current Living Situation Start Date (Date of Assessment: Month___/Day___/Year_____	
Information Date (Same as Start Date Above): Month___/Day___/Year_____	Location details:

Current Living Situation (Pick ONLY ONE)

Literally Homeless Situations	*Institutional Situations*	*Temporary and Permanent Housing Situations*		*Other*
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter ☐ Safe Haven	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center	☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth) ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment or house ☐ Staying or living in a family member's room, apartment or house ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with VASH subsidy	☐ Permanent Housing (other than RRH) for formerly homeless persons ☐ ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with other ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	☐ Other ☐ Worker unable to determine ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Skip the rest of this form & Go To 'Housing Summary'	**Continue to Question A.**	**Continue to Question A.**		**Skip the rest of this form & Go To 'Housing Summary'**

Question A: Is client going to have to leave their current Prior Living Situation within 14 days?

☐ Yes ☐ No ☐ DK (Client Doesn't Know) ☐ R (Client Refused) ☐ DNC (Data Not Collected)

If "Yes" to question A, please answer questions B – E:

B. Has a subsequent residence been identified? ☐ Yes ☐ No ☐ DK ☐ R ☐ DNC

C. Does individual or family have resources or support networks to obtain other permanent housing?
☐ Yes ☐ No ☐ DK ☐ R ☐ DNC

D. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
☐ Yes ☐ No ☐ DK ☐ R ☐ DNC

E. Has the client moved 2 or more times in the past 60 days? ☐ Yes ☐ No ☐ DK ☐ R ☐ DNC

Please do a housing summary that includes episodes of homelessness

Start Date	End Date	Residence Type	City / County / State

Assessing MN Long Term Homelessness		
Extent of Homelessness by Minnesota's Definition	o Not currently homeless o 1st time homeless and less than 1 year without home o Multiple times homeless, but NOT meeting LTH definition o Long term: At least 1 year OR at least 4 times in past 3 years.	
Approximate Date of Most Recent Episode of Homelessness (MN)?	Month___/Day___/Year_____	
Total # of months homeless or doubled up? (do not include time in TH or other housing)		
Leave any of these? (0– 3 months ago)	o Adoptive home (from foster care) o Foster Home o Juvenile Detention Center o County Jail o State or Federal Prison o Mental Health Treatment o Drug or Alcohol Treatment	o Combined MI/CD treatment o Group Home o Halfway House o Residence for people with physical disabilities o Client doesn't know o Client Refused

Assessing Chronic Homelessness	
"Prior Living Situation" (<u>should capture where the client stayed the night before their CE assessment</u>).	o Place not meant for habitation o Emergency shelter, including hotel/motel paid w/ voucher o Safe Haven o Interim Housing/Bridge Housing o Foster care home or foster care group home o Hospital or other residential non-psychiatric medial facility o Jail, prison or juvenile detention facility o Long-term care facility or nursing home o Psychiatric hospital or other psychiatric facility o Substance abuse treatment facility or detox center o Residential project or halfway house with no homeless criteria o Hotel or motel paid for with out emergency shelter voucher o Transitional housing for homeless persons (including homeless youth) o Host Home (non-crisis) o Staying or living in a friend's room, apartment or house o Staying or living in a family member's room, apartment or house o Rental by client, with GPD TIP subsidy o Rental by client, with VASH subsidy o Permanent Housing (other than RRH) for formerly homeless persons o Rental by client, with RRH or equivalent subsidy o Rental by client, with HCV voucher (tenant or project based) o Rental by client in a public housing unit o Rental by client, no ongoing housing subsidy o Rental by client, with other ongoing housing subsidy o Owned by client, with ongoing housing subsidy o Owned by client, no ongoing housing subsidy o Client doesn't know o Client refused o Data not collected

How long have you stayed there?	o One night or less o One month to 90 days	o Don't know
	o Two to six nights o 90 days to one-year	o Refused
	o Over one week to o One year or longer	o Data Not Collected
	under a month	

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past 3 years including today	o Once o 3 times	o Don't Know
	o Twice o 4 or more	o Refused
		o Data Not Collected

Total number of months homeless on the street, in ES or SH in the past 3 years.	o 1 month (episode w/in 1st month)	o 9
	o 2	o 10
	o 3	o 11
	o 4	o 12
	o 5	o More than 12 months
	o 6	o Client doesn't know
	o 7	o Client refused
	o 8	o Data not collected

Veteran Status		
Did you serve on Active Duty, or in the National Guard or Reserves?	○ No ○ Yes, Active Duty (regardless of Guard/Reserve answer) ○ Yes, National Guard	○ Yes, Reserves ○ Both Guard & Reserves ○ Don't know ○ Refused ○ Data Not Collected
What kind of discharge did you have?	○ Honorable or under honorable conditions ○ Other than honorable but not dishonorable ○ Dishonorable	○ Client doesn't know ○ Client refused ○ Data Not Collected
Have you been referred to the Homeless Veteran Registry?	○ Yes ○ No ○ DK (Client Doesn't Know) ○ R (Client Refused) ○ DNC (Data Not Collected)	
Tribal Membership		
Are you Native American?	○ Yes ○ No	
If yes, with which Tribe are you affiliated?	○ Lower Sioux in MN ○ Mdewakanton Sioux Indians ○ Minnesota Chippewa Tribe ○ Prairie Island in Minnesota ○ Red Lake Band of Chippewa Indians ○ Shakopee Mdewakanton Sioux of MN	○ Upper Sioux Community ○ Other: _____ ○ Not Enrolled Member of Any Tribe ○ DK (Client Doesn't Know) ○ R (Client Refused) ○ DNC (Data Not Collected)

CES Household Disability Information (for household members who are not head of household)			
Relationship to Head of Household	○ Self ○ Daughter ○ Son ○ Wife ○ Husband ○ Grandson	○ Granddaughter ○ Unknown ○ Significant Other ○ Step-Daughter ○ Step-son ○ Mother	○ Father ○ Grandmother ○ Grandfather ○ Other non-relative ○ Other relative
Disability Type	○ Mental Health ○ Physical ○ Developmental ○ Chronic Health Condition	○ Alcohol Abuse ○ Drug Abuse ○ Both Alcohol and Drug Abuse ○ HIV/AIDS	
Date of Diagnosis	Month___/Day___/Year_____		
If yes to Drug Abuse, Alcohol Abuse, or Drug & Alcohol Abuse, currently receiving services or treatment?	○ Yes ○ No ○ *R (Client Refused)* ○ DK (Client Doesn't Know)		
Does your disability limit your	○ Yes		

ability to live independently?	o No
Is the disability documented	o Yes o No
Notes	

CES Household Disability Information (for head of household)			
Do you have a disability of long duration? (Collect Household Disability Information)	o Yes o No	o Don't Know o Refused	
Have you been told by a medical professional that you have a severe mental illness?	o Yes o No	o Don't Know o Refused	
Is the disability documented?	o Yes o No		
What accommodations do you require for housing due to health/disability?			

| Domestic Violence: Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you? | o Yes   o No |

Living Situation	
How many times have you moved in the past year? Enter value 0-10	
Client Location (Continuum of Care)	
County where resides	
County of (current) Primary Residence?	

SECTION 3. Client Choice:

Are you willing to live anywhere in the state?	o Yes o No
Client Preference County 1-3	1.
	2.
	3
If you are not currently living in the city/county you want to live, do you have any connections to the area?	o Yes o No
Please explain connections:	

Please note if you have a need or a preference for each of the following.	Need	Preferred	Notes
Cultural or population specific housing (tribal, HIV/AIDS, LBGT)			
Fixed Site			
GRH			
Have a Front Desk			
Mobility/Access			
Access to public transportation			
Safety			
Scattered Site			
Stay enrolled in same school district			
Sober Housing/Treatment based			

SECTION 4. Contact Information:

Phone number where you can be reached or where a message can be left	
Email where you can be reached or where a message could be left	
Alternative Contacts:	

Name	Relationship	Phone	Email

Current Case Workers/Providers that you are working with:

Provider Type	County	Agency	Worker Name	EMAIL	PHONE

Legal Criminal History	
Do you or anyone in your household have a legal/criminal history?	○ Yes ○ No ○ DK (Client Doesn't Know) ○ R (Client Refused) ○ DNC (Data Not Collected)

Relationship to HoH	Only ask for HoH you are assessing, so always answer self o Self (only ask HoH)
Offense Type	o Arson Offense o Sex Offense o Drug Offense o Violent Crime Offense o Non-violent Crime Offense
Classification	o Felony o Misdemeanor
Number of Offenses	
Date of Most Recent Conviction	Month___/Day___/Year_____
Active warrant any open criminal case?	o Yes o No
If Yes to sex offense, registered sex offender?	o Yes o No
Notes	

Income	
Income from Any Source	o Yes o No o DK (Client Doesn't Know) o R (Client Refused) O DNC (Data Not Collected)
Source of Income	o Earned Income o Unemployment Insurance o SSI o SSDI o VA Service-Connected Disability Compensation o Private Disability Insurance o Worker's Compensation o TANF o General Assistance o Retirement Income From Social Security o VA Non-Service Connected Disability Pension o Pension or retirement income from another job o Child Support o Alimony or Other Spousal Support o Other: _____
Monthly Amount	$
Receiving Income Source?	o Yes o No o DNC (Data Not Collected)

Housing Stabilization Services Questions: Based on your experience with the person you have assessed for Coordinated Entry, review the following five questions and use your professional judgement when selecting your responses.	
Housing Instability: Is the person experiencing housing instability?	o Yes o No o Unsure/Unable to Answer
Communication: Does this person need support communicating their needs to help with housing?	o Yes o No o Unsure/Unable to Answer
Mobility: Does this person need support getting around to help with housing?	o Yes o No o Unsure/Unable to Answer
Decision Making: Does this person need support in decision making related to their housing?	o Yes o No o Unsure/Unable to Answer
Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing?	o Yes o No o Unsure/Unable to Answer

From the from the current Worthington Housing Redevelopment Authority's (https://www.worthingtonhra.com/) administrative policy and procedure document.

From Deb Thompson (Section 8 Coordinator) at Worthington HRA at 507-376-9123 or debt@worthingtonhra.com.

"Waiting List Management

Each application is assigned to a position on the waiting list, which is appropriate to the applicant's housing needs, preferences, through a comparison of the applicant and all other applicants. Applicants will be ranked based on their accumulation of points for the local preferences. Applicants that receive the same number of points will be ranked based on the date and the time of each application, the oldest being ranked first and all other based on their age in ascending order.

Local Preferences:

5 points=Dependent Children (Family with dependent child(ren) under 18 years of age or

   a full-time student.)

   5 points=Elderly or Handicapped Head of Household or Spouse or Co-Head

   5 points=Near Elderly (55 or older)

   5 points=Present tenant of subsidized housing being displaced by owner or

        government action.

   *5 points=Rent Wise Course taken with date of completion *Removed preference 2/1/2015*

   15 points=Jurisdiction (living in our seven (7) county jurisdiction)

   5 points=Homeless (per HUD's definition of Homelessness)

   5 points= Victim of Domestic Violence."

"Definition of Homeless

Any individual or family who:

Lacks fixed, regular, and adequate nighttime residence AND

        Has primary nighttime residence that is:

- o *A supervised public or privately operated shelter designated to provide temporary living accommodations. (includes welfare hotels, congregate shelters and transitional housing).*
- o *An institution that provides temporary residence for individuals interned to be institutionalized (not incarcerated, i.e., jails and prisons).*
- o *A public or private place not designated or normally used as regular sleeping place for humans."*

Summary	The Southwest Continuum of Care Move Up Initiative Pilot is an effort to move stable, formerly homeless households from permanent supportive housing to independent living with Section 8 rental assistance via the Worthington MN Housing and Redevelopment Authority. The goal is to make available permanent supportive housing for currently homeless households in the region. Clients have choice and are not required to "Move Up" when eligible. A primary goal is that these transitioned households do not don't return to homelessness.
Partners	Worthington Housing and Redevelopment Authority (WHRA), Southwest Minnesota Housing Partnership (SWMHP). Southwestern Mental Health Center (SWMHC), United Community Action Partnership (UCAP), Kandiyohi County Housing and Redevelopment Authority (KCHRA), and the Southwestern Minnesota Adult Mental Health Consortium (SMAMHC).
Start Date	September 1, 2019

Households available for consideration.	**Organization Name**	**Project Name**	**Units**
	Kandiyohi County HRA	RASPC Voucher Program	Varies*
	Southwest Minnesota Housing Partnership	Homeless Voucher Program	Varies*
	Southwest Minnesota Housing Partnership	New Castle Townhomes	4
	Southwest Minnesota Housing Partnership	Nobles Square	4
	Southwest Minnesota Housing Partnership	Eagle Ridge	4
	Southwestern Mental Health Center	SWMHC HUD SHP	4
	United Community Action Partnership	Safe at Home	Varies*

Scattered-Site Units must be located in the seven-county Worthington HRA service area: Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, and Redwood counties.

Eligibility Requirements	- In a HUD Permanent Supportive Housing or Minnesota LTH/HPH unit described above. - Minimum two years in permanent supportive housing - Continuous, ongoing income-source. Unearned income (e.g. GA, SSI-SSDI) qualifies - Paid rent on time and in full every month for at least 10 of the past twelve months or in compliance with housing supports program. - Connected to needed resources and likely to be able to remain stable without case management. - Not a lifetime registered sex offender. - Never evicted from federally assisted housing for the manufacture of methamphetamine. - No drug or violent criminal activity in the last five years (PHA may make exceptions to this requirement on appeal if client can prove his or her rehabilitation). [Can appeal] - Meet Section 8 income limits and willing to pay at least $50 in minimum monthly rent.
Procedures	- When a PSH case manager believe a family is ready and eligible, they will talk with the head of household about the "Move Up" Opportunity and confirm that the household is interested. - When eligible households in scattered-site, voucher-based PSH would like to "Move Up," the case manager will confirm with the landlord/property manager that a Section 8 voucher will be accepted. - The case manager will ask if the head of household if she is on the Section 8 waiting list, and, if not, have her complete and submit a Section 8 application with assistance as needed. - The case manager will contact the WHRA Section 8 list manager (i.e. Deb Thompson) and let her know, in writing via email, that this is a "Move Up" household using form below. **The "Move Up" household will receive the next available Section 8 voucher.** - Once the transition happens, PSH case managers will notify the SW MN Coordinated Entry Priority List Manager (i.e. Justin Vorbach) of an available PSH vacancy.

Southwest Continuum of Care Move Up Initiative Pilot Application Form

Date: ___/___/_____ **Address of Unit:** _____

Instructions: Email this completed form to debt@worthingtonhra.com and copy justinv@swmhp.org on the email.

Case Manager: Please circle YES or NO for each of the statements below

YES	NO	Household unit is in Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, or Redwood county.
YES	NO	Household is in a HUD Permanent Supportive Housing or Minnesota LTH/HPH unit described above.
YES	NO	Household has been in current permanent supportive housing for two years or more.
YES	NO	Household has a continuous, ongoing income-source. Unearned income (e.g. GA, SSI-SSDI) qualifies.
YES	NO	Household has paid rent on time and in full every month for at least 10 of the past twelve months or in compliance with housing supports program.
YES	NO	Household is connected to needed resources and likely to be able to remain stable without case management.
YES	NO	There are no lifetime registered sex offenders in the household.
YES	NO	Household members have no drug or violent criminal activity in the last five years (PHA may make exceptions to this requirement on appeal if client can prove his or her rehabilitation).
YES	NO	Household meets Section 8 income limits and willing to pay at least $50 in minimum monthly rent
YES	NO	Current Landlord / Property Manager will accept a Section 8 Voucher for this household
YES	NO	Client has completed and submitted a Section 8 Application with the Worthington HRA
YES	NO	Client agrees to leave the PSH program and have Section 8 Rental Assistance without a Case Manager.

Case Manager Name & Signature	
Case Manager Phone	
Case Manager Email	

Head of Household: Please circle YES or NO

YES	NO	Client agrees to leave the PSH program and have Section 8 Rental Assistance without a Case Manager.

Head of Household Name & Signature	
Head of Household Phone	
Head of Household Email	

Landlord or Property Manager: Please circle YES or NO

YES	NO	Current Landlord / Property Manager will accept a Section 8 Voucher for this household

LL / PM Name & Signature	
LL / PM Phone	
LL / PM Email	

SOUTHWEST MINNESOTA
CONTINUUM OF CARE

working together to end homelessness

If you are facing homelessness, go to www.swmnhousinghelp.org

Continuum of Care Coordinator: Justin Vorbach 507-530-2942 or Email Justin

Policies, Procedures, Programs and Resources

SW MN CoC Charter, Policies, Procedures & Written Standards 2021

SW MN School Homeless Liaisons July 2021

HMIS Data Memorandum of Understanding with Institute for Community Alliances

Partnering with Landlords Guidebook 2019

SW MN CoC Move Up Description and Application Form

SW MN Beyond Backgrounds Information

SW MN CoC Staff Training Recommendations 2021

FY2021 Collaborative and Project Applications to Housing and Urban Development

FY2021 Notice of Funding Opportunity (NOFO) for Continuum of Care Competition

FY 2021 HUD CoC NOFO Public Posting Announcement with Local Deadlines

FY 2021 MN-511 CoC Grants Eligible for Renewal

CoC Rating and Ranking Procedure & CoC Process for Reallocation

2021 Project Ranking and Scoring Form

Development

Preservation & Redevelopment

Planning

Community Building & Engagement

Project Management

Continuum of Care

Assessments & Inspections

Affordable Housing FAQs

U.S. Department of Housing and Urban Development

Community Planning and Development

Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care
Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal
and Replacement Grants
FR-6500-N-25
11/16/2021

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CONTINUUM OF CARE

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Southwest Minnesota Continuum of Care (SW MN CoC) 2021 Local CoC Program Competition

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The Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective use of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

SW MN CoC FY 2021 Grants Eligible for Renewal			Current Budget Line Item Amounts						
Applicant Name	Project Name	Grant Number	Leasing	Rental Assistance	Supportive Services	Operating Costs	HMIS	Admin	Total ARA
ICA	MN HMIS Southwest	MN0145L5K112013	$0	$0	$0	$0	$26,000	$500	$26,500
KCHRA	Country View Place 2019	MN0144L5K112013	$0	$0	$19,078	$4,399	$0	$1,498	$24,975
KCHRA	Rental Assistance SPC3 2019	MN0165L5K112012	$0	$125,748	$0	$0	$0	$5,456	$131,204
LSS	PSH for Youth 2019	MN0186L5K112009	$0	$66,456	$26,545	$0	$0	$5,889	$98,890
SMAMHC	Finding a Home 2019	MN0264L5K112009	$0	$0	$28,973	$0	$0	$1,453	$30,426
SWMHC	SWMHC HUD SHP FY2019	MN0224L5K112006	$0	$28,560	$9,504	$0	$0	$2,134	$40,198
UCAP	UCAP RRH Consolidated FY2019	MN0143L5K112010	$0	$205,032	$82,784	$0	$0	$17,631	$305,447
UCAP	UCAP PSH M&M KANDI FY2019	MN0146L5K112013	$92,045	$0	$53,175	$0	$0	$7,212	$152,432
UCAP	Westwind Townhomes FY2019	MN0185L5K112009	$0	$70,200	$21,846	$0	$0	$4,660	$96,706
UCAP	Safe at Home FY2019	MN0187L5K112009	$0	$87,540	$15,446	$0	$0	$5,774	$108,760
UCAP	Southwest MN DVRRH FY2019	MN0439D5K112002	$0	$47,076	$27,000	$0	$1,809	$3,789	$79,674

POLICIES AND PROCEDURES

[from SW MN Continuum of Care Policies and Procedures, page 6 – 7]

CoC Project Reallocation, Ranking and Review Procedures

In the months leading up to the release of HUD's CoC Notice of Funding Availability, the CoC coordinator puts potential project applications on CoC meeting agendas. Grants may be considered for reallocation for any of the following reasons:

1. They have been underutilized and returned money to HUD.

2. They are underperforming.

3. They no longer meet the CoC's Priorities.

If reallocation is a possibility, the entire CoC is informed and a request for new project applications is announced.

Drafts of project applications will be submitted to the CoC coordinator by a date set forth by the coordinator. The CoC Coordinator will email a Timeline to Project Completion within five business days of the publication of the HUD CoC NOFA. The Project Performance subcommittee then meets at least two weeks before the NOFA application deadline. A scoring sheet, which has been approved by the CoC Board [Exhibit A] is used to rank projects. If a Committee member is from an agency that is having a project application ranked, then the CoC coordinator will find a replacement committee member for the purposes of the ranking meeting.

SW MN CoC HUD Project Ranking Form 2021

Applicant: _____ Project: _____   NEW   RENEWAL

Evaluation Criteria	Raw Number	Point Scale		Data Source	Points
		New Projects	Renewal Projects		
Chronic Homeless Emphasis: % bed dedicated for chronically homeless persons.	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	
Potential Units for Households with Children	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	
Potential Units for Youth Only Households (< 25)	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	
Housing First: Program uses a housing first model		Y = 10 pts N = 5 pts	Y = 10 pts N = 5 pts	Renewal Application	
Housing Stability: 80% maintain permanent housing for > 6 months or exit TH for PH	____% (renewals)		100% - 80% = 10 pts 79% - 41% = 5 pts ≤ 40% = 0 pts	(APR) 22a1 & 22a	
20% increased income from employment.	____% (renewals)		> 20% = 10 pts 19% - 13% = 5 pts ≤ 12% = 0 pts	APR 19 a1 and 19a2 row 1 column 9	

Southwest Minnesota Continuum of Care (SW MN CoC) 2021 Local CoC Program Competition

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This Call for Projects advises all potential applicants of the general requirements that must be met in any project application for consideration of submission to HUD through the Southwest Minnesota Continuum of Care (CoC) Local Competition.

New projects applications are welcome from any eligible and qualified applicant, including organizations that have not previously received CoC Program funding. Notify CoC Coordinator Justin Vorbach (justinv@swmhp.org or 507.530.2942) of intent to apply for a new project by Wednesday September 8, 5 p.m. All Draft Application submissions for both new and renewal projects are due by Friday, September 24, 5 p.m. for the CoC Local Competition project reviews. They are to be emailed to justinv@swmhp.org in PDF form. E-snaps is the required online application system for the HUD CoC Program national competition.

For renewal projects: PDF file first draft applications are due by Friday, September 24, 5 p.m. to justinv@swmhp.org.

For more detail, please review the Notice of Funding Opportunity (NOFO) for FY2021 Continuum of Care Program Competition (FR-6300-N-25) and the CoC Program Rule found in 24 CFR 578.

A. Funding Available

The SW MN CoC is eligible to apply for $1,095,212 for existing renewal projects and new projects created through reallocation. This amount is called the CoC's Annual Renewal Demand (ARD). The CoC is also eligible to apply for approximately $32,856 for CoC planning, $54,761 in CoC bonus funds for new projects to serve any eligible population, and $136,575 in bonus funding specifically to serve survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless under HUD Homeless Definition Category 4.

All renewal funding is for grant terms of one year, with the exception of new projects and those that include acquisition, rehabilitation, or construction.

B. New this year

Changes from previous NOFO are listed on pages 7 – 9 of the NOFO.

C. Eligible Applicants Project Component Types for the Local Competition

Eligible applicants include nonprofit organizations, states, local governments, instrumentalities of state and local governments, Indian Tribes and TDHE (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103) (TDHEs)). Public housing agencies, as such term is defined in 24 CFR 5.100, are eligible without limitation or exclusion. Grants must only provide service in the "Southwest" region of Minnesota shown on the map HERE.

Projects seeking Renewal Funds
Renewal funds are limited to the projects listed on the SW MN CoC 2021 Grant Inventory Worksheet. Eligible project component types are those defined for each renewal project through the Grant Inventory Worksheet process. Projects seeking renewal funding may not change project component type or exceed the allowed funding levels by line item. Projects may reduce budget line items, which would be considered voluntary reallocation. The CoC can also eliminate or reduce funding for these projects (involuntary reallocation) in accordance with the CoC's reallocation policy. Such changes create a reallocation fund which can be used to fund certain types of new projects described below.

All other information regarding applicant eligibility, criteria, rating can be found in Section V of the NOFO on pages 28 - 50.

D. Scoring

Local Applications will be scored and ranked using the SW MN CoC's 2021 Ranking Form.

E. Matching Funds

24 CFR 578.73 provides the information regarding grant budget match requirements. Project applicants that intend to use program income as match must provide an estimate of how much program income will be used for match. Note that the HUD Minneapolis Field Office is offering this online training on Thursday September 16 from 9:00 to 10:30: "Understanding Match

Increase your understanding about what is and what is not match, the difference between cash and in-kind match and proper documentation. Target audience for this training are Managers/Directors and Financial staff." Click HERE to register.

F. Project Applications

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- Complete, correct, and consistent Project Application, with complete and current Applicant Profile
- HUD required forms and attachments (in e-Snaps applicant profile and application)
- Project data as needed to complete the regional CoC Collaborative Application

G. Timeline

FY2021 SW MN HUD CoC NOFO Timeline to Completion

Date & Time	Event	Location	Notes
By Tuesday August 31, 5 p.m.	Call for Projects announcement email sent to all on CoC listserv	Email to CoC, Posted on CoC site and Facebook	See Collaborative Application 1E1.
By Wednesday September 8, 5 p.m.	Inform Justin of intent to apply for NEW projects.	Email justinv@swmhp.org	
Thursday, September 9, 10 – 11:45 a.m.	SW MN CoC Meeting	Online	
September 15, 10 a.m. - Noon	Application writing event	Marshall Lyon-County Library	Masks required
Thursday, September 16, 9:00 – 10:30 a.m.	Optional "Understanding Match" online training by HUD Minneapolis Field Office	Online	Register HERE.
By Friday September 24, 5 p.m.	Project application first drafts due to Justin.	email PDF to justinv@swmhp.org	
By Friday, October 1, 5 p.m.	Initial feedback on project applications sent to app writers.	Via mail from Justin to applicants	

Date & Time	Event	Location	Notes
By Friday, October 8, 5 p.m.	Project Application final drafts due to Justin.	Email PDF to justinv@swmhp.org	If there are any remaining issues on final drafts, Justin will contact you.
Wednesday, October 13, 10 a.m. - Noon	Project Ranking Meeting	Online Meeting	Justin, and other Project Performance and Review Committee Members.
Wednesday, October 13, By 11:59 p.m.	Applicants notified if their projects will be accepted and ranked, rejected, or reduced.	Email communication from Justin to applicants	
Thursday October 14, 10 – Noon.	Voting on Project Ranking & Review of Application.	CoC Meeting Online	
Wednesday, October 20, by 11:59 p.m.	Final project applications submitted via eSnaps.	eSnaps	
Friday October 29, By 5 p.m.	CoC Project Applications, Project Ranking, Project Planning Application and CoC Collaborative Application **Submitted!**	eSnaps	Justin will do this part.
Tuesday, November 16, 7 p.m.	ABSOLUTE Deadline to HUD		

H. HUD Resources and Technical Assistance

- *e-snaps* Navigation and Application Resources
- **CONTINUUM OF CARE PROGRAM COMPETITION Resource Page**
- **Southwest Minnesota Continuum of Care page** with information on local features of the FY2021 Collaborative and Project Applications to Housing and Urban Development.

Southwest Minnesota Continuum of Care (SW MN CoC) 2021 Local CoC Program Competition

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September 15, 10 a.m. - Noon	Application writing event	Marshall Lyon-County Library	Masks required
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By Friday September 24, 5 p.m.	Project application first drafts due to Justin.	email PDF to justinv@swmhp.org	
By Friday, October 1, 5 p.m.	Initial feedback on project applications sent to app writers.	Via mail from Justin to applicants	
By Friday, October 8, 5 p.m.	Project Application final drafts due to Justin.	Email PDF to justinv@swmhp.org	If there are any remaining issues on final drafts, Justin will contact you.
Wednesday, October 13, 10 a.m. - Noon	Project Ranking Meeting	Online Meeting	Justin, and other Project Performance and Review Committee Members.
Wednesday, October 13, By 11:59 p.m.	Applicants notified if their projects will be accepted and ranked, rejected, or reduced.	Email communication from Justin to applicants	
Thursday October 14, 10 – Noon.	Voting on Project Ranking & Review of Application.	CoC Meeting Online	
Wednesday, October 20, by 11:59 p.m.	Final project applications submitted via eSnaps.	eSnaps	
Friday October 29, By 5 p.m.	CoC Project Applications, Project Ranking, Project Planning Application and CoC Collaborative Application **Submitted!**	eSnaps	Justin will do this part.
Tuesday, November 16, 7 p.m.	ABSOLUTE Deadline to HUD		

H. HUD Resources and Technical Assistance

- *e-snaps* Navigation and Application Resources
- **CONTINUUM OF CARE PROGRAM COMPETITION Resource Page**
- **Southwest Minnesota Continuum of Care page** with information on local features of the FY2021 Collaborative and Project Applications to Housing and Urban Development.

Mr. Justin Vorbach
Southwest Minnesota Continuum of Care Coordinator
507.530.2942

Website for those seeking assistance related to homelessness:
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Website for CoC Agency Members:
www.swmhp.org/communities-resources/continuum-of-care/

SW MN CoC HUD Project Ranking Form 2021

Applicant: _____ Project: _____   NEW   RENEWAL

Evaluation Criteria	Raw Number	Point Scale		Data Source	Points
		New Projects	Renewal Projects		
Chronic Homeless Emphasis: % bed dedicated for chronically homeless persons.	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	
Potential Units for Households with Children	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	
Potential Units for Youth Only Households (< 25)	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	
Housing First: Program uses a housing first model		Y = 10 pts N = 5 pts	Y = 10 pts N = 5 pts	Renewal Application	
Housing Stability: 80% maintain permanent housing for > 6 months or exit TH for PH	____% *(renewals)*		100% - 80% = 10 pts 79% - 41% = 5 pts ≤ 40% = 0 pts	(APR) 22a1 & 22a	
20% increased income from employment.	____% *(renewals)*		> 20% = 10 pts 19% - 13% = 5 pts ≤ 12% = 0 pts	APR 19 a1 and 19a2 row 1 column 9	
54% increase income from sources other than employment	____% *(renewals)*		≥ 54% = 10 pts 53% - 20% = 5 pts ≤ 19% = 0 pts	APR 19 a1 and 19a2 row 3 column 9	
APRs accurately completed on time (when applicable)	Yes No		Yes = 10 pts No = 0 pts	SAGE APR PORTAL	
Participation in CoC process (# CoC meetings attended since last ranking meeting on :_____	____ Mtgs	≥ 6 = 10 pts 3-5 = 5 pts < 3 = 0 pts		Meeting Minutes	
				Page One Total	

SW MN CoC HUD Project Ranking Form 2021

Spent Funds	____% (renewals)	≥95% spent = 10 pts 90 – 94% spent = 5 pts 0% - 89% spent = 0 pts	SAGE APR	
Drawdowns		Quarterly = 10 pts Less Than Quarterly = 0 pts	APR and Agency LOCCS Records	
HMIS Data Quality in universal data elements	____% (renewals)	≥98% = 10 pts 90% - 97% = 5 pts ≤89% = 0 pts	APR	
Project Admin Costs	____%	0 – 7% = 10 pts 7.01% + = 0 pts	Application	
Referrals received through coordinated entry.	____%	100% = 10 pts <100% = 0 pts	HMIS: % of clients in program who came from Priority List	
PAGE TWO POINTS				
PAGE ONE POINTS				
TOTAL POINTS				
TOTAL POSSIBLE POINTS				
TOTAL POINTS / TOTAL POSSIBLE POINTS				

SW MN CoC HUD Project Ranking Form 2021

Equity – New Measures for 2022 Ranking and Scoring

Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Score
Equal Access	Comply with all items listed on Equal Access checklist		Fails to comply with all items listed on Equal Access checklist	0/0	4
Equity--Staff Composition	At least 20% of organization's staff identify as Black, Indigenous, or People of Color (BIPOC), and/or as LGBTQ+, and /or have experienced homelessness	10-19% of organization's staff identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	Less than 10% of organization's staff identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	0/0/0	0
Equity--Board/Leadership Composition	At least 20% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	10-19% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	Less than 10% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	0/0/0	0
Equity--Increase Overall Income	30% or more of BIPOC households increase overall income	20-29% of BIPOC households increase overall income	Less than 20% of BIPOC households increase overall income	0/0/0	0
Equity--Exits to permanent housing	At least 80% of BIPOC participants exited the program to permanent destinations.	75-80% of BIPOC participants exited the program to permanent destinations.	Less than 75% of BIPOC participants exited the program to permanent destinations.	0/0/0	0
Equity--Returns to Homelessness (12 months)	Less than 10% of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	10-15% of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	15% or more of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	0/0/0	0

3

SW MN CoC HUD Project Ranking Form 2021

Applicant: __LSS__   Project: __PSH fu YOUTH__   NEW   (RENEWAL)

Evaluation Criteria	Raw Number	Point Scale		Data Source	Points
		New Projects	Renewal Projects		
Chronic Homeless Emphasis: % bed dedicated for chronically homeless persons.	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	0
Potential Units for Households with Children	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	3 5
Potential Units for Youth Only Households (< 25)	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		Housing Inventory Chart	15
Housing First: Program uses a housing first model		Y = 10 pts N = 5 pts	Y = 10 pts N = 5 pts	Renewal Application	10
Housing Stability: 80% maintain permanent housing for > 6 months or exit TH for PH	____% (renewals)		100% - 80% = 10 pts 79% - 41% = 5 pts ≤ 40% = 0 pts	(APR) 22a1 & 22a	5
20% increased income from employment.	____% (renewals)		> 20% = 10 pts 19% - 13% = 5 pts ≤ 12% = 0 pts	APR 19 a1 and 19a2 row 1 column 9	10
54% increase income from sources other than employment	____% (renewals)		≥ 54% = 10 pts 53% - 20% = 5 pts ≤ 19% = 0 pts	APR 19 a1 and 19a2 row 3 column 9	0
APRs accurately completed on time (when applicable)	Yes No		Yes = 10 pts No = 0 pts	SAGE APR PORTAL	10
Participation in CoC process (# CoC meetings attended since last ranking meeting on :_____	____ Mtgs		≥ 6 = 10 pts 3-5 = 5 pts < 3 = 0 pts	Meeting Minutes	10
				Page One Total	65

SW MN CoC HUD Project Ranking Form 2021

Spent Funds	____% (renewals)	≥95% spent = 10 pts 90 – 94% spent = 5 pts 0% - 89% spent = 0 pts	SAGE APR	10
Drawdowns		Quarterly = 10 pts Less Than Quarterly = 0 pts	APR and Agency LOCCS Records	10
HMIS Data Quality in universal data elements	____% (renewals)	≥98% = 10 pts 90% - 97% = 5 pts ≤89% = 0 pts	APR	10
Project Admin Costs	____%	0 – 7% = 10 pts 7.01% + = 0 pts	Application	10
Referrals received through coordinated entry.	____%	100% = 10 pts <100% = 0 pts	HMIS: % of clients in program who came from Priority List	10
			PAGE TWO POINTS	50
			PAGE ONE POINTS	65
			TOTAL POINTS	115
			TOTAL POSSIBLE POINTS	155
			TOTAL POINTS / TOTAL POSSIBLE POINTS	74.2

Equity – New Measures for 2022 Ranking and Scoring

Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Score
Equal Access	Comply with all items listed on Equal Access checklist		Fails to comply with all items listed on Equal Access checklist	0/0	4
Equity--Staff Composition	At least 20% of organization's staff identify as Black, Indigenous, or People of Color (BIPOC), and/or as LGBTQ+, and /or have experienced homelessness	10-19% of organization's staff identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	Less than 10% of organization's staff identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	0/0/0	0
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Equity--Increase Overall Income	30% or more of BIPOC households increase overall income	20-29% of BIPOC households increase overall income	Less than 20% of BIPOC households increase overall income	0/0/0	0
Equity--Exits to permanent housing	At least 80% of BIPOC participants exited the program to permanent destinations.	75-80% of BIPOC participants exited the program to permanent destinations.	Less than 75% of BIPOC participants exited the program to permanent destinations.	0/0/0	0
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Applicant Name	Project Name	Score	Rank
ICA	MN HMIS Southwest	**100**	1
SWMHP	CE Services FY2021	**100**	2
LSS Willmar	PSH for Youth	74.2	3
UCAP	Combined RRH	**71**	4
UCAP	Safe at Home	**71**	5
UCAP	Westwinds	**71**	6
SWMHC	SWMHC HUD SHP	67.7	7
KCHRA	Finding a Home	67.7	8
UCAP	DV Renewal	**64.5**	9
UCAP	PSH M&M Kandi	**64.5**	10
CE Services F	Country View Place	**64.5**	11
58	RASPC	58.1	12
UCAP	DV RRH Bonus	62	13
KCHRA	CVP RA	62	14

From:	Justin Vorbach
To:	Demetri Vincze; Kristie Blankenship; Angela Larson; Angie Mateski; Brenda Freimuth (Brenda.Freimuth@swmhc.org); Gwen Chase
Cc:	Jill Bengtson; Amanda Seehusen (Amanda.Seehusen@unitedcapmn.org); Michelle Jensen; Nikki Ilgen
Subject:	RE: SW MN CoC FY 2021 Projects Accepted
Date:	Wednesday, October 27, 2021 4:43:00 PM

I must not have hit save. Here is the correct final ranking.

SW MN CoC FY 2021 Projects Accepted

Applicant Name	Project Name	Amount Applied For	Was the Project Application Accepted?	Was the amount applied for Reduced / Reallocated from Grant Inventory Worksheet?	Will the Project Application be ranked and submitted?	Rank
Institute for Community Alliances	MN HMIS Southwest	$ 23,000.00	Yes	Yes	Yes	1
Southwest Minnesota Housing Partnership	MN-511 Coordinated Entry Services FY21	$ 16,280.00	Yes	No	Yes	2
Lutheran Social Services of Minnesota	Permanent Supportive Housing for Youth 2021	$ 98,890.00	Yes	No	Yes	3
United Community Action Partnership, Inc	UCAP RRH Consolidated FY2021	$ 305,447.00	Yes	No	Yes	4
United Community Action Partnership, Inc	Safe at Home FY2021	$ 108,760.00	Yes	No	Yes	5
United Community Action Partnership, Inc	Westwind Townhomes FY2021	$ 96,706.00	Yes	No	Yes	6
Kandiyohi County Housing and Redevelopment Authority	Country View Place 2021	$ 24,975.00	Yes	No	Yes	7
Southwestern Mental Health Center	SWMHC HUD SHP FY2021	$ 40,198.00	Yes	No	Yes	8
Kandiyohi County Housing and Redevelopment Authority	KCHRA SW Support 2021	$ 30,426.00	Yes	No	Yes	9
United Community Action Partnership, Inc	Southwest MN DVRRH FY2021	$ 79,674.00	Yes	No	Yes	10
United Community Action Partnership, Inc	UCAP PSH M&M KANDI FY2021	$ 152,432.00	Yes	No	Yes	11
Kandiyohi County Housing and Redevelopment Authority	KCHRA SW County Rental Assistance 2021	$ 118,424.00	Yes	Yes	Yes	12
United Community Action Partnership, Inc	UCAP DV RRH Expansion FY2021	$ 136,575.00	Yes	No	Yes	13
Kandiyohi County Housing and Redevelopment Authority	KCHRA CVP Rental Assistance Bonus FY2021	$ 54,761.00	Yes	No	Yes	14

Southwest Minnesota Housing Partnership	MN-511 CoC Planning Application FY 2021	$ 32,856.00	Yes	No	Yes	N/A
	Total	**$ 1,319,404.00**				

Mr. Justin Vorbach
Southwest Minnesota Continuum of Care Coordinator
507.530.2942

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Website for CoC Agency Members:
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From: Justin Vorbach
Sent: Wednesday, October 27, 2021 12:23 PM
To: Demetri Vincze <demetri.vincze@icalliances.org>; Kristie Blankenship <kristieb@swmhp.org>; Angela Larson <angela.larson@unitedcapmn.org>; Angie Mateski <amateski@lssmn.org>; Brenda Freimuth (Brenda.Freimuth@swmhc.org) <Brenda.Freimuth@swmhc.org>; Gwen Chase <Gwen.Chase@kcmn.us>
Cc: Jill Bengtson <Jill.Bengtson@kcmn.us>; Amanda Seehusen (Amanda.Seehusen@unitedcapmn.org) <Amanda.Seehusen@unitedcapmn.org>; Michelle Jensen <michellej@unitedcapmn.org>; Nikki Ilgen <Nikki.Ilgen@kcmn.us>
Subject: RE: SW MN CoC FY 2021 Projects Accepted

Dear SW MN HUD CoC FY2021 Project Applicants,

Thank you for submitting your project applications. This **FINAL** table, below and attached, informs you of:

- If your project application was accepted.
- If your application was reduced/reallocated from the amount listed on the Grant Inventory Worksheet.
- If your project application will be ranked and,
- The ranking position of each application.

Thank you for your submissions. Please share this information with other staff at your agencies as you see fit.

SW MN CoC FY 2021 Projects Accepted

Applicant Name	Project Name	Amount Applied For	Was the Project Application Accepted?	Was the amount applied for Reduced / Reallocated from Grant Inventory Worksheet?	Will the Project Application be ranked and submitted?	Rank
Institute for Community Alliances	MN HMIS Southwest	$ 23,000.00	Yes	Yes	Yes	1
Southwest Minnesota Housing Partnership	MN-511 Coordinated Entry Services FY21	$ 16,280.00	Yes	No	Yes	2
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Applicant Name	Project Name	Amount Applied For				Rank
Southwest Minnesota Housing Partnership	MN-511 CoC Planning Application FY 2021	$ 32,856.00	Yes	No	Yes	N/A
	Total	**$ 1,319,404.00**				

Mr. Justin Vorbach
Southwest Minnesota Continuum of Care Coordinator
507.530.2942

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SW MN CoC FY 2021 Projects Accepted

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Total		**$ 1,319,404.00**				

October 27, 2021

CONTINUUM OF CARE
working together to end homelessness

If you are facing homelessness, go to www.swmnhousinghelp.org

Continuum of Care Coordinator: Justin Vorbach 507-530-2942 or Email Justin

Policies, Procedures, Programs and Resources

SW MN CoC Charter, Policies, Procedures & Written Standards 2021

SW MN School Homeless Liaisons July 2021

HMIS Data Memorandum of Understanding with Institute for Community Alliances

Partnering with Landlords Guidebook 2019

SW MN CoC Move Up Description and Application Form

SW MN Beyond Backgrounds Information

SW MN CoC Staff Training Recommendations 2021

FY2021 Collaborative and Project Applications to Housing and Urban Development

FY2021 Notice of Funding Opportunity (NOFO) for Continuum of Care Competition

FY 2021 HUD CoC NOFO Public Posting Announcement with Local Deadlines

FY 2021 MN-511 CoC Grants Eligible for Renewal

CoC Rating and Ranking Procedure & CoC Process for Reallocation

2021 Project Ranking and Scoring Form

Public Posting – Projects Accepted

Preservation & Redevelopment

Planning

Community Building & Engagement

Project Management

Continuum of Care

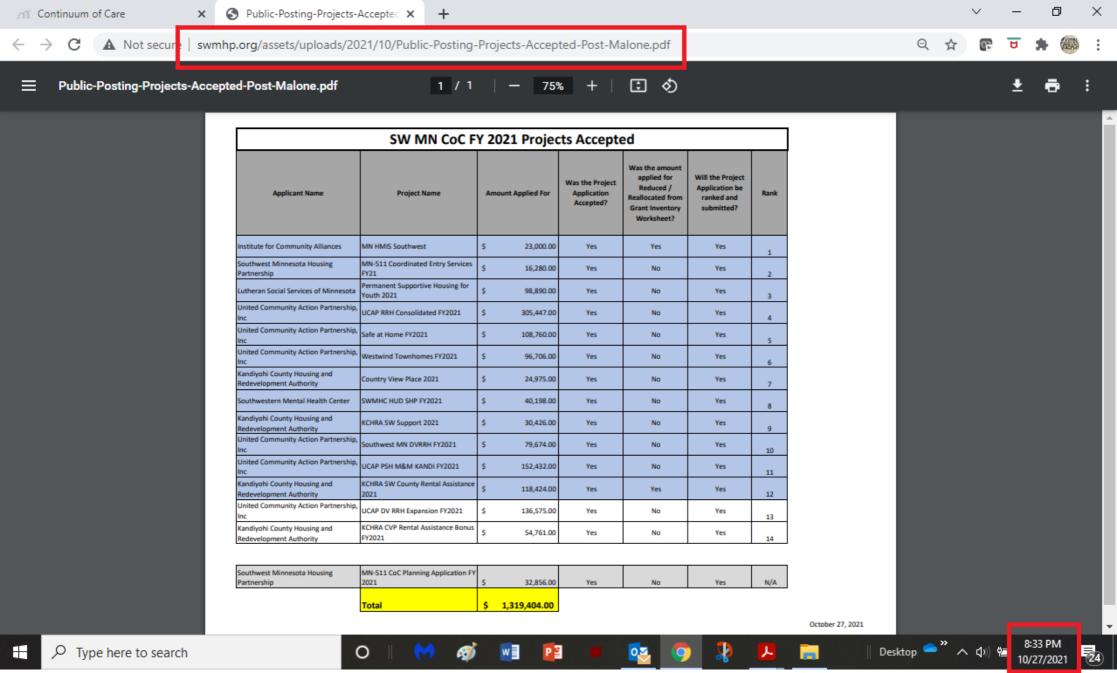Assessments & Inspections

Affordable Housing FAQs

SW MN CoC FY 2021 Projects Accepted

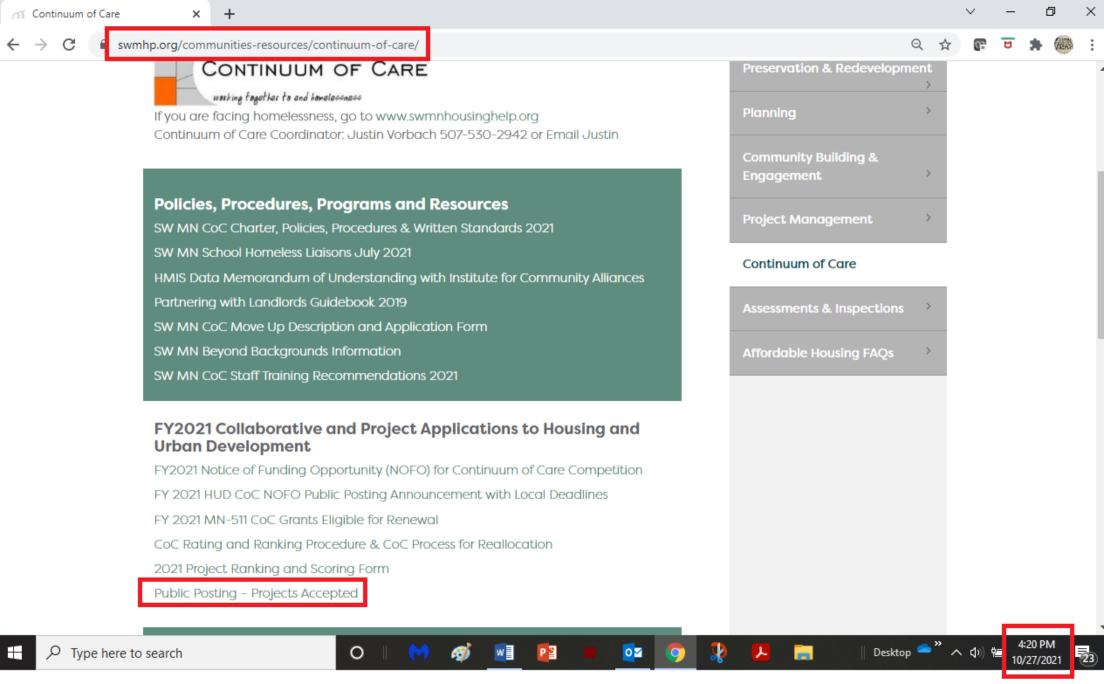| Applicant Name	Project Name	Amount Applied For	Was the Project Application Accepted?	Was the amount applied for Reduced / Reallocated from Grant Inventory Worksheet?	Will the Project Application be ranked and submitted?	Rank
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Total		$ 1,319,404.00				

October 27, 2021

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SW MN CoC FY 2021 Projects Accepted

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Mr. Justin Vorbach
Southwest Minnesota Continuum of Care Coordinator
507.530.2942

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From: Justin Vorbach
Sent: Wednesday, October 27, 2021 12:23 PM
To: Demetri Vincze <demetri.vincze@icalliances.org>; Kristie Blankenship <kristieb@swmhp.org>; Angela Larson <angela.larson@unitedcapmn.org>; Angie Mateski <amateski@lssmn.org>; Brenda Freimuth (Brenda.Freimuth@swmhc.org) <Brenda.Freimuth@swmhc.org>; Gwen Chase <Gwen.Chase@kcmn.us>
Cc: Jill Bengtson <Jill.Bengtson@kcmn.us>; Amanda Seehusen (Amanda.Seehusen@unitedcapmn.org) <Amanda.Seehusen@unitedcapmn.org>; Michelle Jensen <michellej@unitedcapmn.org>; Nikki Ilgen <Nikki.Ilgen@kcmn.us>
Subject: RE: SW MN CoC FY 2021 Projects Accepted

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Southwest Minnesota Housing Partnership	MN-511 Coordinated Entry Services FY21	$ 16,280.00	Yes	No	Yes	2
Lutheran Social Services of Minnesota	Permanent Supportive Housing for Youth 2021	$ 98,890.00	Yes	No	Yes	3
United Community Action Partnership, Inc	UCAP RRH Consolidated FY2021	$ 305,447.00	Yes	No	Yes	4
United Community Action Partnership, Inc	Safe at Home FY2021	$ 108,760.00	Yes	No	Yes	5
United Community Action Partnership, Inc	Westwind Townhomes FY2021	$ 96,706.00	Yes	No	Yes	6
Southwestern Mental Health Center	SWMHC HUD SHP FY2021	$ 40,198.00	Yes	No	Yes	7
Kandiyohi County Housing and Redevelopment Authority	KCHRA SW Support 2021	$ 30,426.00	Yes	No	Yes	8
United Community Action Partnership, Inc	Southwest MN DVRRH FY2021	$ 79,674.00	Yes	No	Yes	9
United Community Action Partnership, Inc	UCAP PSH M&M KANDI FY2021	$ 152,432.00	Yes	No	Yes	10
Kandiyohi County Housing and Redevelopment Authority	Country View Place 2021	$ 24,975.00	Yes	No	Yes	11
Kandiyohi County Housing and Redevelopment Authority	KCHRA SW County Rental Assistance 2021	$ 118,424.00	Yes	Yes	Yes	12
United Community Action Partnership, Inc	UCAP DV RRH Expansion FY2021	$ 136,575.00	Yes	No	Yes	13
Kandiyohi County Housing and Redevelopment Authority	KCHRA CVP Rental Assistance Bonus FY2021	$ 54,761.00	Yes	No	Yes	14

Southwest Minnesota Housing Partnership	MN-511 CoC Planning Application FY 2021	$ 32,856.00	Yes	No	Yes	N/A
	Total	**$ 1,319,404.00**				

Mr. Justin Vorbach
Southwest Minnesota Continuum of Care Coordinator
507.530.2942

Website for those seeking assistance related to homelessness:
www.swmnhousinghelp.org

Website for CoC Agency Members:
www.swmhp.org/communities-resources/continuum-of-care/

From:	Justin Vorbach
To:	Justin Vorbach
Bcc:	Abbie Stough; Alicia Nortrom; Amanda Seehusen (Amanda.Seehusen@unitedcapmn.org); Amy Weir (Amy.Weir@co.big-stone.mn.us); Angela Larson; Angie Mateski; Ann Cofell (acofell@mylegalaid.org); Anne Applebaum; Becci; Betty Christensen; Betty Notto (betty.notto@icalliances.org); Brenda Freimuth (Brenda.Freimuth@swmhc.org); Brian Gilbertson; Carrie Buddy (New Horizons); Carrie Erickson; Chasity Ommodt (thelinkservices@faithspicer.org); Cheryl Baumann; Choi, Ji-Young (MHFA); craig.fladeboe@smamhc.com; Cynthia Kramer; Deb Thompson; Donna Krauth; Elias, Diane (MHFA); Eriann Faris; Esping, Tony (DOC); Frank Dorsey (fdorsey61@gmail.com); Gail Jerve (gail.jerve@prairiefive.org); Gretchen Tommeraasen; Gwen Chase; Heather Jeseritz; Jane Jacobs (jane.jacobs@swmhc.org); Jen Safe Avenues; Jennifer Lamb; Jennifer Mendoza (JMendoza@clues.org); Jennifer U; Jill Pelzel; Jim Lauer - McLeod County (james.lauer@co.mcleod.mn.us); juleen.spencer@swmhc.org; Kari Voss-Drost (kari@mnswcc.org); karij@willmarshelter.com; Kasey Baker (kaseyb@willmarshelter.com); Kate Erickson (Kate.A.Erickson@state.mn.us); Katie Clarke - Worthington Schools; Kelsey Vosika; kendra@letswrap.com; Kim Lieberman; Kim Schwich (kim.schwich@usc.salvationarmy.org); Kimberly Holm; Larry Swann; Leann Stauffenecker; Lois Schmidt; Lorri Pederson (Swift Co); Luann Bosma - Volunteers in Mercy - Pipestone (luannbosma@gmail.com); Mandy; Mary Kay Thomas; Mary Sundin (marysundin@hotmail.com); Matt Traynor; McKenzie Vandelanotte - Montevideo Training and Community Center (mckenzie.c.vandelanotte.ctr@mail.mil); Michael Laidlaw; Michelle L. Jensen (michelle.jensen@unitedcapmn.org); Michelle Marotzke (michelle.marotzke@mmrdc.org); MidMN RDC Eric Day (eric.day@mmrdc.org); Mika Baer (mbaer@ucare.org); Mike Botzek; Missi Dikken; Molly Peterson MNRAAA; Monica Maher (Monica.Maher@lssmn.org); Morgan Woodbury (morgan.woodbury@state.mn.us); Nikki Ilgen; "Odegard, Brad (DOC)"; Oifwillmar@aol.com; Rebecca Lundeen (casemanager@familypromiseofkc.org); "Rhonda Buerkle"; RICHTER, JACQUELINE J; "rita.beecroft@swmhc.org"; Robin Schoep (robin.schoep@co.ym.mn.gov); Ryan Frank; Ryan Jurgenson; Sandy Tracy (sandytracy1947@gmail.com); Sara Wahl (sara@mnswcc.org); Stacy Jorgensen (stacy.jorgensen@swmhhs.com); Sue Worlds (sworlds@mac-v.org); Susan Sik; Tammy Manderscheid (TManderscheid@cityofpipestone.com); Tanya Ostenson; Tim Kolhei (tkolhei@co.chippewa.mn.us)
Subject:	RE: SW MN CoC FY 2021 Projects Accepted
Date:	Wednesday, October 27, 2021 4:29:00 PM

Dear SW MN Continuum of Care (CoC) Members,

For the FY 2021 HUD Competition, this final table, found on the CoC website HERE, shows our CoC's project applications that will be submitted, reallocated, ranked, and each projects' ranking position.

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