Before Starting the CoC Application

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

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

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

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

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-502 - St. Petersburg, Clearwater, Largo/Pinellas County CoC

1A-2. Collaborative Applicant Name: Homeless Leadership Alliance of Pinellas, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeless Leadership Alliance of Pinellas, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

	In the chart below for the period from May 1, 2021 to April 30, 2022:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

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

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

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

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

(limit 2,500 characters)

1)All CoC committee, council, and leadership meetings are publicly posted and adhere to Florida's Sunshine Law. Throughout the year, the Collaborative Applicant (CA) invites interested community members to join, issuing formal invitations via email and social media at least once annually. The CA uses email, website, social media, public announcements, and newsletters distributed to over 5,000 contacts as well as community outreach events and direct contact by CoC members. To promote membership, the CA facilitates public forums, CoC membership meetings, and educational sessions regarding homelessness and homeless prevention. 2) The CA complies with the Americans with Disabilities Act (ADA). All meeting rooms are ADA compliant. To ensure diverse participation, attendees are asked to inform the CA of any necessary accommodation. Virtual attendees are provided a number/TDD to request accommodations or accessible documents. The CoC respects and recognizes the voices of people with lived experience in its mission to end homelessness, as they are crucial to the planning, deliberation, and oversight of the homeless service system. CoC members with lived homeless experiences do not pay annual dues. To guarantee persons with lived experiences are in decision making positions, there are currently 2 designated slots for homeless/formerly homeless members on the CoC Board of Directors (BOD). The BOD functions as the local planner, overseer, and policy maker for all issues surrounding homelessness in the CoC. Furthermore, the CoC has amended its charter to include a Lived Experience Advisory Council. This standing committee – which aligns with the Funders' and Providers' Councils – will make recommendations to the CoC BOD based on personal experiences, as well as providing peer support to the community. 3) Members of the CoC's Diversity, Equity and Inclusion Committee include currently and formerly homeless individuals, the Pinellas County Office of Human Rights, domestic violence housing providers, LGBTQ+ advocates, mental health advocates, Florida Department of Juvenile Justice, the NAACP, various municipalities, Veteran Affairs, and Legal Aid Services. These and similar individuals and organizations are invited to serve on other CoC councils and committees, including the Providers' Council and Advocacy Committee. To further encourage diverse involvement, individual CoC members are offered options to pay reduced or complimentary membership fees.

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 2,500 characters)

1) The Collaborative Applicant (CA) operates under Florida's Sunshine Law, and as such, publicly posts and invites all interested parties to participate in meetings and policy making decisions. The CoC structure offers support from boards, committees, and councils, comprised of subject matter experts, public and nonprofit service providers, local funders, and elected officials. These meetings include: CoC Leadership, Providers and Funders Councils, Executive Committee, Data & System Performance and Diversity, Equity, and Inclusion Committees, and the Leadership Team to End Veteran Homelessness. More than 85 different local leaders serve on these committees to ensure collaboration, partnerships, resources, and expertise are leveraged to end homelessness. Membership is balanced for CoC area representation to cover the full geography of the continuum, target population, and area of expertise. On August 5th, 2022, the CA hosted a day-long CoC planning session which included representatives from direct service providers, local governments, healthcare representatives, faith-based communities, Housing Authorities, funders, and 9 individuals with lived experience. The primary outcomes of this session will be captured in the 15-page plan developed for the purpose of submission of the Special NOFO application and will be one of the driving forces for the CoC for future planning purposes. The CA joined the national Built for Zero movement in 2021. This community movement commits to ending homelessness one population at a time and the CoC has selected chronic homeless individuals as the first population to address. 2) Public comments, updates and announcements are encouraged and welcomed during all CA meetings. Agendas are posted and distributed in advance and minutes are recorded at every meeting convened by the CA. Minutes are approved or amended at the next meeting. 3) All strategic approaches undertaken by the CoC ensure input and feedback from a broad array of organizations. New initiatives and system improvements are discussed in committees or workgroups before being presented to the CoC Board for adoption. CA staff maintains a master spreadsheet that assembles all decisions, tasks identified, and resolutions made with input gathered during all council and committee meetings. The spreadsheet is used to develop future meeting agendas and track decisions/progress/completeness of activities surrounding all facets of homeless services.

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

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

(limit 2,500 characters)

1) The Collaborative Applicant (CA) accepts proposals from organizations not previously funded through a competitive application process. Constant Contact was used to announce the local competition to over 5,000 contacts. The application, instructions, timeline, and scoring matrix was also posted on the Homeless Leadership Alliance's (HLA) website and posted on Facebook, Instagram, and Twitter to solicit the widest range of applicants. Two reminders about the local competition were also sent within the Providers' Newsletter. Two mandatory bidder's conferences were hosted and publicized online and via Constant Contact. Review and Rank and Executive Committee meetings were also posted on the HLA's website and social media accounts and were open to the public. The CA considers all applications that meet the threshold requirements. Threshold requirements include on-time submission, verifiable 501c3 status, and completed in full application. 2) Unless other accommodations were requested, all applications were submitted via email to HLA staff. 3) To determine which project applications would be submitted to HUD, the CoC Board of Directors appointed a Review and Rank Committee. Committee members were asked to attend two training sessions before formally convening on July 15, 2022, to deliberate and score project applications. Ranking decisions were performance-based, with 74% of total points based on objective criteria (e.g., cost effectiveness, utilization rate, performance data, and type of housing proposed) and 58% based on system performance criteria. The Committee met again on August 30, 2022, to deliberate and score bonus project applications. Ranking decisions were again performance-based, with 55% of the total points based on objective criteria and 22% based on system performance criteria. Rank and Review made funding recommendations during the August 30th meeting. These recommendations were ratified by the CoC's Executive Committee on September 1, 2022. 4) The CA complies with the Americans with Disabilities Act. Individuals are directed to a phone or TTD number to request any accommodation or accessible formats of documents that are used/discussed at the posted meetings. All meetings room are ADA compliant. Additionally, potential applicants were instructed to notify HLA staff if other accommodations were needed.

1C. Coordination and Engagement

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

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

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

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

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

18.	Faith Based Organizations	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 2,500 characters)

1)The Collaborative Applicant (CA) consults ESG recipients about allocating ESG and ESG-CV funds, CoC goals, objectives and outcomes, standard performance measures, and funding priorities during monthly jurisdictional meetings. The Collaborative Applicant used these meeting to present new information from HUD and discuss data trends to identify gaps in services and determine the best possible uses for ESG-CV funding. Additionally, ESG recipients maintain seats on the CoC Providers' and Funders' Councils, who are responsible for recommending target population and funding priorities to the CoC. 2) CA staff review HMIS data at least once a month to identify trends, data quality issues, and to monitor project performance. These data reviews are then presented to the CoC's Data and System Performance Committee. CA staff conduct annual evaluations of ESG, and ESG-CV funded programs that are contracted through the CA. Results of these evaluations are shared with state and local funders. ESG projects funded through jurisdictions are evaluated annually by the ESG recipients. The CA may be consulted by the recipient regarding evaluation tools, HMIS data, Housing First standards, annual training attendance, and CoC participation. Last year, the Collaborative Applicant pilot tested joint monitoring for an ESG-CV funded project with the local funder. Provider feedback was positive, so the Collaborative Applicant updated the CoC monitoring standards to ensure joint evaluations will be conducted whenever possible. 3) The HIC and PIT reports are published on the Collaborative Applicant's website and sent to all stakeholders, including local Consolidated Plan Jurisdictions. A formal presentation of these reports is presented annually to the CoC, and PIT data is used to develop the annual CoC Gap Analysis submitted to the state and local funders, including ESG recipients. All the CoC's entitlement jurisdictions maintain seats on the CoC's Funders Council. 4) The (CA) provides quarterly reviews of CoC data trends, identified gaps in service needs, recommendations for consolidated plans, the CoC Gap Analysis, Point-in-Time, and Veteran Services reports. In FY21/22, the (CA) also provided additional information to ESG recipients on spending targets for CARES Act funds, race equity needs, investment priorities, and managing wage and capacity issues.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

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

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

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

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

(limit 2,500 characters)

The Collaborative Applicant (CA) has an agreement with the Pinellas County School District to prioritize access to education and for students experiencing homelessness. A Pinellas School Board member serves on the CoC Board of Directors and takes an active role in policy development. The Pinellas County School's Helping Educate All in Transition (HEAT) team supports the educational success of students experiencing homelessness by coordinating school, community, and family services and participating in case conferencing. There is also a HEAT Team representative on the CoC's Providers' Council. The CA also partners with the Early Learning Coalition (ELC) to provide childcare subsidies to families in shelter programs, coordinated through a MOU. In collaboration with Pinellas County Schools, the ELC, and Head and Healthy Start, the CA adopted a policy stating these local education agencies agree to assist in the identification of homeless families and unaccompanied youth. All housing programs ask about children in the household during intake to make appropriate referrals. Parents/Legal Guardians and unaccompanied youth may sign a release of information allowing a provider to speak with the education provider to coordinate services. Housing programs forward this release to education providers to start the process to enroll children in services. In 2015, the CoC adopted a "Enrollment of Children into School or Early Childhood Education" policy. The policy states that all providers working with homeless families will ensure that all preschool and school-aged children in their programs are enrolled in school or early childhood education programs, and that the providers will facilitate their regular attendance and participation to the greatest extent possible. This policy further states that the service providers working with school-aged children and their families will coordinate with the HEAT Team. This ensures a strategic, system-wide response to educate homeless children and unaccompanied youth, as required by the McKinney-Vento Act. The CoC Written Standards also require all housing projects to include information about client rights and access to public education in their intake procedures. Additionally, the CoC's Coordinated Entry Policies and Procedures require all participant advocates, including the Pinellas County School System, to be included in case conferencing for children/youth.

| 1C-4b. | Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. | |
| | NOFO Section VII.B.1.d. | |

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

(limit 2,500 characters)

The CoC policy "Enrollment of Children into School or Early Childhood Education" requires all Pinellas housing providers to ensure all pre-school and school age homeless children in their programs are enrolled in school or early childhood education programs. It also requires providers to facilitate regular attendance and participation by the children in their education programs. This policy states providers working with school age children and their families will coordinate with the Pinellas County Schools Helping Educate All in Transition (HEAT) staff to ensure that the McKinney-Vento Act, (MVA) rights and services are provided to these children in accordance with federal law and school board policy. Providers cannot refuse to provide housing services because of a family's choice to not utilize HEAT services. During intakes, providers must gather information including the grade level of children, school the children are attending or last attended, transportation method to get to and from schools, needs to participate in school appropriately, referral to HEAT team, and school-based services needed. Providers may forward a release of information to school districts/early childhood education providers to assist in enrollment in education services. Providers are responsible for notifying families that children will attend their school of origin or zoned school per MVA, in coordination with school district/early education program policies. Providers are responsible for educating households of their MVA rights and available services to ensure barriers such as enrollment delays caused by immunization and medical requirements, residency requirements, lack of birth certificates, or other documentation are eliminated in accordance with federal law and school board policy. To increase parent engagement, shelters and housing programs will allow households flexibility in participating in school related activities. The Collaborative Applicant also maintains a MOA with the Early Learning Coalition of Pinellas County and collaborates with the Florida Department of Children and Families to ensure pre-school age children are enrolled in school readiness services and childcare. Case managers are trained to complete referrals for school readiness services and connection to the Early Learning Coalition for school readiness and childcare resources.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	Yes
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	Yes
8.	Public Pre-K	No	Yes

9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

	1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers.	
		NOFO Section VII.B.1.e.	

		Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:
	1.	update CoC-wide policies; and
	2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1) Coordinated Entry policies and procedures were updated in August 2022 to include a new safety planning and risk assessment for domestic violence (DV) survivors, new Coordinated Entry access points for survivors, mobility transfer plan for housing safety issues, and procedure for how to make referrals for survivor services and assistance. The CoC written standards encompass system-wide coordination requirements to including integration with programs for DV survivors. The written standards include safeguards to meet the safety and shelter needs of survivors and are updated annually. The next update is slated for January 2023. The CoC's HMIS policies and procedures, updated in February of 2022, prohibit entering protected personal information into HMIS, specifically related to survivors. 2) In 2021, the Collaborative Applicant provided technical assistance consisting of a nine-month intensive curriculum to train providers on a variety of Housing First topics, including Trauma Informed Care, Harm Reduction, and Cultural Competency. These training courses were recorded and available through the Collaborative Applicant's website. New case managers and support staff are provided the training links and slides. The Collaborative Applicant coordinates annual training on Fair Housing Fundamentals, LGBTQIA+ inclusion, unconscious bias, and DV survivor assistance. These courses are mandatory for all CoC and ESG funded projects. The Collaborative Applicant also conducts annual monitoring of CoC and ESG funded projects to ensure providers are conducting trauma-informed practices and following CoC policies and procedures when working with survivors. Monitoring includes a review of case plans, case management documentation, staff training logs, leases, and project participant agreements. All CoC providers are connected to DV educational services through the Providers Council, as well as the CoC's Diversity, Equity, and Inclusion and Data and System Performance Committees.

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

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

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

(limit 2,500 characters)

1)The Collaborative Applicant ensures all CoC providers receive annual training that addresses best practices in serving survivors of domestic and dating violence (DV), sexual assault, and stalking. Both state certified DV centers in the CoC offer information and provide education to help professionals recognize the warning signs of domestic abuse and to facilitate discussions about having sensitivity to the needs of survivors. All staff members who supervise, coordinate, or provide direct advocacy or counseling services to survivors and their children must complete 30 hours of annual training. (Florida Statute Section 90.5036). The state also requires all direct service staff and volunteers to receive 16 hours of annual training in DV, child and elder abuse, or other issues pertinent to providing quality services to domestic violence survivors and their dependents. All DV training utilizes empowerment-based, trauma-informed, hope-centered & solution-focused techniques. Both of our CoC's state certified DV centers subscribe to an empowerment philosophy which closely mirrors Housing First. CoC and DV providers collaborated to develop a parallel Coordinated Entry system for DV survivors and their families. This system ensures the guiding principles of providing equal access, utilizing a standardized assessment, and prioritizing placement and referral to services the participant choses are implemented while safeguarding the privacy and safety of survivors. In collaboration, a process for closed case conferencing was developed, and the process has continued to operate much the same way it was designed. 2) Coordinated Entry staff also receives trauma-informed care, motivational interviewing, and cultural diversity training. Coordinated Entry training is offered quarterly throughout the year and is open to all agencies, including DV partners, to address unique population needs including how to access and protect DV services.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1)The two state-certified domestic violence (DV) centers in the Pinellas County CoC use the Osnium database, which is administered by the Florida Department of Children and Families, to manage data. Osnium is an HMIS/HUD comparable database consistent with HMIS Data and Technical Standards & meets the Homelessness Prevention and Rapid Re-housing Program reporting requirements. The database is equipped with the ESG CAPER and APR reports exportable in CSV format for uploading to the SAGE portal. De-identified, aggregate data includes demographics, income, and employment status. DV center staff provide qualitative information via non-identifiable personal success stories. Though not using the software, DV staff attend HMIS training for housing providers, to gain a better understanding of the reports, to ensure quality of the data and to better understand the data needs of the CoC. DV HMIS policies address the need to protect survivors of DV who may be accessing services from non-DV providers. 2) DV data is regularly reviewed in the CoC's Data and System Performance subcommittee, which is responsible for designing the performance outcome and evaluation system, reviewing performance reports on consumer data, identifying areas needing improvement and monitoring outcomes. DV providers are also monitored annually by CoC staff, utilizing the same standards used for other providers, including review of the APR generated by the comparable database. The APR is reviewed during project renewal process and by the Review and Rank Committee to determine funding decisions. Statistics and trends including the Statewide DV Victim Totals by Relationship and by Offense, as well as Total Reported DV Offenses, and Type of Offenses by County are also tracked through the Florida Department of Law Enforcement. Staff at each of the DV centers are experts in reviewing Osnium data and working with survivors of DV to identify household needs and suitable community resources and provide empowerment and advocacy while maintaining strict confidentiality. Using this data, Coordinated Entry staff meet monthly with DV providers to review the needs of DV survivors waiting for housing assistance. During these meetings, survivors are prioritized based on their VI-SPDAT score and safety issues. The DV projects build safety plans based on trauma-informed, victim-centered practices and are inclusive of emergency transfer information.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	the emergency transfer plan policies and procedures; and
2.	the process for individuals and families to request an emergency transfer.

(limit 2,500 characters)

1) The Pinellas County CoC has multiple housing programs operated by the local state-certified domestic violence (DV) center, which also provides DV specific guidance for other housing providers. In accordance with the Violence Against Women Act (VAWA) and based on the HUD model for emergency transfer, the CoC developed a plan for tenants who are DV survivors to request an emergency transfer from their current unit to another unit. The ability to honor such request for tenants currently receiving assistance may depend upon a preliminary determination that the tenant is or has been a victim of DV, if there is another unit that is available and is safe to offer the tenant for temporary or more permanent occupancy and if the tenant is eligible for the new unit. If there are no units available with the DV center provider, the CoC will assist the tenant in identifying other housing providers who may have safe and available units. 2)If a tenant believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. To request an emergency transfer, the tenant will be instructed to submit a written request including a statement expressing that the tenant believes there is a threat of imminent harm if they were to remain in the same unit or a statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding their request for an emergency transfer. All housing providers encourage survivors to contact the National Domestic Violence Hotline at 1-800-799-7233 or SMS: Text START to 88788, or the state of Florida hotline at 800-500-1119 for referral to a local domestic violence shelter and for assistance in creating a safety plan. The local domestic violence center that works in conjunction with the CoC is Community Action Stops Abuse, Inc (CASA). The CoC and housing providers will keep confidential any information that the tenant submits in requesting an emergency transfer, including the location of the new unit and information about the emergency transfer, unless the tenant gives written permission to release the information on a time limited basis.

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

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

(limit 2,500 characters)

The CoC has identified a specialized DV access points at CASA, located in the southern region of the CoC, and Hope Villages of American's Haven, located in the northern region of the CoC, to ensure survivors of DV receive appropriate housing and supportive services to resolve their housing crisis. These DV shelter providers conduct the initial CE Assessment to determine acuity for housing program prioritization and immediate needs. If a participant needs the confidential nature of DV services, they continue to work with the agency. If they do not require DV specific services, the consenting survivor will be referred to the CoC lead agency through a confidential referral process to be placed on the Prioritization List. If a client or household is a victim of domestic violence and presents for intake at a non-victim service provider, they will be connected to homeless shelters and housing options that are best equipped to serve survivors of DV and their children based on their location, program model, and linkages to other supportive services. The CE system includes two domestic violence hotlines; one of which is staffed by CASA (727-895-4912) and the other by the Haven (727-442-4128), both operated 24 hours a day, seven days a week. Hotlines provide an initial lethality assessment, followed by linkage to support services and proper housing interventions. All persons have access to these hotlines regardless of which access point they initially contact for services and assistance. Though CASA is the only DV provider in the CoC that offers Rapid-Rehousing, Permanent Supportive Housing and Transitional Housing projects, the Haven and CASA have a strong working relationship to ensure that if a survivor presents to the Haven, there is a quick, confidential, and safe referral process for CASA housing services. The Collaborative Applicant and CASA have also developed a confidential referral process through CE for consenting survivors should they enter at a non-DV access point and receive mainstream services initially. A monthly meeting is held with the CE Manager and CASA Housing Program Supervisor to ensure that referrals were completed, and a housing plan is in process.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1)The CoC partners with local victim service agencies to ensure that training for relevant staff is provided by informed experts on domestic violence (DV), dating violence, sexual assault, stalking, and human trafficking. All CE staff are trained in the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including handling emergency situations at an access point, whether a physical or virtual location. Victim service providers within the CoC utilize the same CE Assessment to ensure the coordinated entry process addresses the participants' physical and emotional safety and confidentiality needs. The CoC has two designated access points, CASA and The Haven, to ensure safe access to homeless resources. Other providers are knowledgeable of these access points and procedures to connect survivors safely and confidentially. 2) The HLA and CASA created a CE referral system for DV survivors to ensure safe and confidential CE transfers between us. All DV policies for safety, planning and confidentiality are outlined in the CE Policies and Procedures, which also include a DV Emergency Transfer Plan. The CoC works closely with DV providers to ensure that policies and procedures are accurate and appropriate for survivors. All policies and procedures are approved by the HLA Provider's Council, which has representation from CASA and the Haven, as well as the Board of Directors before going into effect. 3) Non-profit organizations whose primary mission is to provide services to victims of domestic violence, dating violence or stalking are unable to enter Protected Personal Information (PPI) into HMIS. If a participant first enters the CE system without identifying history or current episode of DV and is entered into HMIS, but then presents with that information after, the HMIS System Administrator will immediately lock the client profile to protect client information and will be removed from the public facing Prioritization Lists. Consenting clients will be referred to a DV provider utilizing the confidential referral system created by the HLA and CASA. A protected online referral form that contains minimal client information, such as name and CE assessment score is sent via encryption to CASA so the client can be enrolled in their CE system. After referral, the client can sign a Release of Information with CASA to be able to gather more information from the CE system.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–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 LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

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

Describe in the field below:

	1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
	2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
	3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1)The CoC annually updates its anti-discrimination policies and procedures. Various CoC Committees, including the Funders' and Providers' Councils review these policies and provide feedback prior to them being submitted for approval by the CoC Board of Directors. The CoC also asked the Pinellas County Office of Human Rights to review the policies and provide additional feedback. The CoC's Diversity, Equity, and Inclusion Committee (DEI) may provide updates to these policies throughout the year based on unmet needs and identified gaps and changes in federal, state, and local laws. 2) The DEI Committee is responsible for assisting providers in developing project-level anti-discrimination policies, consistent with CoC-wide policies and procedures. DEI meetings are open to the public and offer quarterly technical assistance sessions on inclusion policies and procedures to all providers. 3) In addition to annual updates, DEI regularly reviews CoC inclusion policies and procedures for potential gaps. DEI includes LGBTQIA+ advocates, as well as lived experience representatives, who provide regular updates to the committee on potential gaps. The CA also conducts annual reviews of CoC and ESG-funded projects' inclusion policies and procedures. 4) If gaps are found during these reviews, immediate technical assistance is provided by the CA. These issues are also brought to DEI so they may be used to help strengthen CoC policies. Non-compliance is reported to the CA. The CA conducts a review of the reported situation, policies and procedures, and recommends a course of action. The CEO of the CA and provider organization is notified prior to reviews being conducted and based on the severity of the report, the Executive Committee of the CoC may also be notified. The course of action could include notification of local funders if it is a CoC or ESG-funded project and a corrective action plan may be enacted. Corrective Action plans are monitored by the CoC's Data and System Performance Committee. Any project placed on a Corrective Action plan during a fiscal year will lose points on their renewal or new applications for CoC-Funding.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Pinellas County Housing Authority	12%	Yes-Both	Yes
St. Petersburg Housing Authority	13%	Yes-Both	No

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

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

(limit 2,500 characters)

The largest Public Housing Authority in the Continuum of Care (CoC) - the Pinellas County Housing Authority (PCHA) – and the second largest – the St. Petersburg Housing Authority (SPHA) - have a long demonstrated and successful history of having a homeless admission preference and willingness to collaborate with HLA. Currently, the Chief Executive Officers of the PCHA and SPHA are voting members of the CoC's Board of Directors. In the past year and half, both agencies worked with The Homeless Leadership Alliance to implement a standardized referral process for Mainstream and Emergency Housing Voucher programs. For both programs, a Memorandum of Understanding was formalized to outline the procedures and responsibilities of the PHA and the CoC Lead Agency. PHAs also drafted policies for those programs, which were approved by the Chief Executive Officers and presented to their respective boards for approval and are still actively in place. For both programs, a standardized referral process via the Coordinated Entry system was created and successfully executed for all allotted vouchers in CoC, which remains in place currently for any vouchers that returned to the CoC for unsuccessful housing. The CoC and PHAs identified agencies serving homeless households through emergency shelter, Rapid Rehousing, Permanent Supportive Housing and Eviction Diversion programs to ensure those with homeless history were prioritized for admission. In light of the Supplemental NOFO to address unsheltered homelessness, the PHAs and the CoC have committed to continuing to work with the Continuum of Care to develop a prioritization plan for those with the highest service needs and pair Stability Vouchers with Continuum of Care-funded supportive services through the Coordinated Entry process. Should Stability Vouchers be provided to the agencies through the Supplemental NOFO, these commitments will be further formalized through a Memorandum of Understanding and the program structure will align with the successful structures from the other voucher programs.

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	EHV

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	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.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
Pinellas County H...
St. Pete Housing ...
Clearwater Housin...

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

Name of PHA: Pinellas County Housing Authority

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

Name of PHA: St. Pete Housing Authority

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

Name of PHA: Clearwater Housing Authority

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

	Select yes or no in the chart below to indicate whether your CoC actively coordinates 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	No
2. Health Care	Yes
3. Mental Health Care	No
4. Correctional Facilities	Yes

1D-2.	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 2022 CoC Program Competition.	15
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 2022 CoC Program Competition that have adopted the Housing First approach.	15
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

	Describe in the field below:
1.	how your CoC evaluates every recipient–that checks Housing First on their Project Application–to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1)The Continuum of Care (CoC) passed a Housing First Resolution in 2016 and reauthorized it in 2019 to include updated terminology from HUD, new Coordinated Entry language, and new U.S. Interagency Council on Homelessness strategic planning initiatives. As part of the reauthorization, the CoC instituted a requirement that a Housing First/Low Barrier Survey be included in applications for all local private, public, HUD, and ESG funding opportunities to assist in the documentation of an organization's fidelity to the Housing First approach. This fidelity is assessed as a factor in the review and rank of applications for HUD funding. Prior to submitting applications to the Review and Rank Committee, Collaborative Applicant staff review the questionnaire and compare the responses to the organization's most recent monitoring results. Discrepancies are noted on the Review and Rank scoring matrix. 2) The 25-question survey asks agencies how their programs ensure rapid placement and stabilization in permanent housing and verifies that services are optional and offered without any preconditions. The survey also asks if projects prohibit any members of a household based on age, gender, biological relationship and/or marital status from residing together, if the project excludes any family composition types, and if project participants are required to be placed in accordance with their sex assigned at birth, perceived gender, or are required to prove their gender identity prior to receiving services. The survey provides a narrative section to describe any challenges that prevent the project from implementing Housing First, which the Collaborative Applicant uses for technical assistance. 3)Housing First evaluations are conducted annually through an administrative review of policies and procedures for all CoC and ESG funded projects. Client file evaluations are conducted with reviews of housing plans, case management documentation, and intake paperwork. Through this evaluation, the Collaborative Applicant can identify programs who may have Housing First barriers and can offer technical assistance to ensure compliance with the CoC Housing First Resolution. Additionally, the CoC's Coordinated Entry policies ensure the assessment, referral, navigation, and diversion processes uphold best practices in Housing First. All projects participating in Coordinated Entry are trained in Housing First requirements and technical assistance is provided by the Collaborative Applicant.

1D-3.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,500 characters)

1) Pinellas County Street Outreach (SO) team's efforts are focused on one main goal: supporting persons experiencing homelessness in achieving shelter placement or some form of permanent, sustainable housing. SO teams are trained in Diversion and use motivational interviewing and trauma-informed care practices. SO teams utilize comprehensive, universal, triage assessment tool to make an informed and objective decision regarding the type of crisis intervention needed to address immediate needs for safety through housing and /or Emergency Shelter. SO teams target four high-need groups of people experiencing literal homelessness: residents living with severe needs to include persistent mental illness and /or substance misuse disorders, adults 60+ years of age, unaccompanied youth, and families with minor children. 2) The CoC has 5 SO teams serving 100% of the geographical area for individuals 60+ and unaccompanied youth. Targeted SO work with jurisdictions and use heat maps to target areas of the CoC with the highest counts of unsheltered homeless. 3) Targeted SO staff work full-time, although their hours vary, Monday through Friday. Youth SO and jurisdiction outreach days vary. Approximately 70-80% of a SO Team's time is spent in the community directly assisting the literal homeless. 4)SO Teams make repeat contact with unsheltered homeless to develop the rapport necessary to further their engagement in the services. They assess, address basic needs, provide linkage to services, follow up, track and advocate, and encourage connections to permanent housing options. SO Teams are encouraged to utilize community partners and resources to the greatest degree possible. Our CoC has a new dispatchable street outreach pilot program for unsheltered adults ages 62+ years old. This pilot aims to assist one of our most vulnerable populations with access to shelter, housing, and other critical resources to provide safety and stability. This pilot utilizes the Relational Outreach and Engagement Model which emphasizes the importance of being able to offer support to those experiencing homelessness in tandem with other traumatic experiences. The CoC also has dedicated SO for unaccompanied youth that is dispatchable throughout 100% of the service area. One jurisdiction is piloting the use of emergency medical services paired with SO to target unsheltered with high sever needs, the goal is to replicate this model within the smaller jurisdictions within the CoC.

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

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

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		
	Implemented Jail Diversion Program	Yes	Yes

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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	665	636

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

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

(limit 2,500 characters)

1) Collaborative Applicant (CA) offers CoC-wide annual training through the Florida Department of Children and Families (DCF) on mainstream benefits and how to assist the homeless and at-risk in applying for aid. CA staff attend DCF meetings where updates on mainstream benefits, including SNAP benefits, TANF, and Medicaid are provided. Each CoC provider has at least one benefits expert(s) on staff who is charged with staying current on benefit criteria and is responsible for staff training on benefit eligibility and application processes. 2) The CoC collaborates with several healthcare organizations including the Health Care for the Homeless Program (HCH), EVARA (FQHC), and several hospitals, crisis stabilization units, and treatment facilities. HCH provides primary care and an array of specialty care services including dental, substance use, mental health, prevention, screening, and more to over 2,000 homeless individuals annually. HCH also provides a mobile medical unit that travels throughout the CoC homeless shelters and drop-in sites 5 days a week and a Street Medicine team who targets homeless encampments. HCH also manages a clinic offering primary care and dental services on-site 6 days a week. HCH employs a Certified Application Counselor (CAC) to assist patients with obtaining health care coverage. CACs are certified to provide information to consumers about qualified health plan (QHP) options and insurance affordability programs and to assist consumers in applying for coverage in a QHP and insurance affordability programs. CACs also help facilitate enrollment of eligible individuals in QHPs and insurance affordability programs. When patients inquire about service eligibility, staff assess the individual's current situation and educate consumers about the full range of coverage options available, such as QHPs through the Exchange, and other local, state, and federal programs that they might be eligible for. Once the consumer's needs and eligibility factors are determined, staff assist the consumer with the application process. 3)The CA offers CoC-wide annual SOAR training. Additionally, the CoC has a contracted provider that engages homeless individuals or individuals at risk of homelessness who have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder that would qualify for SSI/SSDI. That provider assists eligible individuals with applying for SSI/SSDI benefits utilizing the SOAR model.

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

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

(limit 2,500 characters)

The Pinellas County CoC lacks sufficient shelter space for families and sheltering every family is not currently feasible even though we strongly believe everyone deserves to be sheltered. Since January 2022, 217 households have been placed in non-congregate shelter (NCS), there have been 78 positive exits, and 65% of those exiting shelter moved into Permanent Housing. The Supportive Services for Veterans (SSVF) program provides NCS for Veterans in need of alternative shelter opinions. During COVID-19 quarantine periods, local funders assisted with additional hotel/motel costs, when no appropriate emergency shelter was available. These funds paid for a hotel/motel room directly or through a hotel/motel voucher. Currently, families are prioritized for NCS using the Family Shelter Assessment. The assessment prioritizes families based on disabilities, ages of children, and medical complexities to determine the household's level of immediate shelter needs. The assessment was collaboratively created with input from local funders and providers and is completed in the Homeless Management Information System. Since the Family Shelter Prioritization process began, the largest family emergency shelter has closed to become affordable housing, and two NCS programs are slated to close at the end of September. In response to these closures, local funders have supported the addition of new NCS. There are currently three family shelters operational in the CoC with capacity for 27 families, and five NCS programs with capacity for 86 families. A new NCS with capacity for 12 families is slated to open in September. The SSVF project currently is operating 70 NCS beds.

| | ID-8. | Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases. | |
| | | NOFO Section VII.B.1.o. | |

		Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
	1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
	2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1)Comprehensive Emergency Management Plans are updated annually by providers, and the CoC's Written Standards were updated and formally adopted in 2021 due to COVID-19. The CoC also works with the Department of Health (DOH), Emergency Management, and Human Services to update its infectious disease policies and procedures. DOH is the lead emergency management response agency for public health outbreaks, and its Epidemiology Department monitors potential outbreaks in the CoC. 2) The CoC developed communication protocols with homeless service and medical agencies to provide infectious disease care and prevention to individuals in need, and ongoing trainings, drills, and exercises are offered. The CoC worked to prevent infectious disease outbreaks among those experiencing homelessness, by collaborating with Pinellas County's Healthcare for the Homeless program and non-congregate shelters to provide PPE, vaccines, testing, and treatment to vulnerable populations. The Healthcare for the Homeless program – which includes both stationary and mobile offices – provides primary and specialty care to people experiencing homelessness, preventing infectious diseases through services such as vaccines and medication to those who have contracted an illness. The County hired a DOH community liaison to assist homeless service providers in mitigating the risk of COVID transmission. They also completed in-person infection control assessments with long-term shelters, group homes, and Cold Night Shelters. Shelters incorporated mitigation strategies into daily operations, allowing them to rapidly identify COVID infections and work with DOH to facilitate isolation measures. To prevent harm to public health and safety, the County and DOH provide prophylaxis to vulnerable populations as needed (i.e., dangerously contagious/infectious diseases or situations that pose substantial probability of death, long-term disability, or future harm in the affected population). In collaboration with the County and DOH, the CoC distributes vital PPE – including masks, face shields, hand sanitizer, gloves, and cleaning supplies to providers and clients. Testing and vaccination efforts for COVID and other infectious diseases were established in shelters, various homeless street sites, and Cold Night Shelters. COVID testing was also available to providers to help mitigate infections.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	

	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:
1.	sharing information related to public health measures and homelessness, and
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1) Communication between healthcare, street outreach, shelter, and housing providers increased during COVID-19. Effective communication is vital to ensuring that providers are equipped to prevent and limit infectious disease outbreaks. As such, information is shared via emails, newsletters, meetings, trainings, pamphlets, and written policies and procedures. Through collaboration between the DOH, Emergency Management, and CoC leadership, providers receive frequent updates regarding best practices, current and potential outbreaks, and vaccine and testing availability. To ensure this important information reaches people experiencing homelessness, street outreach teams and shelter and housing providers regularly distribute educational pamphlets, vaccine and testing information, PPE, and other necessities. In addition, new information, resources, and best practices are shared and implemented as available. 2) The CoC facilitates communication between healthcare professionals and CoC member organizations including the Department of Health in Pinellas (DOH), Emergency Management, Human Services, shelter and housing providers, street outreach teams, other service providers and the public. Since the start of the COVID-19 pandemic, these efforts have improved. The DOH adheres to its Emergency Operations Plan (EOP), which provides an all-hazards approach to managing emergencies, outlining roles and responsibilities necessary to prepare, respond, and mitigate negative impacts to the public. One such plan is the Communicable Disease Plan, in which DOH-Pinellas must lead efforts to prevent a countywide infectious disease outbreak or emergency. The DOH's Department of Epidemiology works with Infection Control Practitioners, laboratories, and private medical providers and is charged with ensuring that disease testing and reporting complies with all requirements. The CoC works alongside the Department of Epidemiology to communicate official information with providers, clients, and the public as needed. Information is shared via the CoC's Written Standards, CoC Councils, Committees, and membership meetings, and email, social media, monthly newsletters, Emergency Management alerts, and trainings hosted by the DOH. These methods of communication reach hundreds of thousands of Pinellas County service providers and residents.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1)The Coordinated Entry System covers 100% of the CoC's geographic area through emergency shelter, street outreach, HLA Family and Veteran Navigation and service center access points. 2) The same assessment is used at all access points for all household types. The CoC utilizes the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as the standardized assessment tool. Individuals entering emergency shelters are assessed within 72 hours if they have HMIS history within the last 6 months or are assessed after 14 days if they have not been entered into HMIS in 7 months or longer. If the client appears to have severe service needs, the assessor has discretion to assess immediately. Families who enter emergency shelter are assessed within 72 hours. Individuals who encounter Street Outreach are assessed on their 3rd encounter unless the client appears to have severe service needs and families are assessed on the first encounter. Participants may freely decide what information to provide during the assessment but are made aware if they choose not to answer specific questions, they may be ineligible for some services, or it may adversely affect their position on the prioritization list. Once the client has been assessed, they are placed on the respective Prioritization List for Families, Adult Only Households or Veterans and are prioritized by assessment score and tiebreakers. The CoC has determined tiebreaks to be sections D, B, and C of the VI-SPDAT as well as chronic status, Veteran status and length of time homeless. Case conferencing is held on a monthly basis for families and adult only households, and bi-monthly for Veterans where providers can advocate for appropriate interventions. The CoC also created a Mobility Policy to ensure that if there is a change in client service need, providers can submit requests for more appropriate interventions, for which clients are prioritized. 3) Over the past year, the CoC convened a Coordinated Entry Assessment Workgroup with community providers from various professional backgrounds and persons with lived experience to create a fair and equitable CE assessment. A private consultant was hired to do an equitable review of prioritization assessment tools around the country to inform our work on a new assessment. The new assessment is currently in pilot phase. The workgroup will be re-convened to analyze assessor and client feedback and the assessment will be regularly updated.

| | 1D-9a. | Program Participant-Centered Approach to Centralized or Coordinated Entry. | |
| | | NOFO Section VII.B.1.p. | |

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

(limit 2,500 characters)

1)The CoC CE process encompasses a broad range of organizations to include, ESG/CDBG recipients, Veteran Affairs, Pinellas County Schools, numerous mental and behavioral health providers, and the Pinellas Sheriff's Department. Our CoC recognizes seniors may not have the technology or means to connect to resources, therefore we are piloting a specialized dispatchable street outreach (SO) team for seniors 62+. The CoC maintains a dedicated SO team for youth and unaccompanied youth. SO uses heat maps created from the 2022 Point-in-Time count to target exact locations in the CoC with high counts of unsheltered homelessness, reaching chronically homeless who would not present at emergency shelters or call local 211 for resources. A local EMS team is piloting SO to target unsheltered homelessness for those with severe service needs, which could pave the way for other emergency service departments. 2) The CE process ensures those with the highest vulnerability and need are prioritized, utilizing the VI-SPDAT to measure client vulnerability. Once assessed, heads of households are placed on CoC's Prioritization list in order of vulnerability, which includes length of time homeless, chronicity, and Veteran status. Case conferencing is used to support persons whose assessment results do not correspond with presenting vulnerabilities. 3) Housing projects notify the CE Manager when there is capacity for new referrals. The CE Manager refers to housing based on the prioritization list. Clients are notified of options for housing assistance and can choose a program best suited for their needs. In 2023, the CoC will move to a referral "push out" system, using HMIS to establish housing capacity, rather than the current "pull in" system. 4)To reduce the burden of CE, unsheltered Veterans and families with minor children are provided light-touch case management services. All providers are trained in CE and each access point has a knowledgeable person to explain CE to clients. Case managers are trained to rephrase VI-SPDAT questions using language clients comprehend. The CoC is currently pilot testing a new CE assessment that was designed by CoC providers and individuals with lived experience. The CoC also created system flows that follow a decision tree template to simplify the homeless service system. They use language that can be easily understood by both providers and clients to route clients to Permanent Housing as efficiently as possible.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	03/01/2021

1D-10a.	Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

		Describe in the field below:
	1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
	2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1)The Diversity, Equity, and Inclusion Committee (DEI) executed the research process for the FY21 Racial Disparities Study, with a mixed-method of quantitative data from HMIS, Point-in-Time (PIT), Pinellas County Sheriff, and City of St. Petersburg and qualitative data obtained through focus groups and one-on-one interviews with unsheltered, Black individuals. The Study recommendations were to increase the number of people with lived experience, reflective of the makeup of the CoC's unsheltered population that drive the work of the CoC. In turn, the CoC instituted a tracking process to ensure this goal is met. Currently, 15% of the Collaborative Applicant's (CA) board, councils, and committees have lived experience while 17% of the CoC Board have lived experience and 33% of the CA Board of Directors are Black. The CoC established contracts to oversee the development of a new, equitable Coordinated Entry (CE) assessment focusing on CE policies and procedures to support a reduction in racial disparities in the system. From analysis, the CoC started a quarterly data review by DEI of CE By-Name List, CoC inflow and outflow, returns to homelessness and RRH/PSH move-in and exits to account for systemic race inequities and to plan for equitable access for all people regardless of color. This data is extracted from HMIS through customized reports using WellSky' s ART reporting system and submitted into Tableau software to create data visualizations. This quarterly data is compared annually to HUD's Race Equity Tool and PIT data. 2) 2022 PIT shows that 36% of people experiencing homelessness in Pinellas County are Black, despite only representing 11% of the county's total population. The HUD Race Equity Tool and data analysis of entry/exits for the CoC since 2019 demonstrate of this 36%, Adult-Children households that are predominately Black while Adult Only households are predominately white. In 2021, the five zip codes with the combined highest rates of vulnerabilities were selected for the ESG-CV Targeted Prevention program. Through this program, the CoC saw an 11% decrease in overall system inflow. The CoC saw a 62% increase in Homeless Prevention services and an 11% decrease in system inflow from 2020. FY 22/23 expanded targeted prevention to 15 zip codes with the combined highest rates of vulnerabilities.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

The Diversity, Equity, and Inclusion (DEI) committee oversees the CoC's strategies to address disparities and is guided by the CoC's strategic plan based on the FY21 disparities analysis. Strategic goals completed this fiscal year to address disparities include: a CoC Bullying Policy; Race and LGBTQIA+ Shared Glossary; 21-Day Race Equity Challenge; increased training for bias, race equity, and inclusion; CoC BOD approval to seek funding for individuals with lived experience; equity review of CE policies equity; and system-wide workgroup to create a new CoC CE assessments to replace VI-SPDAT. The CoC BOD increased its representation of BIPOC from 4% to 30%, with board recruitment expanding to different community systems to include health, business, civil rights organizations, faith-based council, and Ex-Offender Re-Entry. To combat inequities and provide outreach, engagement, and housing interventions to underserved populations, the CoC implemented two major changes within the past year. First, the DEI created the Pinellas County CoC Race Equity Toolkit. The toolkit provides education about racial equity issues and guidance for local organizations to create a plan for change, in part by securing an organizational commitment to equity. Second, the CoC began creating system flows to identify and address gaps in populations who have not previously been served by the homeless system at the same rate they are experiencing homelessness. These system flows were designed to simplify the homeless service system and follow a decision tree template using language that can be easily understood by both providers and clients for routing clients to Permanent Housing quickly and efficiently . The first of these flows was created for families in January of 2022 due to the sudden increased inflow of families. Since implementation, 80% of families enter the system through this flow. When the system is simplified and side doors are closed, the CoC can more immediately connect clients to Permanent Housing. After the success of the family flow, the HLA's new Veteran Services Team and the Department of Veteran Affairs' Homeless Services Teams worked together to create a flow for Veterans. The Veteran flow is slated to be approved by the Continuum of Care Board of Directors in November 2022. The Continuum of Care plans to map the system flow for unsheltered individuals in early 2023.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

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

(limit 2,500 characters)

The Data, Equity, and Inclusion Committee (DEI) oversees a quarterly review of CoC in and outflow, along with return to homelessness data from HMIS and HUD System Performance Measures to assess for systemic racialized inequities. In FY22, all CoC data reviews have transitioned to a break-out analysis by race, gender, age, and ethnicity. DEI conducts bi-annual meetings with the CoC's Data and System Performance Committee to review analysis for HUD System Performance Measures, CoC Benchmarks and CE By-Name List data. This data is compared to the HUD Race Equity Toolkit annually. The findings are shared with DSP and the CoC Board of Directors to help advise funding prioritization decisions. The CoC used data collected from HMIS, 2-1-1 Tampa Bay, Unite Pinellas, and United Way ALICE report to identify zip codes within the CoC with the highest counts of poverty, unemployment, COVID-19 positive cases, and requests for rent, housing, and utility assistance. This data was used to identify those most in need of Emergency Housing Vouchers, prioritizing the unsheltered and limiting applicants to those earning less than 30% Area Median Income. Additionally, the Continuum of Care monitors the location of those experiencing homelessness through the Point-In-Time (PIT) Count. In 2022, PIT was conducted using Outreach Grid's digital survey platform. Outreach Grid automatically generates producing heat maps with the exact locations of unsheltered people. The heat map was then provided to Street Outreach teams to ensure those who were interested in receiving services were connected to them. In addition to geographic data from PIT, the CoC reviews demographic data to identify which communities interact with the homeless services system. When the CoC's Race Equity toolkit was adopted, a race equity narrative was also added to all CoC and ESG funding applications. The narrative asks applicants to describe the steps their organization has taken to secure a commitment to race equity from their stakeholders. It also asks how the organization adopted a race equity approach in their policies and procedures and how they created an informal, equitable, inclusive environment for the staff and communities they serve. Additionally, members of the Funders' Council adopted a policy to ask organizations applying for local funding about their race equity initiatives. DEI conducts a blind review of these responses to identify technical assistance (TA) needed and offers TA quarterly.

| 1D-11. | Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts. | |
| | NOFO Section VII.B.1.r. | |

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

(limit 2,500 characters)

The CA encourages people with a lived homeless experience to join the CoC & its Board of Directors, councils, committees, and workgroups. Presently, 7 members of the CoC – including 3 board members – have experienced homelessness. To encourage this membership, the CoC created a Lived Experience membership. These members do not pay annual membership dues but are full, voting CoC members. The CoC utilizes social media, community outreach, meetings and workgroups, and its members and partners to reach potential Lived Experience members. To engage these prospective members, the CA and CoC prioritize a trusting, open, and safe environment. To create this environment on social media, the CA regularly shares important community resources and news with over 3,100 followers and in relevant groups with over 280,000 members. These channels are then used for calls to join the CoC, workgroups, and meetings. Similarly, the CA attends community resource events geared towards helping those experiencing or facing homelessness. In addition to sharing resources and connecting people with care during these events, the CA encourages people with a lived experience to join the CoC and help shape the future of homeless services. Those who can attend meetings and workgroups are invited to discuss the needs of the community, review current plans, help design future service plans, and collaborate directly with service providers, funders, and government agencies. The CoC understands that this perspective is vital to providing adequate services and ultimately ending homelessness. For this purpose, the CoC has formed a Lived Experience Advisory Council (LEAC), which will advise the CoC's Board of Directors in the same manner as the Funders' and Providers' Councils. To guarantee consistent membership, LEAC members will receive a stipend for committee meetings. The CoC also relies on its members and partners to encourage people with a lived experience to join the CoC by sharing membership and meeting information, in addition to nominating potential members.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	17	17
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	17	17
3.	Participate on CoC committees, subcommittees, or workgroups.	3	3
4.	Included in the decisionmaking processes related to addressing homelessness.	3	3
5.	Included in the development or revision of your CoC's local competition rating factors.	3	3

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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

(limit 2,500 characters)

Pinellas County is a Housing First community, which prioritizes housing placement and stability services for all households, including individuals with lived experience of homelessness. Financial growth and development are focal points for household stabilization. The Workforce Development Program of the Homeless Leadership Alliance of Pinellas (HLA) assists individuals with lived experience with financial security, by meeting their employment and educational goals. The project bridges the gap between the homelessness/housing and employment systems by having a dedicated focus on skills training, career exploration, job retention resources, and employment barrier mitigation. HLA's Workforce Development Specialist acts as a navigator for participants, providing support through two complicated systems of care through in-depth employment research, resume development, transportation assistance to and from interview sites, budgeting educational guidance, and mock interview prep. CoC and ESG funded projects can utilize the services of the HLA Workforce Development Program or enter formal partnerships with other workforce development projects across the CoC. Boley Centers offers community employment services, job support programs, and supported employment services that help develop jobs with local employers to place individuals with lived experience in positions that best suit their aptitudes and interest. The Homeless Empowerment Projects' Adult Education and Workforce Develop Center provides both one-on-one mentorship to participants, as well as classroom style workshops to enhance essential skills necessary to re-enter the workforce. Florida Dream Center's Work Readiness Training program is accredited by the National Center for Construction Education & Research and is able to train and certify individuals for Core Construction and Carpentry. All the workforce development programs in the CoC collaborate through interactive fieldwork with a myriad of businesses, local colleges and universities, community non-profit organizations, the local Workforce Development Board, Career Source Pinellas, and project participants. Collaboration promotes awareness and improves cross-sector communication and information sharing, enhancing opportunities for project participants to grow more connected to their community.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

	Describe in the field below how your CoC:
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1)The CoC monitors CoC and ESG–funded projects annually. An integral part of monitoring is interviews with people experiencing homelessness and who have received assistance. The information gathered from these interviews is provided as feedback to the funded projects and is incorporated into CoC policy and procedure updates, as well as the CoC Written Standards. CoC and ESG-funded projects also use client satisfaction surveys, which funded organizations use to make project enhancements. Examples of CoC-funded projects utilizing the voice of those with lived experiences are the Boley PSH, Shelter+Care, and Safe Haven projects. Boley maintains a Client Advisory Council that meets monthly with staff to provide feedback on services, discuss problems, and plan social events for the agency. Each PSH unit also holds community meetings designed to get direct feedback and plan activities. Three CoC BOD seats must be occupied by people with lived experience of homelessness, as does an additional person serving on the CoC's Diversity, Equity, and Inclusion Committee (DEI). One person with lived experience of unsheltered homelessness is currently serving on the Review and Rank Committee for both the Annual and Supplemental NOFOs. Additionally, there are 4 members of the CoC who have lived experience. All these representatives have provided valuable feedback that has shaped the Continuum of Care into what it is today.
2) Recently, the CoC created a lived experience work group to help design the CoC's plan to end unsheltered homelessness for the HUD Special NOFO. This work group joined service providers, CoC BOD, healthcare providers, Public Housing Authorities, and transportation providers for a day-long strategic planning session, after which the group reconvened to review and approve the CoC's plan. The CoC's Diversity, Equity, and Inclusion Committee advocated for the CoC BOD to seek funds for the upcoming and future budget years to offer stipends to individuals with lived experiences. These funds would help these individuals attend meetings and advise all of the CoC's committees. As a result of the lived experience work group and the DEI vote, the CoC amended its charter to include a Lived Experience Advisory Council, a standing committee of the CoC that aligns with the Funders and Providers Councils. This committee will make recommendations to the CoC BOD based on their personal experiences and by providing peer support within the community.

| 1D-12. | Increasing Affordable Housing Supply. | |
| | NOFO Section VII.B.1.t. | |

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

(limit 2,500 characters)

1)The chair of the CoC Funders Council sits on the Local Planning Agency Board. According to the Pinellas County Comprehensive Plan, the county is close to a million permanent residents within 273 square miles of land. In terms of land area, the County represents only 11 percent of the total land in Metropolitan area. Despite its small geographical size, Pinellas County is the sixth most populous and the densest county in the State of Florida. The plan's goal is to provide a variety of land use to meet the needs of a diverse population and support thriving, resilient, quality communities. The county also intends to seek and promote land use and development patterns that support equitable economic growth to include promoting mixed-income communities that provide a range of housing types and costs to meet the needs of residents. Additionally, the CoC's plan to end unsheltered homelessness includes the strategy to ensure elected officials understand the complexities and barriers of the unsheltered. This plan enlists these influencers to contribute to solving systemic issues throughout the county. Along with leveraging commitment from major public funders entitlement communities to support innovative approaches such as accessory houses, tiny homes, hotel to housing conversion, and the adaptive reuse of buildings. 2) Over the past few years, increasing rents and reduced vacancy rates of affordable units throughout Pinellas County have made landlord recruitment and housing navigation services even more essential. According to the National Low-Income Housing Coalition, there are only 36 affordable and available rental units per 100 households in the Metro Area. The CoC worked closely with the local apartment association to host informational sessions and distribute program information to their large membership group, which allowed for acquirement of units in multiple properties. To increase the affordable housing inventory, the CoC utilized expanded funding for landlord incentives, including signing bonuses and increased security deposits, while continuing to market the CoC's Risk Mitigation Fund. In 2022, the largest family emergency shelter in the CoC has closed to become affordable housing. Many of the families residing within the shelter were given preference and priority for the available units within the new housing neighborhood.

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

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

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

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	05/23/2022

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

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

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	83
2.	How many renewal projects did your CoC submit?	15
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

	Describe in the field below:	
1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;	
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;	
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and	
4.	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 2,500 characters)

1)The CoC analyzes data trends and patterns based on HMIS inflow, outflow, and Coordinated Entry (CE) data each month. This data is measured using HUD System Performance Measures and local CoC Benchmarks. This data drives the CoC's prioritization of needs that are then targeted for funding. In addition to system performance, the Data and System Performance Committee (DSP) reviews the severity of service needs of those served by the project and the impact it may have on individual project data. This data is then used to create the scoring tool. The Review and Rank tool scores applicants based on how they fill community needs, bridge service gaps, and target those populations identified as high need. 2) DSP reviews the length of time to housing within the CoC, broken out by household type, race, ethnicity, gender, acuity, income, Veteran status, and disabilities then compared to housing and rent trends. DSP also captures qualitative data from each project regarding clients with histories of evictions and criminal justice that may impact length of time performance. 3)The CoC developed Coordinated Entry policies and procedures to address the severity of needs of households entering the homeless response crisis system. These policies are regularly updated. Two new policies were created this year to assist in rapid placement in permanent housing and increase permanent housing stability. Case conferencing replaced by-name list updates to provide holistic, coordinated, and integrated services across providers and a new mobility transfer policy was enacted to address clients in rapid rehousing in need of permanent supportive housing. 4) Review and rank reflected upon the prioritized populations set forth by the Providers Council when making considerations to fund projects. Smaller rapid rehousing projects were placed in tier two over a permanent supportive housing expansion project that connects individuals with severe services needs to Moving On services, thus opening additional PSH units for those on the CE waitlist. The DV bonus was ranked higher than the existing DV rapid rehousing project due to a collaboration that expands landlord resources that could lead to more survivors being housed rapidly. Brookwood was low scoring due to performance yet ranked in tier one as the only youth serving project and recognition that the performance measures used may not be inclusive of youth projects.

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

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

(limit 2,500 characters)

1) Our CoC continually works to include persons of different races, particularly those overrepresented in the local homelessness population, in the decision-making process. Race equity questions for the local competition were developed by the CoC's Diversity, Equity, and Inclusion committee (DEI). DEI is comprised of 58% Black, and Indigenous people of color (BIPOC). 2) DEI provides a place for persons of different races and ethnicities to have their ideas and input heard. It was vital to the committee that the local competition include how organizations are implementing the CoC's Race Equity Toolkit to increase racial equity within their organizations and if the tool kit is not being used what steps are being taken. The Toolkit was written and adopted by the full CoC Board in March 2022 and provides education about the history of race in our geographic area. It then provides a framework for agencies to identify the racial equity issues that may exist within their organization. The tool kit also outlines strategies that can be implemented to secure an organizational commitment to racial equity. 3) In the past two years, the CoC Board has increased its representation of BIPOC from 4% to 29%. Our CoC's Board appoints a Review and Rank Committee (R&R) to review local funding applications each year. The CoC Board intentionally tries to appoint persons of different races and ethnicities to R&R. The 2022 Committee is comprised of 33% BIPOC. 4) Using the Toolkit, the DEI Committee developed a series of race equity questions that applicants were asked to address in a Racial Equity Narrative. Applicants are asked what steps their organization taken to secure a commitment to race equity from the board of directors, funders, employees, and clients and what ways the organization has adopted a racial equity approach through policies and procedures, planning, and/or tools. Applicants are also asked to describe the ways the organization has created an equitable, inclusive environment for all communities served. R&R Committee members assigned a score from 0-5 to four questions about the Racial Equity Narrative. Therefore, 20 of the 210 total points available asked specifically about an organization's commitment to racial equity.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	

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

(limit 2,500 characters)

Our CoC has a process to reallocate funding from projects that are low performing or less needed based on their program data. The Review and Rank Committee (R&R) formally convened on July 15, 2022, to deliberate and score regular project applications. R&R decisions were performance-based, with 74% of total points based on objective criteria (e.g., cost effectiveness, utilization rate, performance data, and type of housing proposed) and 58% based on system performance criteria for all renewal projects. R&R ranking decisions were also performance-based when scoring bonus projects, with 55% of the total points based on objective criteria and 22% based on system performance criteria. Additionally, the CoC's Data and System Performance Committee (DSP) reviews the outcomes for each application and makes ranking recommendations to the R&R, based on performance and the project's impact upon the CoC's System Performance Measures. 2) After reviewing projects' data and scoring applications accordingly, the R&R Committee sorts projects in order of score to easily identify low-performing projects. When a new project earns a higher score than a renewal project, the Committee discusses the merits of each project to determine which project will have a greater overall benefit to the CoC. 3) One project was reallocated this year due to a fatal flaw on their application. This project was also the lowest performing project. 4) The only exception to ranking based on performance was related to the application for Transitional Housing from Brookwood. R&R decided to maintain Brookwood's Transitional Housing project in Tier One because it is the only youth-specific funding through the CoC. R&R felt the loss of this project would be detrimental to the CoC. Additionally, R&R believe the use of HUD System Performance Measures to determine the performance of a youth-serving project may not demonstrate the effectiveness and efficiency of the project. The Review and Rank Committee made their final funding recommendations during the August 30th meeting. These recommendations were then ratified by the CoC's Executive Committee on September 1, 2022.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

	1.	Did your CoC reject or reduce any project application(s)?	Yes
	2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
	3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/01/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/01/2022

1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2022

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/22/2022

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	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.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/29/2022

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

1)The Continuum of Care (CoC) and the HMIS Lead Agency work closely with domestic violence (DV) providers to ensure that their data is collected in a comparable database and to provide technical support regarding project setup, data collection, and HUD data standards as if they were a standard HMIS participating agency. One DV provider in our CoC receives CoC funding, so they must maintain their data in a comparable database to extract APR data as a requirement of their CoC contract. Other DV providers in the CoC must utilize a database to receive state funding for Domestic Violence and the state also requires that they utilize an HMIS comparable database. Both state-certified DV centers in the Pinellas County CoC use the Osnium database, which is administered by the Florida Department of Children and Families, to manage data. Osnium is an HMIS/HUD comparable database consistent with HMIS Data and Technical Standards & meets the Homelessness Prevention and Rapid Re-housing Program reporting requirements. The database is equipped with the ESG CAPER and APR reports exportable in CSV format for uploading to the SAGE portal. 2) The CoC is compliant with the 2022 HMIS Data Standards and has been so since October 2021 when the new HUD Data Standards changes were supposed to be live. HMIS has the ability to export the newest HUD CSV file, containing all new HUD Data Elements, and providers are able to generate all needed reports for federal funding.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,311	136	1,175	100.00%
2. Safe Haven (SH) beds	70	0	70	100.00%
3. Transitional Housing (TH) beds	391	22	328	88.89%
4. Rapid Re-Housing (RRH) beds	636	232	404	100.00%
5. Permanent Supportive Housing	1,615	0	1,615	100.00%
6. Other Permanent Housing (OPH)	236	0	20	8.47%

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 2,500 characters)

1. The Continuum of Care (CoC) anticipates the participation rate for "other permanent housing" to improve and return to 100% HMIS participation once the Emergency Housing Vouchers (EHV) are no longer included in the Housing Inventory Count. Currently, the CoC is struggling to include EHV data from the Public Housing Authorities (PHA), as HMIS participation from the PHAs was not a grant requirement from HUD. Over the next 12 months, the CoC will be working with PHAs to include HMIS data entry into their MOU's. Until this edit can be agreed upon, the CoC continues to encourage PHAs to enter EHV housing data into HMIS. 2)The CoC is working with PHAs to update the EHV MOUs based on the CoC's evaluation of the EHV process. One of the recommendations from the CoC is for PHAs to actively participate in all aspects of HMIS data entry. This recommendation will be included within an updated MOU. The HMIS lead agency will provide end user training, create an EHV HMIS workflow, and report training for the PHAs. Additionally, bed coverage rates have been incorporated into the CoC's data quality plan and benchmarks. These benchmarks are reviewed monthly by the Collaborative Applicant and quarterly by the CoC's Data and System Performance Committee (DSP). Projects falling below the 85% acceptable coverage rate are placed on a training plan of action for one month. If the project continues to fall below the acceptable coverage rate, DSP may place the project on corrective action, which could limit HMIS access until the rate improves. Projects that continue to exceed data quality benchmarks are selected to provide peer-to-peer strategies for data entry. The peer-to-peer promising practices are shared within the monthly HMIS end-user newsletter.

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

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

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

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

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

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/27/2022

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/29/2022

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1) The 2022 Pinellas County PIT Committee included 13 organizations providing services to Youth experiencing and facing homelessness and 8 organizations offering services available to Youths, such as resource centers. 7 of these organizations served on the 2022 Youth PIT Subcommittee. The PIT Committee met monthly between September 2021 and January 2022. The Youth PIT Subcommittee also met multiple times to plan Youth PIT events. This subcommittee collaborated with community partners to complete PIT surveys and provide vaccines, testing, bus passes, meal vouchers, hygiene, socks and shoes, bicycles, sleeping bags, tents, and other resources. 2) The 2 Youth PIT survey events in 2022 began at 1pm and ended at 7pm, aligning with school and work schedules to encourage Youth participation. These events were advertised on social media and in flyers. To promote greater participation among unhoused Youths, 2023's PIT will feature similar events throughout the county and will incorporate newly added resources and services. To this end, Youth PIT events will be advertised on social media and at schools, colleges, service sites, recreation centers, libraries, Little Free Libraries, skate parks, and similar locations. Similarly, youth age 18+ will be invited to volunteer during PIT. To engage the highest possible number of Youth experiencing homelessness, new partners have joined the 2023 PIT Committee & Youth PIT Subcommittee. The 2023 PIT Committee includes 27 organizations that provide services directly to Youths experiencing homelessness and 16 organizations that have services available to Youths. The 2023 Youth PIT Subcommittee currently includes 13 organizations. To ensure Youth representation and involvement, organizations also participate in the Survey Development, Deployment, Marketing, and Training Subcommittees. 3) The Youth PIT and Deployment Subcommittees work together to select sites where Youths experiencing homelessness are likely to be identified, including service sites, health centers, schools, parks, and recreation centers. Members of these subcommittees use all available data – including maps from previous PITs, school and HMIS data, and experience working with Youths – to select sites to advertise or host Youth PIT events. Additionally, teams of volunteers are deployed to busy areas to survey Youths, families, and individuals.

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

	In the field below:	
	1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
	2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
	3.	describe how the changes affected your CoC's PIT count results; or
	4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

(limit 2,500 characters)

1) The Continuum of Care (CoC) made no changes to the methodology and data quality for the 2022 Sheltered PIT count. 2) In 2021, the CoC used an alternative data set, based on a HUD exemption due to COVID, and relied on HMIS data that was aggregated and de-duplicated from unsheltered clients connected to Coordinated Entry and Street Outreach on the night of the Unsheltered PIT Count. In 2022, the CoC reverted back to a complete census street survey, which is the same methodological approach used prior to the pandemic. 3) The methodological changes may have had significant effects on our unsheltered count in 2021 and in comparison, to 2022. In 2021, the use of the alternative data set may have resulted in an overcount of the unsheltered homeless population. Although the data was de-duplicated with the HMIS shelter and housing data to prevent duplication, there may have been people experiencing unsheltered homelessness who were last identified as unsheltered but who had not been encountered for some time as well as those who were encountered on the street or reported themselves as homeless but further case management determined that they were at risk of homelessness. So the unsheltered status would be based on historical information that may have changed on the night of the PIT count or inaccurate information that falsely identified them as unsheltered homeless. These clients may have self-resolved, moved into a self-pay hotel, moved in with family or friends, or another temporary solution. Compared to the 2022 PIT Count methodology where clients were met on the streets, the risk of overcounting would be much higher in 2021. However, due to social distancing measures reducing shelter capacity and an observed unwillingness to stay in shelter among some people experiencing homelessness the extent to which this methodological change resulted in an overcount in 2021 is difficult to determine. The increased unsheltered count in 2021 may also be an accurate reflection of a severely impacted population during a difficult time. This uncertainty around the exact causes of the spike in people experiencing unsheltered homelessness in the 2021 PIT data makes it difficult to assess how the change in methodology actually impacted the 2021 counts apart from making their accuracy less certain.

2C. System Performance

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

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

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

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

(limit 2,500 characters)

1) The Continuum of Care (CoC) coordinates with diverse organizations to determine the risk factors which are most likely to lead to first time homelessness. The Collaborative Applicant (CA) staff reviews HMIS data to identify trends and recommend interventions to the Data & System Performance Committee (DSP) once a month. Together, CA staff and the DSP Committee review this HMIS data, along with data from the Point-in-Time Count and CoC Annual Performance Reports, to identify the risk factors for first time homelessness and make recommendations for the development and standardization of assistance programs to the Funders' Council, and Providers' Council. The CoC has also used data from the local 2-1-1, Urban Institute, United Pinellas, and U.S. Census to identify Zip Codes where residents were determined to be at higher risk of homelessness due to housing and economic conditions to target them for assistance. 2) If an individual or family is determined to be at-risk of homelessness, they are targeted by Prevention and Diversion efforts prior to becoming literally homeless and entering the Coordinated Entry Process (CEP). The CA has one hundred and fifteen provider staff members trained in Diversion strategies and continues to expand local funding for Diversion strategies that assist at-risk individuals and families with problem-solving and accessing formal and informal networks. The CoC continues to invest in Eviction Diversion Programs, Diversion for clients prior to shelter intake, and Targeted Prevention Programs for high risk/high needs Zip Codes. The Targeted Prevention has been expanded to cover individuals and families who reside in 15 zip codes that local data has shown to house those at the highest risk for experiencing homelessness. 3) The CA's Director of Quality and Performance Improvement, CE Manager, HMIS staff, and the DSP Committee are responsible for overseeing the strategy to reduce the number of those experiencing homelessness for the first time. The CA's CEP Manager is responsible for ensuring the CEP design meets the needs of the CoC. DSP reviews the CoC's Diversion and Prevention projects against local benchmarks and tracks outcomes quarterly.

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

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

(limit 2,500 characters)

1) The Continuum of Care (CoC) aims to reduce the length of time individuals and families remain homeless by monitoring HMIS intake and exit data and continuously improving the Coordinated Entry Process (CEP). The Data & System Performance Committee (DSP) meets monthly to evaluate projects and monitor local benchmarks including length of time homeless. The Diversity, Equity, and Inclusion Committee (DEI) monitors race disparities in length of time homeless and develops policies to increase equity. In the past year, the Coordinated Entry Process (CEP) was redesigned to improve the efficiency of referring households to housing opportunities and providers to reduce the time from referral to housing, including a redesigned Coordinated Entry Report that makes all needed data available to improve case conferencing and housing placements. The CoC is piloting a process to push referrals out to housing opportunities once households have been matched based on need and eligibility to reduce delays in housing placements after referral. The CoC has also developed a mobility policy to move households between rapid rehousing providers based on developing need to ensure better client care. The CoC is also redirecting low acuity households to mainstream resources rather than letting them sit at the bottom of the CE list. The policy and process changes were adopted to ensure that the CEP is an efficient process and that wait times are reduced between a housing opportunity opening and a referral being made. In the past year, the CoC has continued work on the Built-for-Zero project to focus on ending homelessness among those who are chronically homeless and have been homeless for the longest lengths of time. The CA has also coordinated CoC-wide training on trauma-informed care, harm reduction, case management, and Housing First practices. 2) The CE prioritization process uses VI-SPDAT scores for ranking and chronically homeless status is a tiebreaker to prioritize individuals and families with the longest history of homelessness and the most severe service needs. This process results in a CE List that is used to refer those who have been homeless the longest to available PH interventions and case conferencing has been changed to better serve individuals. 3) The Collaborative Applicant's Client Care Manager, HMIS staff, and the Director of Quality and Performance Improvement are responsible for overseeing the CoC's strategy to reduce the length of time homeless.

	2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
		NOFO Section VII.B.5.d.	

		In the field below:
	1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
	2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
	3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1) The Data & System Performance (DSP) Committee monitors exits to permanent housing across all project types and shares outcomes with the CoC quarterly. Additionally, the Diversity, Equity, and Inclusion (DEI) Committee reviews exit data for racial disparities and proposes solutions to increase equitable outcomes. In the past year, the Collaborative Applicant (CA) hired additional staff to assist households in identifying available housing, mediate on their behalf, coordinate inspections, and help households move into their new home. A Landlord Liaison position was created to increase landlord participation and affordable housing options and a Workforce Development Specialist position was created to assist households in finding and maintaining employment. The CoC also partnered with three housing authorities to utilize the new Emergency Housing Vouchers. These vouchers will expand the options for those currently connected to RRH to exit to permanent housing. The CA has also begun piloting a new Coordinated Entry Assessment to replace the VI-SPDAT and better match households with interventions that meet their level of need to increase exits to permanent housing. 2) The CoC utilizes the Moving on Strategy in conjunction with a local housing authority and PSH provider to help households in PSH who no longer want or need intensive services maintain their housing. The CoC works to increase the rate that individuals and families exit to permanent housing and maintain a permanent housing status by expanding housing navigation and support services staff and partnering with PSH providers to help households in PSH gain self-sufficiency. Recovery Specialists work to secure Housing Choice vouchers & locate the housing of the household's choice, negotiating with landlords, coordinating inspections & helping the household move into their new home. Supported Living staff ensures the household connects to needed service & day to day needs are met. 3) The Collaborative Applicant's Client Care Manager, HMIS staff, and the Director of Quality and Performance Improvement are responsible for overseeing the CoC's strategy.

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

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

(limit 2,500 characters)

1)The Continuum of Care (CoC) works to reduce the rate that individuals and families return to homelessness by identifying risk factors for returns across a range of factors such as loss, or low levels, of income, high acuity scores, and high levels of service needs and developing plans to mitigate these issues. Data is analyzed for trends by demographics to look for equity issues with households returning to homelessness. Data on household income is also compared to median rent costs to understand household sustainability and risks of returns to homelessness. Collaborative Applicant (CA) staff consistently review return data against local benchmarks at the system and project levels to identify potential gaps in services or trends in returns. 2) These findings and policy recommendations are presented to the Data & System Performance Committee (DSP) once a month. This data is also reported to the Funders' Council, and Providers' Council to develop strategies and target funding to reduce returns to homelessness. The Diversity, Equity, and Inclusion (DEI) Committee also reviews return data, monitors racial disparities, and proposes solutions to increase equitable outcomes. In the past year, the CoC expanded system-wide efforts reduce recidivism. The CoC is expanding the use of the full SPDAT for RRH and PSH to help tailor case management efforts to client needs. A new strategic plan which expands housing options for Veterans, connects them to resources, and improves community partnerships was implemented. Funding has been used to expand Eviction Diversion Programs to assist households who are at risk of returning to homelessness by connecting them to new housing opportunities. The CA continues to work with the Florida Housing Coalition to provide training to create partnerships with landlords to reduce the number of evictions in the community. The CA also created a pilot project which connects a Workforce Development Specialist to ESG-CV funded RRH programs to help households find and maintain employment, thereby increasing their housing stability. Workforce development projects throughout the CoC are ongoing. 3) The CA's Director of Quality and Performance Improvement and HMIS staff are responsible for monitoring compliance, benchmark tracking, and reporting. The CoC's DSP is responsible for creating policies to reduce returns to homelessness.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,500 characters)

1) All Continuum of Care (CoC) provider case managers are required to monitor the status of their clients' income and access to employment. Case managers must follow up on referrals to employment organizations and document all income information in HMIS and the clients' housing plans. The CoC works to increase individual and family income through the Collaborative Applicant's (CA) Workforce Development Project. The project was piloted with ESG-CV funding and is now funded locally, allowing the project to expand. The annual monitoring of all CoC and ESG funded projects ensures project have formal partnerships with workforce development programs, which are to include MOU's. The CA has a pilot project which connects a Workforce Development Specialist to ESG-CV funded RRH to help people find and maintain employment. The CoC encourages these projects to have formal agreements with employment organizations. Data regarding the effectiveness of workforce development collaborations is regularly presented to the Data & System Performance (DSP) Committee, Funders' Council, Providers' Council, and CoC Board of Directors. 2) CoC funded projects connect clients to mainstream employment services through their case management process. Local service agencies have developed a range of programs to assist clients in gaining employment. For example, Boley Centers offers community employment services, a job support program, a homeless Veteran's reintegration program, supported employment demonstration, supported employment services, vocation evaluation, work adjustment, and youth employment program. Also, the Homeless Emergency Project has Pathways to Employment program which uses the area's workforce agency, Urban League, and Veteran employment programs for job training and placement. Lastly, the Florida Dream Center offers a work readiness and forklift certification classes. 3) The CA's Director of Quality and Performance Improvement, HMIS staff, and the DSP Committee are responsible for overseeing the CoC's strategy to increase access to employment & mainstream benefits.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section VII.B.5.f.	

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

(limit 2,500 characters)

1) The Continuum of Care (CoC) helps clients increase their non-employment cash income by ensuring they are connected to mainstream resources. The Data & System Performance Committee (DSP) and Collaborative Applicant (CA) staff monitor cost-of-living adjustments from the federal government and send out income update notices to CoC projects when there are increases made to non-cash benefits. Additionally, HMIS staff provide training to end users on non-employment income which ensures data integrity. All CoC and ESG funded projects are monitored for their effectiveness and impact of connecting households to non-cash benefits. All CoC provider case managers are responsible for ongoing updates to clients' income within client files and HMIS. Case managers also assist with benefit enrollment and renewal applications as part of case management process. CoC funded housing projects have inter- and intra-agency relationships with the SSA, VA, Disability Determination Services, Ryan White Services, and other public, private, and non-profit agencies. Coordinated Entry Navigators are required to connect households going through the Coordinated Entry Process to non-cash benefit resources as part of the document readiness process for housing interventions. Participation in the SSI/SSDI Outreach, Access, and Recovery (SOAR) program has been expanded across the CoC and SOAR engagement and outcomes data is being tracked in HMIS to improve follow through with clients and ensure they receive all non-cash benefits they are entitled to. The CoC also conducts annual training for how to apply for benefits and SOAR. Trainings are mandatory for all CoC and ESG funded projects. 2) The CA's Director of Quality and Performance Improvement, HMIS staff, and the DSP Committee are responsible for overseeing the CoC's strategy to increase access to employment & mainstream benefits. The CA HMIS trainer is responsible for educating end-users on how to enter or update non-employment income into HMIS.

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

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

	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.		
Project Name	**Project Type**	**Rank Number**	**Leverage Type**
Burlington/Grove ...	PH-PSH	6	Both

3A-3. List of Projects.

1. What is the name of the new project?   Burlington/Grove PSH II Expansion

2. Enter the Unique Entity Identifier (UEI):   EPVBLR4HA7R4

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 6

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

	Is 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 2,500 characters)

Not Applicable.

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

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

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

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

	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.	
	NOFO Section VII.C.	

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

(limit 2,500 characters)

Not applicable.

4A. DV Bonus Project Applicants

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

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

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.e.	

	Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

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

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

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	5,423
2.	Enter the number of survivors your CoC is currently serving:	400
3.	Unmet Need:	5,023

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

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

(limit 2,500 characters)

1)The number of Domestic Violence (DV) survivors needing housing or services was calculated by adding the unduplicated hot line calls requesting housing and support services with the number of survivors current enrolled in projects. There were 5,423 calls last fiscal year and the existing DV survivor housing projects served 50 individuals through permanent supportive housing, 66 individuals through joint transitional housing/rapid rehousing, and 158 individuals in rapid rehousing. All three DV survivor projects were at capacity throughout the fiscal year. 2) The DV HMIS comparable database, Osnium is used to track the number of DV survivors enrolled in CoC services. 3)Per the Urban Institute, DV is a leading cause of homelessness for women; between 22 and 57 percent of homelessness among women is caused by domestic violence, and 38 percent of women who experience domestic violence also experience homelessness at some point in their lives. These statistics exclude nonbinary and trans women, who experience domestic violence and homelessness at higher rates and who may experience disproportionate economic instability because of the pandemic. Barriers to housing for DV survivors are compounded when the survivors are African American as they face racial discrimination and are twice as likely to have evictions filed against them than white renters. Overall, survivors are more vulnerable to evictions and its consequences - job loss, blacklisted from future rentals, increased housing instability and a history of homelessness.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

Applicant Name
CASA

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:	

1.	Applicant Name	CASA
2.	Project Name	DV Solution Collaborative
3.	Project Rank on the Priority Listing	13
4.	Unique Entity Identifier (UEI)	UGHLKVBMDAR4
5.	Amount Requested	$404,416
6.	Rate of Housing Placement of DV Survivors–Percentage	89%
7.	Rate of Housing Retention of DV Survivors–Percentage	99%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below	
1.	how the project applicant calculated both rates;	
2.	whether the rates accounts for exits to safe housing destinations; and	
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,500 characters)

1)The rate of housing placement and retention was calculated by running a 2021 calendar year APR for all the housing programs the DV provider operates. The placement rate was 89% (Q7a) and the retention rate 99% (Q23c). 2) All of the DV providers placements were to safe destinations. 3) The Annual performance Review for the FY 2021 for the provider was utilized to track the placement and retention rates. Osnium, an HMIS/ HUD comparable database consistent with HMIS Data and Technical Standards is used to track survivor and program performance data.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below how the project applicant:	

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1)This new Rapid Rehousing (RRH) project increases the amount of financial assistance and rental locations in the Continuum of Care (CoC) for survivors of domestic violence (DV) and their children through a specially formed partnership between the largest domestic DV provider and the largest RRH provider in the CoC which ensures more survivors can be quickly moved into safe and affordable housing. This partnership reflects a decade of experience rapidly rehousing households in the CoC. Through an expansive landlord database in which rapport, trust, and successful working relationships have been built over years, there will be a dedicated Housing Navigator working to identify housing that meets the unique needs of DV survivors. The CoC has identified a specialized Coordinated Entry (CE) access points for DV survivors to ensure they are quickly moved into safe affordable housing. 2) These access points conduct the initial CE Assessment to determine acuity. If a participant needs the confidential nature of DV services, they will be prioritized through the CE DV agency. 3) These partners will use a MOU to elucidate cross-training for consistency in programming as well as unified outreach and program procedures. The project's housing stabilization plan includes limited financial assistance for survivors to move into their own home, along with wrap-around case management to assist in problem-solving barriers to independence in real-time. SPDAT assessments guide the housing stabilization plan that details the household's goals and makes appropriate referrals for childcare, employment, education, legal assistance, assistance with credit and background issues, mental health, and substance abuse. 4) Connections to these services is facilitated through a warm handoff. 5)The project provides case management for up to one year after re-housing. Follow-up determines if additional services/referrals are needed. Project staff are also available via phone, text, email, or in-person to meet with a survivor to resolve any crisis. Additionally, the project has 24-hour coverage for emergencies for all of its program participants.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 2,500 characters)

1)To ensure confidentiality and anonymity, intakes are completed within secure office spaces and separate interviews are conducted with each member of the household. 2) The Domestic Violence (DV) project applicant completes a Violence against Women Act certification form with survivors to protect them from being evicted or terminated from housing assistance solely based on acts of violence against them. Additionally, Housing Navigators educate potential landlords about victim's rights since some landlords are hesitant to rent to DV survivors for fear that the abuser may return. The DV project educates landlords about DV services, safety planning, and continued support services available to the survivor. In most cases, a Housing Navigator accompanies the survivor to the initial interview and assists them in developing a relationship with the landlord. 3) All RRH project unit locations are kept confidential and by Florida law, DV providers may not release the names of those receiving services. 4) It is the written policy of the project to provide ongoing training, supervision, and staff development to its personnel to sufficiently increase their skills and knowledge to provide quality services. All staff and volunteers participate in 24 hours of CORE Competency classroom hours & 6 hours of on-the-job training with the State of Florida to work with DV survivors. All staff, including part-time and volunteers are required to complete 16 hours of annual training in DV, Child Abuse, Elder Abuse, and/or other issues pertinent to providing quality services to domestic violence survivors and their dependents. All personnel and volunteers must attend training on safety principles and techniques including CPR, First Aid, HIV and Universal Precautions. 5) DV survivors receive safety planning that is customized for each of their households needs. The safety plan is used to increase protection of survivors as they prepare for housing. Plans include economic safety, as well as physical and emotional safety. Local funding is available from the police and other funders to provide windows, door alarms, and chain or deadbolt locks at scatted-site housing. It is anticipated this project will lessen the average stay at the DV Emergency Shelters and increase community support efforts to help DV survivors move into permanent housing.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 2,500 characters)

The Domestic Violence (DV) applicant is one of the most comprehensive and successful domestic violence organizations in Florida and has been continuously state certified as a domestic violence center, renewing that certification with annual agency audits, and is recognized as a respected and innovative leader in domestic violence prevention and survivor care. The DV project applicant has been providing DV services within the CoC for 42 years and is state certified as a domestic violence center. The project's staff receives 30 hours of training in the state of Florida to be able to work with DV survivors. The applicant was one of the first domestic violence centers to recognize the connection between addictions and domestic violence, to serve battered women in jail, provide visitation centers and specialized outreach to underserved populations, and to work toward social change by implementing training for youth to include bullying awareness, race, and gender awareness, and managing conflict. Advanced-level training on domestic violence, commonly referred to as Core Competency, is required of all staff and includes the knowledge and skills needed to work in domestic violence program areas such as crisis intervention, safety planning, and advocacy. The applicant has a full-time quality assurance professional responsible for overseeing data quality and integrity. APR statistics are tested to address any errors throughout the contract year. The applicant also conducts in-house monitoring of case management and client files and is monitored by the Collaborative Applicant annually.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 5,000 characters)

1) Safety is prioritized first and foremost for Domestic Violence (DV) survivors. The project operates under a Housing First philosophy and utilizes a parallel Coordinated Entry Process (CE) for the Continuum of Care (CoC). Florida Statute 39.908 and 90.5036 do not allow for the release of the names of victims receiving services, therefore projects do not enter data into HMIS. CE involves monthly consultation between the DV providers to review DV survivors waiting for housing assistance and prioritize them based on CE assessment score, client choice, and safety concerns. 2) The project's mission is to empower DV survivors to make informed decisions about permanent housing and safety needs. The project aims to establish an environment of mutual respect in all of their client relations. The project recognizes that DV survivors have the right to make their own decisions about establishing independent living. Support and advocacy are provided to help reach the goals the DV survivor has chosen. DV survivors are accepted into the project regardless of poor credit or financial history, rental history, minor criminal convictions, or behaviors that indicate a lack of housing readiness. The program upholds the CoC's anti-discrimination policies and procedures and operates under Fair Housing. 3) The project prioritizes educating DV survivors on the effects of trauma through providing information about physical, psychological, emotional, financial, sexual, isolation, and verbal abuse. All staff receive 30 hours of core competency training that is trauma-informed, victim-centered approaches to meet the needs of DV survivors. The project utilizes the five core components of a trauma-informed approach to advocacy to meet the need of DV survivors: Providing DV survivors with information about the traumatic effects of abuse, adapting programs and services to meet DV survivors' trauma and mental health-related needs, creating opportunities for DV survivors to discuss their responses to trauma, offering resources and referrals to DV survivors, and reflecting on own and programs' practice. 4) The project uses a trauma-informed Lethality Risk Assessment that assesses risk and protective factors and the Service Prioritization Decision Assistance Tool to assess the highest severity of housing needs to help with the development of a housing stabilization Plan. These assessments ensure plans match client needs to their strengths, support service priorities, and track the depth of need and service responses for households over time. Additionally, all case managers are trained in motivational interviewing skills. 5) The project will uphold the CoC's anti-discrimination policies and procedures ensuring service access regardless of race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, disability, immigration status, education, employment status, residency, legal history, primary language, or social-economic status. The project staff receive annual training from the CoC and internally on equal access, cultural competence, nondiscrimination, Fair Housing, LGBTGIA+ rights, and bias awareness. The project is also using the CoC's Race Equity Tool Kit to examine how to use equity for better program evaluation. 6) All DV survivors are encouraged to participate in support groups with their peers, attend workshops to increase peer-to-peer contact, opportunities to for CoC membership, and participate in lived experience CoC committee/policy work. The project provides support, partnership, and referrals for all spiritual needs and includes art therapy, recreation, nutritional counseling and gardening instruction. 7) DV survivors may opt to attend weekly groups for safety planning, parenting skills, employment skills, time management, financial literacy, self-esteem, stress management, substance abuse & mental health issues. The applicant also has opened a Family Justice Center supporting survivors with victim advocacy, civil legal attorneys, legal advocates, government victim assistance, prosecutors', law enforcement and community-

based services in one location.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 5,000 characters)

The Domestic Violence (DV) project applicant has established a variety of community partnerships to assist in successfully exiting clients to permanent housing. In 2021, the applicant provided 1,235 counts of DV advocacy and 4,546 counts of crisis counseling that assisted with safety planning, emergency shelter, and assistance in navigating legal processes. Long-term housing stability was addressed through the provision of 2,293 counts of services under Permanent Supportive Housing and 2,178 services under Joint Transitional Housing/Rapid Rehousing. The applicant maintains robust landlord recruitment efforts, resulting in 95% positive exit destinations of the 69 exits from the Gateway Rapid Rehousing project. Additionally, 569 individuals received assistance with individual needs and connections to public benefits such as TANF, SSI and SSDI. Eighteen counts of legal services were provided through partnerships with the Community Law Program and Gulfcoast Legal Services. The applicant partners with Pinellas County Government and St. Anthony's Hospital to provide medical services via visiting nurse and the mobile medical van which provided health care for 221 uninsured DV survivors. The applicant assessed whether survivors needed credit repair services and collaborated with Wells Fargo to provide it. Wells Fargo specializes in assisting survivors to restore their credit and offers financial literacy classes, which are often necessary to obtain affordable housing when credit has been damaged. The Pinellas Urban League also provided workforce development assistance through resume development, interviewing skills, soft skills, assistance with job applications and placement. The applicant partners with Suncoast Mental Health to ensure mental and behavioral health needs are being met and to address any barriers these needs may cause in sustaining housing. The project's advocates and case managers provide additional supports for survivors including substance abuse and LGBTQIA+ health and education through Metro Inclusive Health, Pinellas County Schools, and the Pinellas County Health Department. These community organizations provide these services for free to DV survivors.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

	Provide examples in the field below of how the new project will:
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;

3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) Safety is prioritized first and foremost for Domestic Violence (DV) survivors. The project operates under a Housing First philosophy and utilizes a parallel Coordinated Entry Process (CE) for the Continuum of Care (CoC). Florida Statute 39.908 and 90.5036 do not allow for the release of the names of victims receiving services, therefore this project will not enter data into HMIS. CE will involve monthly consultation between the DV providers to review DV survivors waiting for housing assistance and prioritize them based on CE assessment score, client choice, and safety concerns. The applicant will also meet with the CoC's CE manager on a quarterly basis to review the DV CE parallel process to ensure there are no systemic issues. 2) The proposed project will support and empower DV survivors to make informed decisions about permanent housing and safety needs. The proposed project will recognize that DV survivors have the right to make their own decisions about establishing independent living. Support and advocacy will be provided to aid in helping the households reach the goals the DV survivor has chosen. The project will not use punitive interventions, ensures program participant staff interactions are based on equality and minimizes power differentials, accomplished through staffing training in de-escalation skills, motivational interviewing, and housing first. 3) The project will use wrap-around case management and services to assist survivors of domestic violence and their children to become safely independent. This comprehensive continuum of services is one of the most robust domestic violence service offerings in the state of Florida and includes injunction for protection, mental health, child welfare, justice advocacy as well as housing and supportive services. The proposed project's staff will receive 30 hours of training to gain privilege in the state of Florida to work with DV survivors. The basis of this training will be trauma-informed, victim-centered approaches to meet the needs of DV survivors. The applicant will utilize the five core components of a trauma-informed approach to DV advocacy to meet the need of DV survivors to empower them to make independent decisions while being responsive to the effects of trauma. 4) The proposed project will use the Service Prioritization Decision Assistance Tool (SPDAT). Focusing attention on those areas of the SPDAT where households have higher acuity has been successful in helping work through the Stages of Change. It has also proven to be helpful to case managers in guiding the conversation in the development of housing stabilization plans, as well as in establishing objectives for case management visits. Throughout its use, the SPDAT remains a tool that is client-centered and allows for strength-based approaches to service delivery. 5) Annual training is mandatory in diversity, civil rights, ADA Housing First, Fair Housing, LGBTQIA+ rights, and bias. De-escalation techniques are taught to recognize the emotional overlay in some interactions so that communication continues even in difficult conversations. The applicant has implemented Merit® Nonprofit Professional Development platform to give staff members more choice about what topics they would like to learn. The applicant has created an informal, equitable, and inclusive environment for staff by making in-house promotions more achievable, revising job descriptions include work experience that might substitute for formal education, and ensuring hiring decisions are not made by just one person or department. 6) All DV survivors under this project will be able to participate in the Family Justice Center. A one-stop shop with childcare, medical services, criminal and civil legal services, mental health, advocacy, and connections. All households will be able to participate in peer support groups, have opportunities to become peer mentors, and become CoC members, with the ability to participate in Lived Experience Advocacy Committee. The project will also offer opportunities for households to participate in community building activities to support activities of daily living, to include fulfilling spiritual needs. 7)

DV survivors will be able to attend weekly groups for safety planning, parenting skills, employment skills, time management, financial literacy, self-esteem, stress management, substance abuse and mental health issues.

| 4A-3h. | Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section II.B.11.e.(1)(f) | |

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

(limit 2,500 characters)

The Domestic Violence (DV) provider's Board of Directors maintains a minimum of two members with lived experience of domestic violence and homelessness. Additionally, the applicant's Board of Directors has policy development committees with several additional representatives or survivors of domestic violence. Many of applicant's staff are survivors of domestic abuse, and as a result, can better understand what victims are currently experiencing. Input from program participants is actively solicited throughout their stay in programs through various satisfaction and program evaluation surveys. The results of those surveys are reviewed the projects are modified and strengthened as a result of needed service enhancements. Survivors using the applicant's community-based programs are also asked to provide input for improvement across all programs. This input is also used to augment and strengthen policies and procedures based on lived experience input. The partnering organization involves those who have lived experience with homelessness at every level of programming including leadership, training, and service delivery. There is a minimum of 1 individual with lived experience of domestic violence who informs high-level decision making and the organization employs several staff who have had experience with domestic violence and/or homelessness.

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/14/2022
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Deadline	Yes	Local Competition...	09/19/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/19/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Renewal Pr...	09/19/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/14/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/14/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/14/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/14/2022

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/14/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Renewal Project Application

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/14/2022
1B. Inclusive Structure	09/22/2022
1C. Coordination and Engagement	09/22/2022
1D. Coordination and Engagement Cont'd	09/22/2022
1E. Project Review/Ranking	09/22/2022
2A. HMIS Implementation	09/22/2022
2B. Point-in-Time (PIT) Count	09/22/2022
2C. System Performance	09/22/2022
3A. Coordination with Housing and Healthcare	09/22/2022
3B. Rehabilitation/New Construction Costs	09/22/2022
3C. Serving Homeless Under Other Federal Statutes	09/22/2022

4A. DV Bonus Project Applicants	09/22/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

11479 ULMERTON ROAD, LARGO, FLORIDA 33778
Telephone: (727) 443-7684
Fax: (727) 489-0757
TDD: (800) 955-8770
TTY: (800) 955-8771

Regina Booker
Interim Executive Director

4th Preference: Homeless Families Completing Self-Sufficiency Program

A preference will be given to Homeless Families Completing Approved Self-Sufficiency Programs in Pinellas County. The waiting list will remain open for up to 75 homeless families annually who have completed a residential self-sufficiency program in Pinellas County through an approved program. The following agencies have approved residential self-sufficiency programs: Homeless Emergency Project, RCS Grace House, the YWCA, Salvation Army North County, Family Housing Assistance Program (FHAP) of Pinellas County, and Boley Centers Supportive Housing, Personal Enrichment through Mental Health Services (PEMHS) and Alpha House of St. Petersburg. PCHA reserves the right to amend the list of approved programs at any time. In addition, under this preference, PCHA will accept referrals from the Public Child Welfare Agency, its designee, or another agency approved by PCHA, for families whose children have been removed from the household or are in imminent danger of being removed, and the lack of decent, safe and affordable housing is the primary reason.

• 7th Preference: Mainstream Voucher Preference

All applicants head or co-head must have a disability and be under the age of 62 and who meets HUD's definition of literally homeless currently or within the prior 24-months in order to be eligible for Mainstream Vouchers.

PCHA will offer a preference to any family who is currently in a Continuum of Care (CoC) or similar Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) program. PCHA will work with the following partnering service agency: Pinellas County Homeless Leadership Alliance.

ST. PETERSBURG HOUSING AUTHORITY

Homeless Preference Public Housing Program
- **One (1) point will be awarded to homeless individuals or families who are residing in an Emergency Shelter or participating in homeless services in or through a Continuum of Care (COC) Program. TO receive the preference, an applicant must provide a written letter of recommendation from the COC or a COCO-participating agency dated within thirty (30) days of notification of an offer of Public Housing unit.**

Homeless Preference Housing Choice Voucher Program
- **Homeless families = One (1) Point: Applicant family is currently residing in Emergency Shelter, Transitional Shelter, Permanent Supportive Housing or participating in homeless services at/in/through a participating Pinellas County Continuum of Care agency and have received a written letter of recommendation from that agency not less than 30 days ago.**

pinellashomeless.org

PINELLAS CONTINUUM OF CARE   HOMELESS LEADERSHIP ALLIANCE   PINELLAS HMIS   GET INVOLVED   NEWS AND EVENTS   GET HELP   DONATE

CONTINUUM OF CARE MEMBERS

Annual CoC Notice of Funding Opportunity (NOFO)

Bonus Project Applications

HUD recently released new information regarding **Bonus Projects for the Regular HUD NOFO**. Therefore, the HLA is re-opening applications for **Bonus Projects only**. Regular applications (for non-bonus projects) are no longer being accepted. All bonus project applications will be due by **Noon on August 22nd**. Questions regarding bonus projects will be accepted the entire time the application is open.

The CoC's Review and Rank Committee Deliberations will meet on August 30th at 10 AM. After the Review and Rank Committee prioritizes projects, the CoC's Executive Committee will vote to confirm them. The results will be posted here, and all applicants will be notified via email. See below for a timeline for the Annual and Special NOFO and all application materials. Completed applications, attachments, and questions should be submitted to **cocnofo@hlapinellas.org**.

Timeline

Instructions

Bonus Project Request for Proposal

DV Bonus Project Request for Proposal

Scoring Matrix

Special NOFO for Unsheltered and Rural Homelessness

DONATE TODAY!

Boley Centers	Project Type:	PSH		
Burlington, Grove, Etc.	Request:	$648,295.00		
Race Equity Narrative	**Recommended Scoring Rubric**	**Score**		**Notes**
Does the Race Equity Narrative reference the CoC's Race Equity Tool Kit?	5 pts. Yes 0 pts. No	0		
Has the organization taken steps to secure a commitment to race equity from the board of directors, funders, community stakeholders, volunteers, employees, and clients?	Scale of 1 (low) -5 (high) points	3		
Has the organization adopted a racial equity approach through policies and procedures, assessments, planning, and/or tools?	Scale of 1 (low) -5 (high) points	3		
Has the organization created an informal, equitable, inclusive environment for staff and/or communities served?	Scale of 1 (low) -5 (high) points	5		
Points Possible:	20	Section Total:	11	
Timely Drawdowns and Recaptured Funds	**Recommended Scoring Rubric**		**Score**	**Notes**
Did the organization attach their eLOCCS screens to show timely financial drawdowns for the last fiscal year?	5 pts. 4 pts. 3 pts. 2 pts. 0 pts.	Yes One quarter late Two quarters late Three quarters late All quarters late or missing	5	
In the past 3 years has the organization's HUD budget been fully spent? (No funds were recaptured)	5 pts. 0 pts.	Yes No	5	
What was the overall monitoring score from the most recent Homeless Leadership Alliance of Pinellas (HLA) Monitoring?	5 pts. 4 pts. 3 pts. 2 pts. 1 pt. 0 pts.	91-100% 81-90% 71-80% 61-70% 51-60% Below 50%	5	92%
Points Possible:	15	Section Total:	15	

Permanent Supportive Housing Criteria	Recommended Scoring Rubric	Average Score	SP Score	JA Score	NL Score

Reviewer: Duggan Cooley

Average length of stay in program	≥ 365 days	0 Pts.	8	8	8	8
	< 365 days	8 Pts.				
Minimum percent of participants who remain housed in PSH or exit to PH.	≥ 90%	8 Pts.	8	8	8	8
	< 90%	0 Pts.				
Minimum new or increased employment income for project stayers	≥ 10%	8 Pts.	8	8	8	8
	< 10%	0 Pts.				
Minimum new or increased non-employment income for project stayers	≥ 30%	8 Pts.	8	8	8	8
	< 30%	0 Pts.				
Minimum percent of individuals who maintained employment income during the reporting period or at exit.	≥ 10%	8 Pts.	8	8	8	8
	< 10%	0 Pts.				
Minimum percent of individuals who maintain non-employment income during the reporting period or at exit.	≥ 30%	8 Pts.	8	8	8	8
	< 30%	0 Pts.				
Points Possible:	48	Section Total:	48	48	48	48

Total Scores	Points Possible	Points Earned
Race Equity Narrative	20	11
Timely Drawdowns and Recaptured Funds	15	15
Outcomes	48	48
Total:	83	74

Boley Centers	Project Type:	PSH		
Burlington, Grove, Etc.	Request:	$648,295.00		
Race Equity Narrative	**Recommended Scoring Rubric**	**Score**		**Notes**
Does the Race Equity Narrative reference the CoC's Race Equity Tool Kit?	5 pts. Yes 0 pts. No	0		
Has the organization taken steps to secure a commitment to race equity from the board of directors, funders, community stakeholders, volunteers, employees, and clients?	Scale of 1 (low) -5 (high) points	4		
Has the organization adopted a racial equity approach through policies and procedures, assessments, planning, and/or tools?	Scale of 1 (low) -5 (high) points	3		
Has the organization created an informal, equitable, inclusive environment for staff and/or communities served?	Scale of 1 (low) -5 (high) points	3		
Points Possible:	20	Section Total:	10	
Timely Drawdowns and Recaptured Funds	**Recommended Scoring Rubric**		**Score**	**Notes**
Did the organization attach their eLOCCS screens to show timely financial drawdowns for the last fiscal year?	5 pts. 4 pts. 3 pts. 2 pts. 0 pts.	Yes One quarter late Two quarters late Three quarters late All quarters late or missing	5	
In the past 3 years has the organization's HUD budget been fully spent? (No funds were recaptured)	5 pts. 0 pts.	Yes No	5	
What was the overall monitoring score from the most recent Homeless Leadership Alliance of Pinellas (HLA) Monitoring?	5 pts. 4 pts. 3 pts. 2 pts. 1 pt. 0 pts.	91-100% 81-90% 71-80% 61-70% 51-60% Below 50%	5	92%
Points Possible:	15	Section Total:	15	

Permanent Supportive Housing Criteria	**Recommended Scoring Rubric**	**Average Score**	**SP Score**	**JA Score**	**NL Score**

Average length of stay in program	≥ 365 days	0 Pts.	8	8	8	8
	< 365 days	8 Pts.				
Minimum percent of participants who remain housed in PSH or exit to PH.	≥ 90%	8 Pts.	8	8	8	8
	< 90%	0 Pts.				
Minimum new or increased employment income for project stayers	≥ 10%	8 Pts.	8	8	8	8
	< 10%	0 Pts.				
Minimum new or increased non-employment income for project stayers	≥ 30%	8 Pts.	8	8	8	8
	< 30%	0 Pts.				
Minimum percent of individuals who maintained employment income during the reporting period or at exit.	≥ 10%	8 Pts.	8	8	8	8
	< 10%	0 Pts.				
Minimum percent of individuals who maintain non-employment income during the reporting period or at exit.	≥ 30%	8 Pts.	8	8	8	8
	< 30%	0 Pts.				
Points Possible:	48	Section Total:	48	48	48	48

Total Scores	Points Possible	Points Earned
Race Equity Narrative	20	10
Timely Drawdowns and Recaptured Funds	15	15
Outcomes	48	48
Total:	83	73

Boley Centers Burlington, Grove, Etc.		Project Type: Request:	PSH $648,295.00			
Race Equity Narrative		**Recommended Scoring Rubric**		**Score**	**Notes**	
Does the Race Equity Narrative reference the CoC's Race Equity Tool Kit?		5 pts. Yes 0 pts. No		0		
Has the organization taken steps to secure a commitment to race equity from the board of directors, funders, community stakeholders, volunteers, employees, and clients?		Scale of 1 (low) -5 (high) points		4		
Has the organization adopted a racial equity approach through policies and procedures, assessments, planning, and/or tools?		Scale of 1 (low) -5 (high) points		4		
Has the organization created an informal, equitable, inclusive environment for staff and/or communities served?		Scale of 1 (low) -5 (high) points		5		
Points Possible:	20	Section Total:	13			
Timely Drawdowns and Recaptured Funds		**Recommended Scoring Rubric**		**Score**	**Notes**	
Did the organization attach their eLOCCS screens to show timely financial drawdowns for the last fiscal year?		5 pts. 4 pts. 3 pts. 2 pts. 0 pts.	Yes One quarter late Two quarters late Three quarters late All quarters late or missing	5		
In the past 3 years has the organization's HUD budget been fully spent? (No funds were recaptured)		5 pts. 0 pts.	Yes No	5		
What was the overall monitoring score from the most recent Homeless Leadership Alliance of Pinellas (HLA) Monitoring?		5 pts. 4 pts. 3 pts. 2 pts. 1 pt. 0 pts.	91-100% 81-90% 71-80% 61-70% 51-60% Below 50%	5	92%	
Points Possible:	15	Section Total:	15			
Permanent Supportive Housing Criteria		**Recommended Scoring Rubric**		**Average Score**	**SP Score**	**JA Score**	**NL Score**

Permanent Supportive Housing Criteria	Recommended Scoring Rubric		Average Score	SP Score	JA Score	NL Score
Average length of stay in program	≥ 365 days < 365 days	0 Pts. 8 Pts.	8	8	8	8
Minimum percent of participants who remain housed in PSH or exit to PH.	≥ 90% < 90%	8 Pts. 0 Pts.	8	8	8	8

Minimum new or increased employment income for project stayers	≥ 10%	8 Pts.	8	8	8	8
	< 10%	0 Pts.				
Minimum new or increased non-employment income for project stayers	≥ 30%	8 Pts.	8	8	8	8
	< 30%	0 Pts.				
Minimum percent of individuals who maintained employment income during the reporting period or at exit.	≥ 10%	8 Pts.	8	8	8	8
	< 10%	0 Pts.				
Minimum percent of individuals who maintain non-employment income during the reporting period or at exit.	≥ 30%	8 Pts.	8	8	8	8
	< 30%	0 Pts.				
Points Possible:	48	Section Total:	48	48	48	48

Total Scores	Points Possible	Points Earned
Race Equity Narrative	20	13
Timely Drawdowns and Recaptured Funds	15	15
Outcomes	48	48
Total:	83	76

Boley Centers	Project Type:	PSH		
Burlington, Grove, Etc.	Request:	$648,295.00		

Race Equity Narrative	Recommended Scoring Rubric		Score	Notes
Does the Race Equity Narrative reference the CoC's Race Equity Tool Kit?	5 pts. Yes 0 pts. No		0	
Has the organization taken steps to secure a commitment to race equity from the board of directors, funders, community stakeholders, volunteers, employees, and clients?	Scale of 1 (low) -5 (high) points		4	
Has the organization adopted a racial equity approach through policies and procedures, assessments, planning, and/or tools?	Scale of 1 (low) -5 (high) points		4	
Has the organization created an informal, equitable, inclusive environment for staff and/or communities served?	Scale of 1 (low) -5 (high) points		5	
Points Possible:	20	Section Total:	13	

Timely Drawdowns and Recaptured Funds	Recommended Scoring Rubric		Score	Notes
Did the organization attach their eLOCCS screens to show timely financial drawdowns for the last fiscal year?	5 pts. 4 pts. 3 pts. 2 pts. 0 pts.	Yes One quarter late Two quarters late Three quarters late All quarters late or missing	5	
In the past 3 years has the organization's HUD budget been fully spent? (No funds were recaptured)	5 pts. 0 pts.	Yes No	5	
What was the overall monitoring score from the most recent Homeless Leadership Alliance of Pinellas (HLA) Monitoring?	5 pts. 4 pts. 3 pts. 2 pts. 1 pt. 0 pts.	91-100% 81-90% 71-80% 61-70% 51-60% Below 50%	5	92%
Points Possible:	15	Section Total:	15	

Permanent Supportive Housing Criteria	Recommended Scoring Rubric	Average Score	SP Score	JA Score	NL Score

Reviewer: Sam Picard

Average length of stay in program	≥ 365 days	0 Pts.	8	8	8	8
	< 365 days	8 Pts.				
Minimum percent of participants who remain housed in PSH or exit to PH.	≥ 90%	8 Pts.	8	8	8	8
	< 90%	0 Pts.				
Minimum new or increased employment income for project stayers	≥ 10%	8 Pts.	8	8	8	8
	< 10%	0 Pts.				
Minimum new or increased non-employment income for project stayers	≥ 30%	8 Pts.	8	8	8	8
	< 30%	0 Pts.				
Minimum percent of individuals who maintained employment income during the reporting period or at exit.	≥ 10%	8 Pts.	8	8	8	8
	< 10%	0 Pts.				
Minimum percent of individuals who maintain non-employment income during the reporting period or at exit.	≥ 30%	8 Pts.	8	8	8	8
	< 30%	0 Pts.				
Points Possible:	48	Section Total:	48	48	48	48

Total Scores	Points Possible	Points Earned
Race Equity Narrative	20	13
Timely Drawdowns and Recaptured Funds	15	15
Outcomes	48	48
Total:	83	76

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 3:18 PM
To:	Lariana Forsythe; Jill D. Flansburg Ph. D. (jflansburg@casa-stpete.org)
Cc:	Carly Pannella; Avery Slyker; Monika Alesnik
Subject:	Local Competition Final Project Ranking
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

The Review and Rank Committee made performance-based decisions, with 74% of total points based on objective criteria (e.g., cost effectiveness, timely draws, utilization rate, match, performance data, and type of housing proposed) and 58% based on system performance criteria. Based on your agency's scores for the DV Solution Collaborative and Gateway Housing, these applications have been placed in Tier 2.

The Committee's decision to maintain Brookwood's Transitional Housing project in Tier One was the only exception to ranking based on performance. The Brookwood project is the only youth-specific funding through the CoC, and the Committee felt the loss of this project would be detrimental to the CoC. Additionally, using CoC Benchmarks and HUD System Performance Measures to determine the performance of a youth-serving project may not demonstrate the effectiveness and efficiency of the project.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

Kayleigh Sagonowsky

From: Kayleigh Sagonowsky
Sent: Thursday, September 1, 2022 3:30 PM
To: sagramonte@ccdosp.org; Maggie Rogers
Cc: Carly Pannella; Avery Slyker; Monika Alesnik
Subject: Local Competition Final Project Scores
Attachments: Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

The Rank and Review Committee decided to reject your organization's application for Pinellas Pathways due to the fact that the application was submitted after the deadline.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

Kayleigh Sagonowsky

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 3:20 PM
To:	ashleyl@hepempowers.org; 'Libby Stone'
Cc:	Carly Pannella; Avery Slyker; Monika Alesnik
Subject:	Local Competition Final Project Ranking
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

The Review and Rank Committee made performance-based decisions, with 74% of total points based on objective criteria (e.g., cost effectiveness, timely draws, utilization rate, match, performance data, and type of housing proposed) and 58% based on system performance criteria. Based on your agency's score for Independence Square North, this application has been placed in Tier 2.

The Committee's decision to maintain Brookwood's Transitional Housing project in Tier One was the only exception to ranking based on performance. The Brookwood project is the only youth-specific funding through the CoC, and the Committee felt the loss of this project would be detrimental to the CoC. Additionally, using CoC Benchmarks and HUD System Performance Measures to determine the performance of a youth-serving project may not demonstrate the effectiveness and efficiency of the project.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

Kayleigh Sagonowsky

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 3:25 PM
To:	Judith Warren
Cc:	Carly Pannella; Avery Slyker; Monika Alesnik
Subject:	Local Competition Final Project Ranking
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

The Rank and Review Committee decided to reject your organization's application for Hope For Families due to the fact that the application and attachments were scanned incorrectly, and therefore, incomplete.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

Kayleigh Sagonowsky

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 3:15 PM
To:	nehemiah@svdpsp.org; Michael Raposa
Cc:	Carly Pannella; Avery Slyker; Monika Alesnik
Subject:	Local Competition Final Project Ranking
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

The Review and Rank Committee made performance-based decisions, with 74% of total points based on objective criteria (e.g., cost effectiveness, timely draws, utilization rate, match, performance data, and type of housing proposed) and 58% based on system performance criteria. Based on your agency's scores for the Returning Home and Returning Home Bonus Projects, these applications have been placed in Tier 2.

The Committee's decision to maintain Brookwood's Transitional Housing project in Tier One was the only exception to ranking based on performance. The Brookwood project is the only youth-specific funding through the CoC, and the Committee felt the loss of this project would be detrimental to the CoC. Additionally, using CoC Benchmarks and HUD System Performance Measures to determine the performance of a youth-serving project may not demonstrate the effectiveness and efficiency of the project.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

PINELLAS CONTINUUM OF CARE   HOMELESS LEADERSHIP ALLIANCE   PINELLAS HMIS   GET INVOLVED   NEWS AND EVENTS   GET HELP   DONATE

SIGN UP HERE
CONTINUUM OF CARE MEMBERS

DONATE TODAY!

Annual CoC Notice of Funding Opportunity (NOFO)

The local funding competition for the 2022 HUD Notice of Funding Opportunity is now complete. The Executive Committee voted to approve the prioritization of the Review and Rank Committee on September 1, 2022. Please click on the link below to see the CoC's final project prioritization list and stay tuned for the CoC's Consolidated Application which will be posted here on September 23, 2022.

Final Project Scores for All Projects

Special NOFO for Unsheltered and Rural Homelessness

The Department of Housing and Urban Development recently announced a new notice of funding opportunity (NOFO) to address unsheltered and rural homelessness. Through this **Special NOFO**, Pinellas County is eligible to apply for up to $4,733,895 in new funding. The NOFO strongly promotes partnerships with healthcare organizations, public housing authorities and mainstream housing providers, and people with lived expertise of homelessness. Applications to this NOFO must align to the CoC's Plan to Serve Those with Severe Service Needs that is linked below. This NOFO has no impact on the annual competition for funding and will require a separate application and review and rank process. Click the links below for the application and instruction materials. The HLA will accept questions about the application process until September 7 at 4 PM. All questions must be submitted via email to **SpecialCoCNOFO@hlapinellas.org**.

Timeline

Kayleigh Sagonowsky

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 2:55 PM
To:	Marrone, Kevin; Jeri Flanagan
Cc:	Carly Pannella; Avery Slyker; Monika Alesnik
Subject:	Local Competition Final Project Rankings
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

In order to complete the NOFO process, all approved projects must be submitted in E-snaps no later than 5:00 p.m. on Friday September 9, 2022. Once submitted, projects will be reviewed by HLA staff and you will be notified if any amendments are needed by 5:00 p.m. on September 13, 2022. Amendments must be completed by 5:00 p.m. on September 15, 2022.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 2:57 PM
To:	dmonje@brookwoodflorida.org; Cheryl Small
Cc:	Carly Pannella; Avery Slyker; Monika Alesnik
Subject:	Local Competition Final Project Scores
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

In order to complete the NOFO process, all approved projects must be submitted in E-snaps no later than 5:00 p.m. on Friday September 9, 2022. Once submitted, projects will be reviewed by HLA staff and you will be notified if any amendments are needed by 5:00 p.m. on September 13, 2022. Amendments must be completed by 5:00 p.m. on September 15, 2022.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

Kayleigh Sagonowsky

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 2:58 PM
To:	Lariana Forsythe; Jill D. Flansburg Ph. D. (jflansburg@casa-stpete.org)
Cc:	Carly Pannella; Avery Slyker; Monika Alesnik
Subject:	Local Competition Final Project Scores
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

In order to complete the NOFO process, all approved projects must be submitted in E-snaps no later than 5:00 p.m. on Friday September 9, 2022. Once submitted, projects will be reviewed by HLA staff and you will be notified if any amendments are needed by 5:00 p.m. on September 13, 2022. Amendments must be completed by 5:00 p.m. on September 15, 2022.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

Kayleigh Sagonowsky

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 2:56 PM
To:	ashleyl@hepempowers.org; 'Libby Stone'
Cc:	Carly Pannella; Avery Slyker; Monika Alesnik
Subject:	Local Competition Final Project Rankings
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

In order to complete the NOFO process, all approved projects must be submitted in E-snaps no later than 5:00 p.m. on Friday September 9, 2022. Once submitted, projects will be reviewed by HLA staff and you will be notified if any amendments are needed by 5:00 p.m. on September 13, 2022. Amendments must be completed by 5:00 p.m. on September 15, 2022.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

From:	Kayleigh Sagonowsky
Sent:	Thursday, September 1, 2022 3:01 PM
To:	Cynthia Kazawitch; Carly Pannella; Monika Alesnik; Avery Slyker
Subject:	Local Competition Final Project Scores
Attachments:	Final Project Scores for All Projects.pdf

Good Afternoon,

Thank you for submitting your organization's applications for the 2022 Continuum of Care Competition Notice of Funding Opportunity. The CoC Review and Rank Committee finalized project rankings on August 30, 2022, and the Executive Committee of the Continuum of Care's Board of Directors ratified that decision today.

Please see the attached document for the final CoC ranking and list of awardees. This document is also available on our website homepage: https://www.pinellashomeless.org/

In order to complete the NOFO process, all approved projects must be submitted in E-snaps no later than 5:00 p.m. on Friday September 9, 2022. Once submitted, projects will be reviewed by HLA staff and you will be notified if any amendments are needed by 5:00 p.m. on September 13, 2022. Amendments must be completed by 5:00 p.m. on September 15, 2022.

We greatly appreciate the time and effort your organization dedicated to you application to ensure that homelessness is rare, brief, and a one-time experience!

Thank you,

Kayleigh Sagonowsky
Program Management Analyst and Advisor
The Homeless Leadership Alliance of Pinellas
ksagonowsky@hlapinellas.org
www.PinellasHomeless.org

Did you know Amazon will donate 0.5% of your eligible purchases to the Homeless Leadership Alliance every time you shop? Visit https://smile.amazon.com/ to start generating donations today!

PCHLB - 2022 Special NOFO - All ✕   Homeless Leadership Alliance of ✕   +

pinellashomeless.org

OneDrive   Tampa Bay Times   St. Pete Catalyst   Florida Politics   Facebook   SharePoint   Zoom   Canva   HLA   To Do List   HMIS   Color Palettes   Paychex Flex   PTO Request   My UHC   »

Annual CoC Notice of Funding Opportunity (NOFO)

The local funding competition for the 2022 HUD Notice of Funding Opportunity is now complete. The Executive Committee voted to approve the prioritization of the Review and Rank Committee on September 1, 2022. Please click on the link below to see the CoC's final project prioritization list and stay tuned for the CoC's Consolidated Application which will be posted here on September 23, 2022.

Final Project Scores for All Projects

Special NOFO for Unsheltered and Rural Homelessness

The Department of Housing and Urban Development recently announced a new notice of funding opportunity (NOFO) to address unsheltered and rural homelessness. Through this **Special NOFO**, Pinellas County is eligible to apply for up to $4,733,895 in new funding. The NOFO strongly promotes partnerships with healthcare organizations, public housing authorities and mainstream housing providers, and people with lived expertise of homelessness. Applications to this NOFO must align to the CoC's Plan to Serve Those with Severe Service Needs that is linked below. This NOFO has no impact on the annual competition for funding and will require a separate application and review and rank process. Click the links below for the application and instruction materials. The HLA will accept questions about the application process until September 7 at 4 PM. All questions must be submitted via email to **SpecialCoCNOFO@hlapinellas.org**.

Timeline

DONATE TODAY!

FL-502 Pinellas County Continuum of Care 2022 HUD NOFO Project Ranking

Tier 1 (Projects are listed in order of score)								
Applicant Name	**Project Name**	**Project Status**	**Type**	**GIW**	**Requested**	**Awarded**	**Overall Score**	**Notes**
Homeless Leadership Alliance	Planning Grant	Accepted	Planning		$132,425.00	$132,425.00		Not Ranked
Homeless Leadership Alliance	HMIS	Accepted	HMIS	$240,372.00	$240,372.00	$240,372.00		Not Ranked
Homeless Leadership Alliance	Coordinated Entry	Accepted	SSO	$168,211.00	$168,211.00	$168,211.00		Not Ranked
CASA	Tiny Homes	Accepted	TH & RRH	$562,221.00	$562,221.00	$562,221.00		Not Ranked
CASA	TH-RRH Joint Project	Accepted	TH & RRH	$366,916.00	$366,916.00	$366,916.00		Not Ranked
Boley Centers	DelMar DV Housing	Accepted	PSH	$97,837.00	$97,837.00	$97,837.00		Not Ranked
Boley Centers	Burlington/Grove Park/Etc.	Accepted	PSH	$648,295.00	$648,295.00	$648,295.00	90%	
Boley Centers	PSH II Program Expansion	Accepted	PSH		$260,598.00	$260,598.00	83%	Bonus Project
Boley Centers	Shelter Plus Care 7	Accepted	S+C	$82,068.00	$82,068.00	$82,068.00	80%	
Homeless Empowerment Program	Baty Carlton	Accepted	PSH	$100,938.00	$100,938.00	$100,938.00	79%	
Boley Centers	Preserves at Clam Bayou	Accepted	PSH	$822,294.00	$822,294.00	$822,294.00	78%	
Boley Centers	Safe Havens	Accepted	SH	$926,753.00	$926,753.00	$926,753.00	78%	
Boley Centers	Shelter Plus Care 62	Accepted	S+C	$353,604.00	$353,604.00	$353,604.00	78%	
CASA	DV Solution Collaborative	Accepted	RRH		$404,416.00	$344,302.00	78%	Bonus Project
Brookwood	Brookwood Transitional Housing	Accepted	TH	$79,085.00	$85,886.00	$85,886.00	68%	Increase is funded by reallocation of Catholic Charities RRH project.

Total CoC ARD:	$5,326,626.00	Total Awarded:	$5,060,295.00	Does not include the Planning Grant
5% of ARD:	$266,331.30	95% of ARD:	$5,060,295.00	

95% of ARD:		$5,060,295.00		Difference:	$0.00		

Tier 2 (Projects are listed in order of score)

Applicant Name	Project Name	Project Status	Type	GIW	Requested	Awarded	Overall Score	Notes
CASA	DV Solution Collaborative	Accepted	RRH		$404,416.00	$60,114.00	78%	Bonus Project
CASA	Gateway Housing	Accepted	RRH	$321,906.00	$321,906.00	$321,906.00	82%	
St.Vincent dePaul	Returning Home	Accepted	RRH	$299,397.00	$299,397.00	$299,397.00	77%	
St.Vincent dePaul	Returning Home Bonus	Accepted	RRH		$500,000.00	$5,733.00	71%	Bonus Project
Homeless Empowerment Program	Independence Sq North	Accepted	PSH	$52,565.00	$52,565.00	$52,565.00	71%	

Rejected Projects

Applicant Name	Project Name	Project Status	Type	GIW	Requested	Awarded	Notes
Catholic Charities	Pinellas Pathways	Rejected	RRH	$204,164.00	$204,164.00	$0.00	Application was submitted after the deadline
Hope Villages of America	Hope for Families	Rejected	RRH		$410,650.50	$0.00	Scanned incorrectly, resulting in the submission of every other page of the application

September 1, 2022

Mr. Kevin Marrone, President/CEO
Boley Centers, Inc.
445 31st Street N.
St. Petersburg, FL 33713

Dear Mr. Marrone:

I understand that Boley Centers is applying to the Department of Housing and Urban Development (HUD) for funding to expand the services provided to your residents living in your permanent supportive housing (PSH) facilities such as Burlington/Grove Park, Broadwater, etc. The work that you have done to serve the chronically homeless population through your PSH facilities is truly extraordinary. The Housing Authority of the City of St. Petersburg (SPHA) supports your efforts to provide services that are more intensive on-site to those residents in need of on-site intensive services and interventions.

Boley Centers also does tremendous work facilitating the reintegration into the community of those individuals who are ready to move from a PSH facility into an independent living environment. SPHA is pleased to assist in this endeavor by committing ten (10) Mainstream tenant-based vouchers to help residents of Burlington/Grove Park, Broadwater, etc. to "move on" to the private sector, thereby freeing up PSH beds for new chronically homeless households.

We wish you much success with your funding application and look forward to our on-going collaborations to serve our most vulnerable citizens.

Sincere Regards,

Michael Lundy
President / CEO

11479 ULMERTON ROAD, LARGO, FLORIDA 33778
Telephone: (727) 443-7684
Fax: (727) 489-0757
TDD: (800) 955-8770
TTY: (800) 955-8771

Regina Booker
Interim Executive Director

August 11, 2022

Mr. Gary MacMath, President/CEO
Boley Centers, Inc.
445 31st Street N.
St. Petersburg, FL 33713

Dear Mr. MacMath:

I understand that Boley Centers is applying to HUD for funding to expand the services provided to your residents of Burlington/Grove Park/ Twin I+II/Broadwater II, iii, IV/Clam Bayou Permanent Supported Housing grant that serves chronically homeless individuals. Pinellas County Housing Authority supports your efforts to provide more intensive services to those residents in need of on-site intensive services and interventions.

Pinellas County Housing Authority is pleased to assist in your endeavor. We will provide Boley's Burlington/Grove Park, etc., project with 10 project-based housing vouchers which will allow your staff to help people who are ready to move to independent living in the community, to "move on" freeing up PSH beds for new chronically homeless households.

We look forward to our on-going collaborations to serve our most vulnerable citizens.

Respectfully,

Regina Booker
Interim Executive Director

BOARD OF COMMISSIONERS

Angela Rouson	Alan Swartz	Michael Guju	Joseph Triolo
Chair	Vice Chair	Commissioner	Commissioner

August 11, 2022
Kevin Marrone, CEO
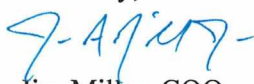Boley Centers, Inc.
445 31st North
St. Petersburg, FL 33713

Dear Kevin,

I understand that Boley Centers is applying to the U.S. Department of Housing and Urban Development for funding to expand the services being provided to their chronically homeless population currently living in permanent, supported housing. These highly vulnerable households and individuals who have been homeless for extended periods of time experience on-going, severe issues with psychotic symptoms and substance use problems without intense wrap around services. We understand that your new proposal will provide the interventions and treatment that your residents need to become stabilized in housing.

Operation PAR is Pinellas County's premier provider of substance use disorder treatment, helping people with addictions to recover and lead productive lives. Operation PAR receives grant funding in excess of $8M annually and funding is available for all program participants who qualify and choose to receive our services for treatment and recovery. The value of these services includes $6,378 for 28 days of detox and $90 for each outpatient session per participant.

Our services are currently used by Boley residents and will continue to be available for the residents of the permanent supported housing from the start of the HUD contract and continue annually thereafter.

Sincerely,

Jim Miller, COO

August 11, 2022

Gary MacMath, President/CEO
Boley Centers, Inc.
445 31st Street N.
St. Petersburg, Florida 33713

RE: Burlington/Grove Park/Twin/Broadwater/Clam

Dear Gary:

Community Health Centers of Pinellas, Inc. DBA Evara Health (Evara) supports Boley Centers' application to the US Department of Housing and Urban Development to expand services provided to the chronically homeless population currently living in permanent supported housing. These highly vulnerable households and individuals have been homeless for extended periods of time and experience on-going, severe issues with psychotic symptoms and substance abuse problems without intense wrap around services. We understand that your proposal will provide the interventions and treatment your residents need to obtain stabilized housing.

Evara Health is a Federally Qualified Health Center that provides affordable, primary healthcare services to the residents of Pinellas County, Florida. Evara operates 14 health centers throughout the County, providing strategically targeted services to the underserved, low-income, uninsured, and underinsured. As an accredited Patient-Centered Medical and Dental Home, we recognize the need for support services among individuals and families who lack stable housing. Our mission and commitment to you in this application is to provide quality healthcare services to all, regardless of one's ability to pay.

Our services include routine health check-ups, immunizations for children and adults, medical treatment, prenatal and postpartum care, dental services and well woman exams. We estimate our health care costs per patient per year is approximately $600. Boley's permanent supported housing program serves 90 chronically homeless people at any given time. Therefore if 45 residents (50%) use Evara Health as their primary medical care provider, our value of commitment is a minimum of $27,000 annually.

We currently provide healthcare services to the majority of Boley's residents. This commitment will be official on the start date of the HUD contract.

Sincerely,

Elodie Dorso, CEO/President

August 22, 2022

Boley Centers, Inc.
Attn. Mr. Kevin Marrone, President & CEO
445 31st Street North
St Petersburg, FL 33713

Dear Kevin,

Directions for Living provides a variety of psychiatric services, including outpatient counseling and medication management to the clients who are experiencing homelessness and who are residing in Boley's homeless programs. I understand that you need documentation of these services for match for your renewal applications.

Directions for Living services are as follows:

Shelter Plus Care Vouchers
Thirty four homeless households are provided with tenant-based rental assistance vouchers. Approximately 75% of the households access services from DIRECTIONS FOR LIVING at a cost of $3,000 per year ($76,500.)

Shelter Plus Care Vouchers
Seven homeless households are provided with tenant-based rental assistance vouchers. Approximately 75% of the households access services from DIRECTIONS FOR LIVING at a cost of $3,000 per year ($15,750).

Sincerely,

April Lott, LCSW
President & CEO

August 17, 2022

Mr Kevin Marrone
President/CEO Boley Centers, Inc. 445 31st
Street N.
St Petersburg, FL 33713
RE: Burlington/Grove Park/Twin/Broadwater/Clam
Dear Kevin Marrone:

Suncoast Center is exceptionally grateful for the gap that Boley Centers fills for our community. Many of our disadvantaged and mentally ill clients would have no housing options without Boley Centers. Suncoast Center provides a variety of psychiatric services, including outpatient counseling and medication management to the homeless clients residing in Boley's homeless programs. I understand that you need documentation of these services for your application to HUD to expand services to your permanent supported housing program that serves people who are chronically homeless.

Suncoast Center's services are as follows:

- Grove Street/Burlington: Twenty-seven homeless households are served at Grove Street/Burlington Apartments. Approximately 50% of the households access services from Suncoast Center at a cost of $2,400 per year ($32,400.)

- Broadwater II and III: Twenty homeless households are served at Broadwater II and III Apartments. Approximately 50% of the households access services from Suncoast Center at a cost of $2,400 per year ($24,000.)

- Twin Brooks II: Twelve homeless households are served at Twin Brooks II Apartments. Approximately 50% of the households access services from Suncoast Center at a cost of $2,400 per year {$14,400.)

- Twin Brooks III: Sixteen homeless households are served at Twin Brooks III Apartments. Approximately 50% of the households access services from Suncoast Center at a cost of $2,400 per year ($19,200).

Our psychiatric services and other outpatient services are available for all program participants who qualify and choose to receive our services for treatment and recovery. We have provided these services to Boley's homeless population for years and will continue to do so as long as we continue to receive funding. We estimate the cost of these services provided to your residents who are chronically homeless is $90,000 annually as described above.

Sincerely,

Kristin Mathre
Chief Operating Officer

P.O. Box 10970 • St. Petersburg, FL 33733 • www.suncoastcenter.org
Client Services: (727) 388-1220 • Administrative Offices: (727) 327-7656 • TTY: (727) 328-6553

Suncoast Center, Inc. is a 501(c)(3) nonprofit organization. Serving the needs of others since 1944