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: OH-506 - Akron, Barberton/Summit County CoC

1A-2. Collaborative Applicant Name: City of Akron

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of Summit and Medina County

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)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
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	Yes	Yes
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	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
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	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
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.	Fair Housing Contact Services	Yes	Yes	Yes
35.	Community Legal Aid	Yes	Yes	Yes

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

	Describe in the field below how your CoC:
1.	communicated 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)

The CoC's staff and members are continually expanding the coalition to bring new agencies and individuals who have an interest in preventing and ending homelessness into the collaborative. Instructions on how to become a member are listed on the CoC website and social media platforms. More than 45 organizations and individuals participate in one or more of the ongoing meetings to ensure the CoC continues to collect qualitative and quantitative information, suggestions, and input regarding preventing and ending homelessness. CoC membership includes, but is not limited to homeless providers, government agencies, faith-based organizations, law enforcement, private citizens, and those who have lived experienced. The CoC has a highly effective structure that utilizes committees, its website, social media, and meetings to solicit opinions, communicate information, address improvements, and/or new approaches to prevent and end homelessness. We work closely with organizations who serve those with disabilities to ensure effective communication and availability of electronic formats. The CoC Board of Directors and Youth Advisory Board are both chaired by a formerly homeless individual. A diverse Lived Experience Committee meets regularly to review policies and procedures proving feedback from their perspective that informs changes across our coalition. Our coalition is comprised of multiple organizations which include BIPOC and LGBTQ+ led agencies that serve culturally specific communities, thus ensuring the population we serve is reflected in our membership.

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)

The CoC solicits and considers opinions from a broad array of organizations and individuals that have knowledge of the many issues surrounding homelessness. The CoC community meets regularly to examine its membership and invite new organizations/individuals to join. An open invitation is posted on the CoC website and social media platforms. A monthly email reminder regarding meetings is disseminated to active members. Current CoC members attend local, state, and national meetings, trainings, conferences, and network with other organizations to encourage broader membership. During public meetings attendees are provided agendas, meeting minutes, reports, training materials, and other pertinent documents. The CoC regularly gathers information from individuals and organizations to implement new approaches and improvements in the fight to end homelessness. For example, round table meetings are held with Formerly Homeless individuals, Street Outreach Teams, local grassroots agencies, and city officials to discuss the current issues surrounding outdoor encampments and how best to address the concerns of all community stakeholders while ensuring clients' needs remain at the forefront of our mission.

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)

The CoC accepts applications from both previously funded and non-funded organizations. We notify the public and CoC members that the grant application process is open via Listserv, our website, and social media platforms. CoC staff and the Ranking & Review committee (R&R) oversee the application process. Based upon data driven evidence the CoC sets priorities that address the highest needs in our community. In 2022, the CoC identified its highest priorities as ones that specifically target CH, youth, DV victims, and the medically fragile population with an emphasis on ensuring that the principles of equity, diversity, and inclusion are demonstrated by all applicants. On 08/07/22, the CoC placed a notice of availability on its website and socials media platforms for all interested parties to apply for new and renewal project funding. In addition, an invitation to apply for CoC funding was issued to all organizations/individuals on the CoC Listserv. The CoC staff is available to help interested parties, by answering any questions and providing technical assistance. The R&R committee evaluates applications using multiple criteria including individual presentations given by each applicant. The committee then provides guidance on methods to improve rejected project applications, and refers applicants to the CoC Technical Assistance Committee when necessary. A variety of factors are fully reviewed when considering new project applications including local priority, agency experience, sustainability, previous experience in administering federal grants, project readiness, and capacity to serve. All projects were reviewed by the CoC Ranking and Review Committee, and all required project applicants made a formal presentation to the committee on 6/29/21. The Ranking and Review Committee then ranked all submitted projects. On 9/12/21, the committee sent an acceptance/rejection letter to all applicants. The CoC always provides accessible electronic formats for individuals with disabilities upon request.

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;
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- 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.	Lived Experience Committee	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)

The CoC has active Board members who receive ESG funding. These CoC members/ESG recipients are required to attend all CoC Board meetings where we discuss and approve the planning and allocation of ESG funding. As part of the reporting and performance evaluation process, the CoC shares HIC,PIT, AHAR, ESG CAPER, APR data, and the ESG Program HMIS Certification Letter. The CoC and the ESG recipients meet to review data from these sources in the planning and allocation of ESG funds. The CoC has provided HMIS data to the CoC Consolidated Plan jurisdictions including Akron, Barberton, Cuyahoga Falls, and Summit County. Anytime data is requested from one of the members in the Consolidated Plan jurisdictions, the CoC provides it to them immediately. The participating jurisdictions work with the CoC to use data and ensure the goals to end homelessness are mutually agreed upon.

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.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
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 CoC partners with Project Rise - the McKinney-Vento Program in Akron Public Schools (APS). Project Rise is a sub-grant program recipient of ODE McKinney-Vento Homeless Assistance Funds and the Local Educational Agency (LEA). The CoC and LEA have a MOU in place to assure that eligible students within the district receive the rights and services to which they are entitled. A Project Rise representative participates in the Summit County CoC Youth Summit-Up Workgroup and on the CoC Steering Committee. During these meetings, Project Rise staff update CoC members about available education resources for youth in housing programs. Project Rise maintains relationships with all local shelters to assist in removing barriers to education and offers tutoring in the shelters to focus on both academics and social emotional skills. The Youth Advocates at the shelters send school transportation requests through Project Rise. Project Rise assists in arranging transportation for APS students, surrounding districts, and charter schools. In addition to utilizing APS vans and busses, Project Rise provides Metro bus passes to students, when appropriate, and to parents so that they can continue to attend to their child’s education needs regardless of their housing status. In addition, the Youth Advocates at the shelters send rosters of children, ages 0-22, to Project Rise so that the CoC remains informed of the children staying in shelter.

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 coordinates with Project Rise staff who are present in the shelters during after school hours and works closely with shelter staff to inform parents of their rights as set forth in the McKinney-Vento Act. Each shelter has a poster in the youth advocate area describing the rights of parents, families, and students according to the McKinney-Vento Act. Project Rise provides materials, training, and information to the shelter staff and hosts quarterly meetings with shelter staff to ensure there are no barriers to education and that all parties are communicating regularly. Over the past two years Project Rise increased staff capacity to conduct intakes and contacted all students who opted to remain online. Project Rise increased marketing via billboards and outreach to gurantee that sheltered families who would have otherwise been identified by in-person school staff were not overlooked. Advocacy staff were added to work on transition plans for students who were exiting high school due to decreased transition services.

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

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

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

The CoC understands the importance of training and continued education for all service providers and all populations. As an active CoC member, the Battered Women's Shelter (BWS) provides trainings plus policy and procedure reminders, as requested, to other CoC members and community partners regarding best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. This includes a forty-hour training covering Trauma-Informed Care, History of the Domestic Violence/Sexual Assault Movement, Advocacy 101, Risk Assessment/Safety Planning, and Evidence-Based practices for Domestic Violence Services. While this forty-hour training is mandatory of all BWS staff and CoC funded agencies, it is also offered to community partners and is certified by the Ohio Domestic Violence Network. Trainings and/or reminders often include detailed information regarding trauma-informed care and evidence-based practices for providing soft services and triaging domestic violence, dating violence, sexual assault, and stalking victims. Trainings provided by BWS are consistent with the policy and procedure protocols for the CoC and assist service providers with safeguarding that the survivor's safety, confidentiality, and autonomy are maintained to the highest-level while clients move through the CoC and to their permanent housing destinations. These trainings and best practices are also consistent with the CoC's emergency transfer plan in which coordinated entry works to establish that clients who have identified as survivors are able to access the DV emergency shelter as quickly and as safely as possible.

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)

All CoC providers agree on the importance of triaging identified victims of domestic violence, dating violence, sexual assault, and stalking, and connecting them with services that best meet their immediate and long-term safety needs. Thus, the CoC partners with the Battered Women's Shelter (BWS) to evaluate occupancy trends, participation durations, and service type utilization to help determine the community's needs related to domestic violence, dating violence, sexual assault, and stalking. At Centralized Intake, victims of domestic violence that self-identify are immediately referred to BWS for appropriate accommodations and specialized services. For data collection and computation, BWS currently utilizes an HMIS-comparable database that is often used among domestic violence shelters across the nation. BWS is highly committed to ensuring victim safety and confidentiality in relation to data collection/computation through this HMIS-comparable database while also providing the CoC with as high quality and efficacious aggregate data as possible. Data is currently managed by BWS through program managers and program director. Ultimately, the CoC utilizes cumulative data from HMIS and comparable databases to meet HUD's reporting requirements as well as evaluate the prevalence and trends associated with domestic violence, dating violence, sexual assault, and stalking in the community. This is also used to develop strategies regarding shelter bed utilization, RRH, and TH. Based on accumulated data and Annual Progress Reports provided by BWS, the CoC can review and rank the DV-related project just as any other project and determine the community's need for continued funding of this specialized project.

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)

The HMIS-comparable database (Osnium) used by Battered Women's Shelter (BWS) assigns a client number to each client, which can be used to identify anonymously a client's case without divulging any confidential information. The Osnium database complies with the current HUD HMIS Data and Technical standards and has the ability to create unduplicated aggregate reports in the HUD-required Sage reporting format about the individuals and families served. Data collected from Osnium assess project-level performance, identify gaps in coverage for domestic violence survivors in the community, assess the specialized needs related to domestic violence and homelessness, and prepare to better meet those needs. Reports are produced based on various parameters to capture aggregated data, without disclosing any identifying information, which is used by BWS and the CoC to analyze trends and identify any potential gaps in service for survivors of domestic violence, dating violence, sexual assault, and stalking. Annual Progress Reports are also provided by BWS to the CoC annually for the purposes of ranking and reviewing DV-related projects. BWS submits to the CoC as requested a Data Quality Report (DQR) every month with de-identified aggregated program data.

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

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

(limit 2,500 characters)

The CoC has policies and procedures regarding emergency transfer plans for individuals and families accessing DV services who request such a transfer. The plan allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer. Availability of transfer plans are provided regardless of sex, gender identity, or sexual orientation. This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. Battered Women's Shelter, the CoC only local DV shelter, is highly committed to ensuring victim safety and confidentiality and networks with other area shelters, and out-of-county shelters, as needed to ensure victim safety ad protection. Individuals and families seeking an emergency transfer work with their case manager and BWS leadership to coordinate and ensure continued accessibility of services during and after transfer as needed by the individual, including relocation assistance.

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)

Individuals and families fleeing or healing from domestic violence have access to the full range of housing and service intervention options available in their community, including prevention, diversion, rapid re-housing, and other housing and mainstream services. Special consideration is given to their unique and often complex physical and emotional safety needs, particularly those that offer trauma-informed and culturally-relevant services. All CoC providers agree on the importance of triaging identified victims of domestic violence, dating violence, sexual assault, and stalking, and connecting them with services that best meet their immediate and long-term safety needs. BWS is the sole provider of emergency protective shelter and housing services specifically for survivors of domestic violence, dating violence, sexual assault, and stalking, in Summit County. Thus, BWS works with the CoC to evaluate occupancy trends, participation durations, and service type utilization to help determine the community's needs related to domestic violence, dating violence, sexual assault, and stalking. At Centralized Intake, victims of domestic violence that self-identify are immediately referred to BWS for appropriate accommodations and specialized services.

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)

Within the OH-506 coordinated entry system, individuals are screened at multiple check points for needs regarding victimization of domestic violence, dating violence, sexual assault, and stalking. Individuals at the front door have an option to indicate victimization and immediately be transfer to the CoC's sole Domestic Violence and Sexual Assault service provider (Battered Women's Shelter). From the internal hotline of the Battered Women's Shelter, callers can receive trauma-informed safety planning, shelter screening, court advocacy, and referrals. Similarly, Battered Women's Shelter has established emergency transfer procedures for other area shelters to ensure that survivors have access to the services they need. All referrals, transfers, and system data collection are conducted following the confidentiality guidance of both the Victims of Crime Act and Violence Against Women Act. In addition, the CoC is currently applying for funds to hire a full time Coordinated Entry Specialist to implement policies and procedures that are trauma-informed, client-centered and to better coordinate referrals between the CoC's coordinated entry and the victim service provider's coordinated entry system where they differ. Protocols to protect the safety of households seeking assistance should be in place for every phase of the coordinated entry process, including addressing safety concerns associated with the coordinated entry access point(s).

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)

The CoC is developing a community-wide strategic plan to prevent and end homelessness in Summit County, focusing upon strategies and action steps that advance priorities identified by individuals with lived experience. Special attention will be paid to equitably serving BIPOC, LGBTQIA+ and people with disabilities. Our community is addressing the needs of transgender, gender non-conforming, and non-binary persons, to ensure privacy, respect, safety, and access by requiring all CoC member organizations annually attend a mandatory Sexual Orientation, Gender Identity, and Expression (SOGIE) training to increase their awareness of the needs of the LGBTQ+ community and to make the necessary changes to policies and procedures to reflect that awareness. All CoC organizations are required submit a copy of their anti-discrimination policy for review by the CoC leadership to ensure polices are consistent with CoC-wide policy. This year adjustments were made to the CE assessment tool that identify gender expression so that members are reffered to specific services that best meet their needs. The CoC is working toward the goal that all housing staff will identify potential barriers related to the sexual orientation, gender identity, race and/or ethnicity of program participants that contributed to housing disparities and take steps to eliminate those barriers to improve equity. The expectation is the entire CoC insist upon modeling respectful, inclusive, language-aware treatment of transgender, gender non-conforming, and non-binary persons so that programs treat them with sensitivity and respect. Using HUD guidelines, our partner organizations are expected to employ transgender-inclusive language in discussions and written materials; intervene in conflicts to promote the safety of all residents while upholding expectations of appropriate behavior; and hold staff and residents consistently accountable regarding standards of behavior within HUD-funded shelters and projects. When we receive reports of noncompliance the CoC Executive Committee is notified, and an investigation is conducted and presented to the organization’s leadership. If noncompliance is substantiated the organization is required to the submit a letter of corrective action to remedy the situation.

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?
AMHA Low Income Public Housing	4%	Yes-Both	Yes
AMHA Housing Choice Voucher Program	15%	Yes-Both	Yes

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

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

(limit 2,500 characters)

The CoC collaborates with Akron Metropolitan Housing Authority (AMHA) who currently has a Moving On preference to provide a tenant based voucher for individuals ready to move on from the Shelter Plus Care voucher program, a permanent supportive housing program. As units become vacant through this strategy, the CoC will prioritize chronically homeless persons for placement. In addition, AMHA currently has a Moving On preference for individuals ready to move on from other CoC Permanent Support Housing Programs with an established MOU with AMHA. This preference allows current clients to become eligible for either the Housing Choice Voucher Program or Low Income Public Housing. Lastly, most of the CoC providers have implemented their own Moving On strategies to address those clients that no longer require intensive services to move on to other PH options.

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)	Yes
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	Yes
8.	Other Units from PHAs:	
	Shelter Plus Care (SPC) Vouchers	Yes

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.	FUP, EHV, SPC, mainstream vouchers,

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
Akron Metropolita...

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

Name of PHA: Akron Metropolitan 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	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
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.	25
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.	25
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)

The CoC operates under a Housing First model and requires all CoC funded programs to create and implement policies and procedures that provide immediate access to housing with no barriers. All programs are required to receive referrals from Centralized Intake with a no side door policy to prevent agencies from refusing clients who may have high acuity needs and/or are traditionally harder to serve. Using HMIS, Centralized Intake staff sends client referrals to providers and tracks participants progress to ensure programs aren't rejecting clients. If a provider rejects a referral, they are required to provide a response as to why the client was denied access. The CoC can then run reports from HMIS to assess rejected referrals and implement corrective action plans for providers who repeatedly reject client referrals. Housing providers meet monthly to review the Chronically Homeless By-Name List where the highest barrier, Chronically Homeless individuals are prioritized and slotted for openings that are available immediately. CoC staff conducts annual monitoring visits where random client files are selected and projects are evaluated to ensure they are using a Housing First approach and are rapidly placing clients. The Ranking and Review Committee reviews project applications to ensure projects are Housing First and have low barriers to entry. Projects are also scored and prioritized based upon them adhering to a housing first protocol. The committee also reviews system performance measures, which indicate how successful our CoC agencies are at following the Housing First model. In order to establish realistic outcomes, the CoC regularly examines program data and analyzes our program outcomes against those of other successful Housing First programs.

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)

The CoC covers 100% of Summit County. Community Support Services conducts weekly street outreach. Teams providing street-based case management that is personalized, trauma-informed and evidence-based. Outreach specialists focus on a person's individual needs, using a person-centered approach to provide appropriate connection to services. Much of this outreach happens during off hours and in places such as encampments, in parking decks, at meal-sites, at shelters, and at local libraries. Street outreach includes not only PATH/SSVF workers, but also community members, grassroots/faith-based organizations, and persons with lived experience. Current and formerly homeless individuals provide valuable assistance in connecting particularly hard to engage persons with outreach teams. Chronically homeless individuals and those who won't engage through traditional means are prioritized and are seen regularly. Many of these individuals use the Outreach Center that Community Support Services operates to complete basic hygiene (showers and laundry) and to be linked with services. The CSS dayroom has been crucial for engaging people who would not otherwise accept assistance because staff have time to build relationships and trust. Homeless Outreach is well known to community members (law enforcement, downtown ambassadors, other providers, first responders, and the homeless community in general) and is the contact of choice for engaging complex clients with significant barriers to housing. Street outreach is guided by information gathered from the homeless hotline, the monthly CoC Chronically Homeless meeting (which seeks to identify and place every chronically homeless person in the county), homeless trends gathered from HMIS data, referral sources, and the homeless clients themselves.

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

You must select a response for elements 1 through 4 in question 1D-4.

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."	219	140

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)	
	SOAR	Yes

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)

Summit County Department of Job and Family Services (SCDJFS) staff presents at the CoC Steering Committee meeting on a quarterly basis to keep program staff up to date on Ohio Works First, Food Assistance (SNAP), Medicaid, Temporary Assistance for Needy Families (TANF) Prevention, Retention and Contingency (PRC), and other mainstream resources. During this meeting, SCDJFS disseminates resource tools and guides to all CoC members. The CoC takes an active role in facilitating access to healthcare organizations and has two CoC Board members that represent a Federally Qualified Health Center. All CoC organizations have received training about the Benefit Bank and have staff trained in the use of the Benefit Bank which allows users to identify and apply for mainstream resources, including Medicaid, for which they are eligible. All CoC projects have access to a SOAR specialist through a partner CoC organization. The primary drop-in center for individuals who are homeless has regularly scheduled office hours for a SOAR specialist and for face-to-face interviews to help access services, which also include applying for Medicaid, health insurance, or disability insurance. Additionally, two CoC partner organizations operate a Federally Qualified Health Center which provides comprehensive medical services to all individuals, regardless of health insurance status. The CoC recognizes that Medicaid and other benefits represent an efficient and cost-effective means of providing supportive services. Medicaid expansion in the state of Ohio has greatly enhanced the breadth and quality of services available to individuals who are homeless. During intake, Coordinated Entry staff/Housing Specialists conduct assessments that now include a question regarding health insurance coverage and potential mental health and/or substance abuse issues. Those who have no health insurance coverage are linked to assistance in applying for mainstream benefits, including Medicaid. Those who identify as having mental health and/or substance abuse issues are then referred to the program that best meets their needs.

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)

Expansion of shelter services utilizing hotels is an ongoing intervention in which the CoC provides emergency shelter services to singles, women with children, men with children, the transgender population and women with physical conditions that cannot be currently accommodated by our shelter system. Due to reduced capacities initially created by the pandemic, the ending of the eviction moratorium, increase in the number of unsheltered persons, and lack of specialized emergency shelter for youth and those who are a part of the LGTBQ+ community, the need for this type of non-traditional shelter persists. The CoC also provided non-congregate shelter for those who were homeless and needed a safe place to quarantine to help mitigate the spread of illness in congregate shelter settings. Factoring in the reasons stated above, the CoC addressed the community's increased need for non-congregate shelters. Services provided to these clients included full on-site case management, housing referral and search support, access to enrichments classes, health care clinic, Child Advocate, mental health services, and tutoring for children. Participants receive transportation support, basic needs supplies, clothing as needed, school uniforms and supplies. Clients successfully exited into permanent housing from these shelters reported feeling more able and willing to talk to staff because they were under less stress. They also reported that having on site access to more amenities such as pools and exercise rooms made them feel more comfortable and less like they were in an institution. Non-congregate shelters can facilitate autonomy among residents leading to meaningful impacts on mental and physical health.

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)

The CoC COVID Coordinator (CC) works directly with local and state health agencies to ensure that CoC homeless service providers are prepared to respond rapidly and effectively to all emergencies and infectious disease outbreaks that may adversely impact people experiencing homelessness. The CC is responsible for overseeing plans that include implementing policies and procedures on sanitation, screening, reporting, responding, communicating with, and involving public health officials. The CC coordinates with the local EMA and health department to ensure that shelters and housing programs have the necessary supplies in stock to maintain a disease-free environment. The supplies include testing kits, PPE, sanitation supplies, and other preventative equipment to distribute as needed. The CC provided training for homeless service providers on common infectious diseases that spread within shelters and housing programs and those that spread in unsheltered locations such as encampments. The CoC has contingency plans in place should another public health emergency arise. The CC utilizes HUD & CDC guidance for homeless providers to educate clients and staff and manage misinformation. Additionally, the CoC maintains relationships with the local health department, hospitals, and clinics to provide vaccinations to the homeless population as they become available.

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)

During the response phase of a public health emergency, the CoC disseminates information to homeless service providers to ensure the health and safety of our clients and providers. These efforts include increased healthcare awareness efforts, public notification and education, and outreach with vaccination clinics for high-risk populations. The CoC implements virtual meeting platforms and an email list serve to regularly relay up to date information from the CDC and HUD. Using these platforms, the CoC COVID Coordinator (CC) sends out a weekly email to community partners with updates from the CDC and local health departments and conducts virtual meetings on infectious disease information. This helps the CoC to coordinate and communicate support that includes responding to requests for health-related resources and developing and distributing guidelines and educational materials to meet the needs of mitigating an outbreak in a timely manner. The CoC partners with the local Health Department to be a liaison between them, local shelters, and outreach teams. The CoC is actively involved in developing outreach approaches and strategies, ensuring outreach is consistently provided and is comprehensive and targeted in its coverage. The CC secures and distributes PPE and provides updated on local restrictions and mandates. The coordinator also works in partnership with the local Health Department to schedule, market, and run vaccination clinics for community partners and clients. To further mitigate the spread of infectious diseases and outbreaks, The CoC works directly with all local hospitals to provide a non-congregate shelter option to patients who are homeless and in need of a safe place to quarantine.

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)

United Way of Summit and Medina's (UWSM) 2-1-1 Information and Referral helpline operates the Centralized Intake (CI) Homeless Hotline 24 hours a day, 7 days a week and covers 100% of our geographical area. 2-1-1 is listed as the contact for every Continuum of Care Agency Housing Program, handles all initial inquiries for housing in our community, and performance intakes for all homeless persons in Summit County. All clients go through a standardized assessment process regardless of point of entry. Since 2020, Centralized Intake has integrated diversion and referral plans within all initial inquiries to help clients develop their own housing resources. As a result, our Centralized Intake Specialists have also become diversion specialists, investing in one-on-one client engagement at the first point of contact to more effectively help clients expand their abilities to solve their housing instability and/or use resources outside of the homeless system. By emphasizing diversion work, we are able to prioritize the scarce beds within our CoC for those with the highest needs and ensure that more people do not enter the homeless system. In provision of Diversion activities, CI staff were able to provide 87 instances of one-time, moderate financial assistance that supported housing stability for households at risk of homelessness. Our Centralized Intake was also selected to participate in HUD's CE Equity Initiative Cohort 2. Over the past eight months, our cohort has collaborated with persons with lived experience to transform how our Housing Specialists perform intakes. Centering the work on Racial Equity and prioritizing the voices of those with lived experience in our system were the foundations for creating a local assessment tool to replace the VI-SPDAT. As a result, Centralized Intake created a new tool to utilize during the intake process, ensuring that all assessments and referrals incorporate a racial equity lens and are free of cultural biases. The new assessment tool will begin utilization on 10/1/2022.

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)

Centralized Intake (CI) collaborates with Community Support Services' Street Outreach team to ensure encamped, homeless persons are assessed for intake upon meeting. CI staff keep regular hours at all our local, homeless, drop-in locations and the United Way Summit Medina (UWSM) CI office is open for walk-in assistance. Centralized Intake conducts outreach and training to Counselors and Case Managers at local health clinics, substance abuse clinics, and other mainstream service providers for homeless persons to ensure that the Homeless Hotline information is given to clients. Centralized Intake also operates as a mobile front door to engage and identify clients living in their car or a space unfit for human habitation. Finally, emergency housing triage and information is available 24/7 through the 211 system. Central Intake workers have been trained on use of the VI-SPDAT and SPDAT to assess participants for needs and barriers to housing. Participants are prioritized and referred based on need to the CoC Housing program that can house them expediently and effectively in accordance with HUD Orders of Priority CPD 17-01. Housing referrals will be sent to partner agencies via the HMIS system. In the event that a participant must wait for a housing placement, Central Intake personnel attempt to triage their other needs with resources available in the community. Participants remain engaged with Central Intake until a housing resource is available or a suitable diversion can be located. CI staff participates with CoC partners to conduct regular By-Name-List meetings for Chronically Homeless, Veterans, Youth 18-24, and all residents in family shelter to provide accountability for client movement through the system and to ensure communication between shelter staff and CoC Housing providers to expedite the housing process.

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.	09/05/2022

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)

The CoC focuses data collection on racial equity and outcomes within our CoC housing system. By integrating a strong racial equity lens, the CoC has identified systemic issues and disproportionate effects of homelessness on minority households. OH-506 was selected to participate in HUD's Coordinated Entry Equity Initiative Cohort 2 where we analyze HMIS data, assessments tool and other polices and process that may create barriers for the BIPOC population. Over the past eight months, our cohort has collaborated with persons with lived experience to transform how our Housing Specialists perform intakes. The CoC understands that in order to accurately assess and effectively eliminate racial inequities, quantitative data analysis must be coupled with qualitative analysis. Centering the work on Racial Equity and prioritizing the voices of those with lived experience in our system were the foundations for to redesign the vulnerability index utilized by our CoC for prioritization of consumers. Our revisions helped remove cultural biases and sharpen the equity lens of our Centralized Intake process. Additionally, Centralized Intake has incorporated a client-centered approach to support our diversion work and help clients identify resources outside of the homeless system to solve their housing instability. The CoC utilized Coordinated Entry data disaggregated by race to understand who is accessing our homelessness system and identify disparities in assessment and referral processes. The CoC 2022 racial equity assessment identified that brown and black persons made up 51% of the population accessing shelters, but only make up 14.5% of the population in Summit County. The data also shows that Black and Indigenous People of Color (BIPOC) receive significantly lower prioritization scores than their White counterparts. Additionally, it showed that White individuals were prioritized for Permanent Supportive Housing interventions at a higher rate than BIPOC, while BIPOC were more likely to be referred to Rapid ReHousing programs that provide a temporary subsidy.

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.**	No
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	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.	Currently participating in HUD Coordinated Entry Equity Initiative Cohort 2	Yes

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)

Black, Indigenous, and other people of color are substantially overrepresented in our local homeless system. The CoC is making a radical transformation emphasizing systemic and programmatic changes to address racial equity. Responses to address disparities identifies in our Continuum include the implementation of a mandatory Racial Equity Assessment for all partner agencies to ensure organizations are assessing the need for and capacity to incorporate a racial equity lens into the planning, decision making and overall management of its work and the organization itself. To address racial inequities and ensure successful outcomes for all persons experiencing homelessness, the CoC works in conjunction with our HMIS lead to develop reports that review HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. This helps identified disparities and drives programmatic changes needed to make program participant outcomes more equitable. The CoC is currently a participant of HUD's Coordinated Entry Equity Initiative where we analyze HMIS data, assessments tool and other polices and process that create barriers for the BIPOC population. This initiative allowed CoC leadership to collaborate with persons with lived experience to transform our CE. Centering the work on Racial Equity and prioritizing the voices of those with lived experience in our system were the foundations for to redesign the vulnerability index utilized by our CoC for prioritization of clients. Our revisions helped remove cultural biases and sharpen the equity lens of our Centralized Intake process. Our collaborative has created new programs led by Black and Brown organizations that directly serve BIPOC experiencing homelessness as well as partnering with organizations with a proven track record of engaging underserved populations. The CoC, its Lived Experience Committee (of which 50% is BIPOC) regularly review local policies, procedures, and processes with attention to identifying barriers that result in racial disparities. Finally, to obtain a more accurate snapshot of our homeless community, the CoC now utilizes racially diverse outreach teams to target specific communities and to strategically engage persons experiencing homelessness in our community that may have been underrepresented in previous counts. This effort positively affects program design and implementation in which the CoC creates data-driven strategies to address racial equity in service provision.

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 CoC recognizes the impact of discrimination, racism, and racial trauma on people of color who experience housing instability and homelessness and has implemented processes to track the progress on eliminating disparities. We developed a framework for understanding and improving racial equity in our community's homeless response system to ensure that systems aren't leaving anyone behind. This framework includes analyzing data, reviewing outcomes, including the voices of those with lived experience and assessing decision making structures for the CoC and its partner agencies. Quantitative data around disparities in outcomes across groups can help us understand who our systems are failing. The CoC works with HMIS staff to collect, identify, and assess data and disaggregate data to differentiate populations that are most marginalized by homelessness and housing instability to further understand the impact of racism on housing policies, programs, services, and outcomes. This allows us to compare data from prior years to ensure we are making progress towards our goals. CoC leadership regularly examines current policies and practices on diversity, equity, and inclusion. Utilizing the Racial Equity Assessment completed in 2022 leadership will measure the progress made to integrate a racial equity lens into the planning, decision making and overall management of its work and the organization itself. Additionally, we have implemented the same process for all CoC community partners to ensure progress is occurring in every organization. Incorporating voices of those with Lived Experience at every level of decision making allows us to build shared accountability for accomplishing and sustaining outcomes and measure progress towards goals. Qualitative data around the experiences of people being served by these systems is vital to the progress of this framework and allows us to make change in real time. By continuing these efforts, the CoC will develop action steps to shift organizational culture and implement strategies for making equitable change.

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 CoC makes a concerted effort to engage persons with lived experience to assume leadership roles at every level of our coalition. Outreach efforts to engage those with lived experience include conducting outreach in places such as encampments, at meal-sites, at shelters, parks, pantries, and at local libraries. Members of the coalition inform persons with lived experience who utilize their programs of paid trainings and opportunities available to them. In addition, partner agencies refer those who express interest in leadership roles and the decision-making process to CoC office to speak with staff. CoC staff provide an overview of the coalition so that they can make an informed decision about what role and level of involvement would best suit them. Opportunities are regularly posted on all CoC social media platforms and disseminated via the CoC listserv for recruitment and opportunities to connect. An invitation is posted on the CoC website requesting formerly and currently homeless individuals to become involved with continuum. The CoC encourages community organizations to identify and eliminate any hiring practices that may exclude people with lived expertise. These include using plain language regarding the value of lived expertise in all job descriptions, advertising jobs and holding job fairs in places – virtually and in-person – where people with lived expertise are likely to see them, and learning and applying practices such as trauma-informed care in the hiring process to avoid retraumatizing job applicants.

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.	8	4
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	8	4
3.	Participate on CoC committees, subcommittees, or workgroups.	8	4
4.	Included in the decisionmaking processes related to addressing homelessness.	8	4
5.	Included in the development or revision of your CoC's local competition rating factors.	2	2

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)

Centering the voices of experts by experience is important at every level of homeless programs: in leadership roles, hiring, advisory, and research. Partnering with people with lived experience goes beyond merely paternalistic or tokenistic measures that only superficially take their personhood into account. The CoC affirms that providing individuals with lived experience with opportunities for participation as equals in the process of solving the problems that affect them is crucial to our process. To fully support employees with lived expertise in the workplace, the CoC provides education and training to staff at all levels about the value of lived expertise and about how to best communicate with coworkers with that expertise. This includes encouraging every employee at all levels of an organization to listen and learn directly from staff with lived expertise who choose to disclose and discuss their experiences. To be mindful of personal boundaries and to approach these efforts with a trauma-informed approach, the CoC clearly empowers people to decide for themselves if, when, and what experiences they choose to disclose. Trainings will cover topics that combat stigmas and possible biases against those lived expertise, such as cultural sensitivity and anti-racism, and any other topics that may affect persons with lived experience in the workplace. The CoC also encourages member organizations to adjust requirements for educational degrees or certificates from job descriptions whenever possible, as these prerequisites serve as obstacles to many people with lived expertise who might be well-suited to do a job but may not have specific credentials. The CoC has adjusted its hiring practices to actively recruit individuals with lived expertise. We have been successful in utilizing a customized employment process that is person-centered; it allows us to open employment opportunities by tailoring job positions to an individual's strengths and abilities that will also fulfill organizational needs. Everyone is different, and we have found that persons with lived experience benefit from customized options and entrepreneurial opportunities to meet their specific needs and preferences. By implementing this strategy called "job-carving" the CoC redefines a job position through performing a task analysis and then limits tasks to those which meet the assessed strengths and interests of the potential employee while still meeting our needs as an employer.

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)

The CoC understands partnering with people with lived experience of homelessness is critical to having a comprehensive homelessness response and leads to more inclusive programs and better outcomes for all clients. People with lived experience are uniquely positioned to provide important insights on homelessness interventions including identifying shortcomings in programs, improving homelessness systems, and developing more equitable and effective programs. Our CoC lived experience committee is comprised of people who are formerly and currently homeless and people who have received assistance through the CoC or ESG programs. All lived experience committee members are compensated for their time. The CoC pays those with lived experience $25 per hour for their expertise. In addition, our Youth Advisory board who meets monthly consist of individuals who have experienced homelessness. During meetings our committee members are given the opportunity to share their experiences and provide relevant feedback. Challenges raised by people with lived experience of homelessness are recorded and shared with appropriate providers. We then incorporate suggestions into our programing and polices, grant applications, marketing materials and outreach strategies. Those with lived experience provide valuable viewpoints into the factors that contribute to homelessness and also into solutions that are equitable and effective. The CoC includes them in all phases of policymaking and programming, from inception and design to implementation and evaluation.

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)

The CoC works closely with the local government and encourages the pursuit of various innovative strategies and policy responses to address barriers to reforming zoning and land use. The CoC continues to advocate for local efforts to revise their land use regulations to increase housing supply, reduce price pressures, and increase affordability with strategies that meet the unique provisions of our local housing market and residents' needs by attending City Council meetings and coordinating with City/County Planning and Development Departments. The CoC is also a member of a statewide coalition that encourages the state government to empower local governments to focus on reducing regulatory barriers to housing development. The City of Akron Zoning Code is a fluid document that is constantly being updated and revised to reflect our community's evolving landscape. Akron is adopting more form-based zoning and performance-based zoning that imposes fewer limitations based on densities and land use but are more focused on development standards. This includes continued updates to the Zoning Code to promote equitable, pedestrian-friendly neighborhood development and new neighborhood-based initiatives. Akron implemented a tax policy designed for a city fighting decline. Its Residential Property Tax Abatement is a 15-year tax abatement on residential investments and construction. If a resident were to invest $10,000 to replace heating and cooling systems in her home, for example, the taxable assessment would not rise to reflect the new investment for 15 years. Tax increment financing has been a tool utilized to provide an incentive for housing development locally. Additionally, the CoC has requested allowing by-right development to decrease housing production costs as it eliminates the cost and delay of a discretionary approval process and reduces the price of land per unit. The City and CoC are working together to develop a Homeless Strategic Plan that, going forward, will serve as the decision-making framework for the CoC, its partners, and its funders. The proposed strategic plan to be developed will focus on preventing and ending homelessness; determining homeless sub-population needs; developing and presenting data and information necessary for understanding the scope of homelessness in Akron/Summit County; identifying needs and resources; expanding availability of affordable housing; and, improving access to affordable housing for homeless persons.

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.	08/04/2022

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)?	111
2.	How many renewal projects did your CoC submit?	25
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)

The CoC uses a 15-category tool during the review and ranking process to assess projects performance. Annual Progress Reports and HMIS data are evaluated for each project that has successfully housed program participants in permanent housing. Categories considered are length of time between Project Start Date and Housing Move-in Date, Length of Stay, Housing Exit Destination and Returns to Homelessness to measure length of time it takes a for individual/families to enter PH. All programs are required to meet prerequisites that state they must take referrals from Centralized Intake to ensure clients are assessed and prioritized based on severity of needs. All programs must be Housing First. Furthermore, applicants are prioritized for rapid placement and stabilization in permanent housing. They may not require service participation or consider preexisting conditions; and they must serve those with multiple barriers and vulnerabilities (i.e., Chronically Homeless, substance abuse, mental health, youth, families, and veterans). In addition, the CoC is participating in a Coordinated Entry Equity Initiative to ensure we are working toward more equitable housing outcomes and improved experiences for Black, Brown, Indigenous, and all people of color who are experiencing homelessness. Each organization was required to conduct a racial equity assessment which examined factors like agency leadership, governance, and policies. Projects were awarded points based on assessment completion and creation of a plan of action addressing any areas of concern identified during the assessment process. The committee evaluates all projects that serve the hardest to serve populations making sure that they are not ranked unfairly due to goals that may be more difficult for them to obtain. The committee prioritizes these low scoring projects who serve those with multiple barriers in an effort to be equitable.

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)

The CoC Racial Equity Assessment identified that brown and black persons made up 51% of the population accessing local shelters, but only make up 14.5% of the population in our county. Since identifying the over-representation of black people in our homeless system, CoC increased membership among black- and brown-led organizations by 25% and created a Lived Experience Committee (LEC) that is comprised of 50% BIPOC individuals. These organizations/individuals are included in every level of decision making including the Ranking and Review (R&R) process. During the R&R process members of the LEC review project details and performance outcomes to ensure we are moving beyond evaluation about identifying disparate outcomes and moving toward making a meaningful impact and equitable implementation. LEC members were also able to ask questions regarding the data collection process, how accessible services are to them, whether the people serving them, and if the types of interventions appropriately account for their racial and cultural experience. As a result, the R&R committee put emphasis on requiring all agencies complete a Racial Equity Assessment that evaluated organizations' leadership, governance, and policies to ensure equity is not only happening with front line staff but also with those in positions of power. The committee added equity factors to the R&R tool that award points for agencies who submitted their assessment and provided a plan of action to address deficiencies within their organization. The committee has also begun working with HMIS staff to review program outcomes to ensure providers are reviewing their data and implementing programmatic changes needed to make outcomes more equitable. In 2020 the CoC implemented prerequisites for project funding applicants requiring all applicants to receive referrals from CI. This measure prohibits any program from imposing barriers to participation based upon race and/or ethnicity. The CoC has introduced a mechanism that tracks whether referrals are rejected so that we can monitor for possible patterns of discriminatory intake practices. Additionally, the CoC was selected for the Coordinated Entry Equity Initiative, where we are working toward more equitable housing outcomes and improved experiences for Black, Brown, Indigenous, and all people of color who are experiencing a housing crisis. Improvements will be measured by reviewing system-level data points and qualitative data provided by our LEC committee.

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)

Decisions to reallocate funds are data driven and align with HUD's goals and priorities for CoC funding. Each CoC funded project is evaluated annually using ranking and review criteria. Reallocation action is taken with the goal of alignment with the HEARTH ACT, performance criteria specified in the annual HUD NOFO with emphasis on local needs, data, and project performance. If an agency has determined that a project could better serve the community with changes made through reallocation, they may voluntarily submit the project for reallocation. The provider has the option to apply for a new project utilizing the reallocated funds, which in some cases may receive priority over other new projects, or they may opt not to apply which will make the funds available to all other new applicants. The new project must meet HUD thresholds and be in alignment with the current NOFO. Renewal projects that score low, do not serve an identified community need, do not meet minimum benchmark scores on performance measures, are not utilizing funding effectively, or do not meet HUD statutory, regulatory, thresholds, and compliance requirements may be considered eligible for involuntary reallocation. New project applications may be submitted by the same provider as the project eligible for reallocation as well as any new applicant. New project applications must align with the eligibility requirements published in the HUD NOFO during that funding cycle. During project presentations, the ranking and review committee requires low performing projects to provide an explanation and corrective action plan for low scores. If project applicants determined the best corrective action would be to reduce funding for reallocation, the ranking and review committee will accept the corrective action plan by providing an acceptance letter to the agency making the request.

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?	Yes

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)?**	No
2.	**Did your CoC inform applicants why their projects were rejected or reduced?**	No
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.**	

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.	09/14/2022

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.	09/28/2022

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.	09/28/2022

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.	05/05/2022

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)

The Battered Women's Shelter (BWS), our local DV provider, is an active member of the CoC and regularly participates in the HMIS Advisory Committee meetings. BWS utilizes a comparable database software called Osnium which is a relational database that meets all HMIS Data Standards and the minimum standards of HMIS privacy and security requirements, including HUD's most recent reporting standards and produce the comma separated values. HMIS staff continues to work with BWS staff to create HUD required reports, APRs, data quality reports and PIT count reports as needed throughout the year. BWS staff interact on a regular basis with HMIS staff and receive scheduled consistent training to become proficient with their HMIS-comparable system (Osnium). HMIS staff helps to facilitate communication between BWS and its software vendor to make sure the organization maintains its HMIS-compatibility for any new updates. We will continue to assist our community, including the DV providers, with data collection requirements and with reporting needs as needed. In addition to the provision of TA on the comparable database, the CoC is creating a position dedicated to supporting the system and providing technical assistance to address this gap in CE and DV data collection coordination. The staff person will act as a designated liaison between agencies and the vendor regarding technical issues. The CoC recognizes that agencies which serve victims of domestic violence have certain laws and policies that must be followed pertaining to clients' personally identifying information (PII). Sharing PII in a HMIS database creates inherent safety risks for survivors of domestic and sexual violence; persons fleeing from violence need confidential services. HMIS database information is shared with third parties beyond a Victims Service Provider (VSP) agency and many times are open systems shared among community providers to promote coordination across systems. The sharing of PII means many homeless service providers have access to PII that could potentially allow an abusive partner to locate a survivor who is fleeing which is why BWS utilizes Osnium to negate any potential data sharing risks. Ultimately it is the responsibility of the agency or organization serving victims of domestic violence to follow all applicable federal, state, and local privacy laws, as well as any internal policies or procedures. Our CoC is compliant with the 2022 HMIS Data Standards

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	300	77	223	100.00%
2. Safe Haven (SH) beds	22	0	22	100.00%
3. Transitional Housing (TH) beds	238	68	170	100.00%
4. Rapid Re-Housing (RRH) beds	140	59	81	100.00%
5. Permanent Supportive Housing	659	0	548	83.16%
6. Other Permanent Housing (OPH)	0	0	0	

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

In our community, we saw an increase in HUD-VASH beds, and a reduction in other PSH beds due to a fire and a grant consolidation, that caused our PSH coverage rate to go down to 83.16%. While there is no reduction in the number of agencies that participate in HMIS, the shift in total bed numbers changed the coverage rate for our CoC.

We, as the CoC, the HMIS Lead, and the HUD-VASH partners, have been working together for years to improve the lives of people struggling with homelessness in our community. Our VA and HUD-VASH partners are contributing members of our CoC and HMIS; attending CoC Steering, HMIS Advisory, and Data Committee Meetings, actively participating in various By-Name-List workgroups and CoC-led trainings.

VA does not require the HUD-VASH grantees to enter data in HMIS, and currently HUD-VASH funded projects do not have staff who has HMIS data entry in their job descriptions. Because they're not required to have a designated HMIS data entry person, we did not have HUD-VASH data in HMIS.

- We, as partners, have been discussing ways to capture the HUD-VASH data in HMIS, and decided that the best solution is to find funding for a data entry position to record HUD-VASH data in HMIS.

- The CoC has initiated grant applications that would incorporate a data entry position in the next 12 months to increase the bed coverage rate to 100%.
- Once we have funding secured for a HUD-VASH data entry position, it will be filled quickly.
- The HMIS Lead will train and guide the HUD-VASH HMIS data entry person in collaboration with the CoC and the HUD-VASH partners for the most efficient implementation.
- The HUD-VASH placeholder project in HMIS will be activated as of 10/01/2022, the start of new federal fiscal year.
- When the new data entry person is hired, regardless of hire date, they will be given the data for all HUD-VASH clients who are active in the HUD-VASH project as of 10/01/2022.
- With support and partnership of the HMIS Lead, the CoC, and the HUD-VASH staff, all HUD-VASH beds will be captured in HMIS in a timely manner, increasing the bed coverage rate to 100% for all types of beds, over the next 12 months.

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.	01/25/2022

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.	05/05/2022

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)

The CoC conducted a Youth PIT count that included consultation and participation at every step from youth with lived experience. The focus of the count was the Akron/Summit County area. The duration of the count was from 1/24/2022 through 1/29/2022. Members of the Youth Advisory Board and a contracted outreach team used the counting app HYPERION to survey youth using PIT questions. In addition to those questions the survey takers asked additional questions designed to identify Category II youth; those who were "doubled-up" or "couch-surfing". Preparations began months prior with the Youth Summit Up workgroup being surveyed about optimal places to find unsheltered youth within our community. During these discussions, the CoC recognized the need to expand the youth count beyond the usual outreach spots for adults who are homeless. The data suggested that our community has an overrepresentation of African American youth who were not being easily found. Thus, our CoC contracted with a minority-led outreach team to target specifically areas in the community that are frequented by BIPOC homeless youth. The outreach team focused on known areas where youth congregate including racially and ethnically diverse locations. Using the information collected the CoC identify gaps in services and worked to implemented relevant interventions based upon the responses. With this data we created new resources, tools, and best practices. For example, the responses to this Youth PIT survey revealed 75% of youth were not aware of local housing programs for youth. As a result, the YAB and CoC launched a comprehensive campaign to make housing information accessible by branding and creating new marketing materials, increasing participation in local events, implementing a targeted social media presence, creating a youth homeless hotline and street card, conducting face-to-face peer outreach efforts, and establishing partnerships with local universities to address homelessness amongst college students. Multiple opportunities for training on the Hyperion app were offered to the YAB and to youth service providers who volunteered to participate. CoC staff also met with the contracted outreach team to assist in onboarding and training.

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)

The 2022 PIT count featured some methodology changes in both the Sheltered and Unsheltered count. The 2022 count was more comprehensive than the previous 2 years as count coverage returned to full capacity. This return included counting at all active meal distributions, the Metro transit station, and the main public library. Volunteers were stationed at 22 locations. The unsheltered count was targeted known encampments and locations within our downtown where persons were known to spend the evening. Camps were identified with the assistance of former and current homeless persons who supplied their expertise during the count. As a result, 20 individual camps/locations were targeted and outreached on the counting day. Our local Street Outreach team led the camp count with the assistance of formerly homeless persons and experienced grass-roots organizations that perform outreach throughout the year. In conjunction with our Youth PIT count and those contributions. The Sheltered count in 2022 was supplemented by additional shelter beds funded with CARES act funds. These programs included additional shelter for severe weather conditions and beds dedicated to sheltering residents from specific encampments targeted for sweep by local governance. Additionally, shelter beds for families and those needing shelter due to COVID were developed at local hotels in coordination with our local women's shelter. These additional programs were operational on the count day resulting in a 54 person increase in our sheltered count. Concurrently, our regular shelter providers had returned to pre-pandemic capacity resulting in an increase in the Sheltered count when compared to previous years. The 2022 Count volunteers were a combination of CoC Agency volunteers and members of our local "leadership" training class. Leadership Akron is an annual leadership training for community leaders at the government, corporate and non-profit levels rooted in an understanding of local issues, including homelessness. Finally, the 2022 count marked the first year for a new utilization of a PIT count application. Purchased from Hyperion, the PIT app enabled all volunteers to utilize their smart phone to conduct interviews and record observational counts. As a result, counting interviews were easier to conduct and the accompanying reporting features gave a greater in-depth lens into our PIT data. The CoC has used the specific location mapping to plan supporting outreach in the months after the count.

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)

Centralized Intake Housing Specialists conduct assessments to identify risk factors for people experiencing homelessness for the first time. The loss of employment, under-employment, or inability to gain a new job, family violence, mental health issues, physical health issues, drug and alcohol addiction have all contributed to individual and families becoming homeless for the first time continues to impact our community. In addition to other social economic issues our county is experiencing the highest rate of eviction per capita, a highly competitive housing market with rising rents and the lack of affordable housing which negatively impacts the homeless population. United Way operates both CoC Centralized Intake system and the 2-1-1 Information and Referral line, which allows the CoC to track data for those who are experiencing homelessness and those who request rental and/or utility assistance. The CoC, in conjunction with Centralized Intake staff, has implemented assessment tools to enhance prevention and diversion, as well as increasing housing stability for clients to prevent them from becoming homeless. The CoC has created a Housing Mitigation Fund managed by a Housing Locator to establish relationships with landlords in Akron and Summit County with the goal of increasing the supply of affordable rental units made available to low-income individuals and families. In addition, housing case managers are able to act as mediators for landlords and tenants to prevent and reduce evictions. Youth who are at risk of being homeless can apply for rental and utility assistance through a collaborative between the CoC Youth Advisory Board, United Way, and the Summit County Health Department. Youth who are in need of rental application fees, security deposits and first month's rent may also utilize these funds. The HMIS administrator is responsible for reviewing data and Housing Director and CoC Executive Director are responsible for reviewing the data of those experiencing first time homelessness while the CoC Board provides oversight of this review process

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)

United Way of Summit-Medina serves as the lead agency for Centralized Intake (CI) in OH-506. CI utilizes the process of diversion to assist clients with housing stabilization with resources outside of CoC funded programs. This client-centered program utilizes community resources and flexible funds to assist clients with stabilization. Clients who cannot be resolved with diversion are then prioritized by need, vulnerability, and homeless status (LOT homeless) for beds in the shelter/RRH/PSH system. Once clients enter those crisis beds or have been verified as encamped, they are prioritized for available PSH or RRH opportunities. Due to the fact that RRH is the most available housing triage in our system, consumers directed to RRH programs are usually referred within 48 hours, perform a program intake within 5 days and are looking for housing within 10 days of initial contact with CI. CH individuals and families who were not able to sustain housing through traditional RRH programs were prioritized for low barrier Emergency Housing Vouchers to rapidly move them into housing. Additionally, the Landlord Mitigation Program provided incentives including sign on bonuses to entice landlords that were hesitant to work with this population which increased housing stock thus reducing wait times. Persons are also entered onto a By Name-Lists by population type. The list serves as the basis for regular case conferencing among CoC partners to show client movement and partner accountability for getting households placed as soon as possible. The Housing Director at United Way and CoC Executive Director are responsible for reviewing the data of those experiencing first time homelessness while the CoC Board provides oversight of this review process.

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)

The CoC Board reaffirmed that all programs will be 100% housing first in 2021. All new and renewal projects must implement a housing first approach which views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Following a Housing First approach ensures programs remove all barriers to housing and assist household who became homeless due to a temporary personal or financial crisis and has severe service needs, that can be addressed after securing permanent housing. This model allows the CoC to refer clients to Permanent Supportive Housing which is targeted to individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. Rapid ReHousing provides short-term rental assistance and services to help people obtain housing quickly, increase self-sufficiency, and remain housed. Additionally, the CoC implemented a Landlord Mitigation Program that incentivizes landlord who rent to clients experiencing homeless by providing 3 months of rent in addition to their monthly rental subsidy in the first 60 days and paying for damages while clients are actively in the units or when the unit is turned over. The CoC is working with grass root agencies to provide aftercare case management to clients who exit to PH to ensure they we offer these individuals the assistance and encouragement they need to keep their newly established lives on track. Aftercare is a personalized follow-up service to help individuals and families during the transition from the homelessness to their new home. This provides encouragement and accountability to help them deal with real-life situations. The CoC Executive Director and HIMS Lead is responsible for overseeing the strategy to increase the rate that individuals and families exit to or retain permanent housing.

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)

The CoC continues to develop new strategies to reduce the number of individuals and families returning to homelessness. These include focusing on assessment tools to enhance prevention and diversion to increase housing stability, ongoing support of PH programs, and appropriate housing placement, and comprehensive aftercare services for clients who have exited to PH. These services address ongoing needs for clients with substance abuse/mental health concerns, chronic conditions, and other unmet needs. Additionally, homeless prevention strategies such as intervention and conflict resolution with landlords for clients with a pending eviction were created to reduce returns to homelessness. Landlord Mitigation funds are provided to landlords for damages incurred while clients are residing in the units to maintain positive working relationships. CoC agencies currently use HMIS generated reports to track recidivism for all persons served within the homelessness system and exiting ES, RRH, TH, and PSH. We have also created a By Name-List for the Chronically Homeless individuals that we review and update on a monthly basis to ensure we are housing those hardest to serve. Connections with mainstream resources enable clients to maintain housing stability by assisting the client and developing a safety net of support. The CoC Executive Director and United Way-HMIS staff both execute the CoC's efforts to reduce the rate of returns for families and individuals to homelessness. The CoC Board oversees the strategy. The CoC is also working with our local department of Job & Family Services to develop sustainability programs aimed at advancing housing stability as households increase income and absorb a loss of benefits that are a vital part of their current budgeting.

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)

The CoC has a wide array of mainstream employment resources that assist homeless individuals in increasing employment income. Many of the CoC partner agencies have employment services within their programs and work with other organizations to connect clients to resources. Some of these include but are not limited to: Ohio Means Jobs Summit County, the SOAR program, Jobs for Ohio Graduates (JOG) Summit County Department of Job, and Family Services (SCJFS), Urban League, the Benefits Bank, United Way of Summit County, faith-based organizations, Goodwill Industries, and retail restaurant businesses as well as vocational and educational services, financial institutions, local employment service agencies, healthcare institutions, and other employment resources. The Wage Pathway is a program that focuses on youth ages 16-24. This program helps youth secure employment, earn higher wages, and gain skills for a career in one of Ohio's in-demand industries. The Community Resource Exchange that offers employment opportunities, organized by AMHA, is designed to share information, network, collaborate, and problem solve with various organizations throughout the community. At these quarterly meetings, different employers are invited to share information which include a focus on educational and employment opportunities. The CoC has also partnered with United Way to send participants through their financial empowerment program, to get assistance with financial planning and budgeting. The NEXT program provides outreach, engagement, job coaching and retention services and helps remove obstacles to success in maintaining employment. A participant can earn up to $4,000 if all employment and performance benchmarks are achieved. Job readiness is critical to the success of individuals securing and maintaining employment. Therefore, soft services are vital and includes activities such as: GED assistance, resume writing, mock interviews, appropriate work attire, general interviewing counseling, money management, etc. The CoC continues to work with SCJFS, private employers, and employment program providers to increase employment opportunities and implement new programs based on the needs presented by the clients we serve. The CoC Executive Director is responsible for overseeing the strategy to increase income from employment opportunities.

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)

All clients who enter CoC housing programs are immediately connected to a staff member who completes a review of their benefits eligibility through Ohio benefits online application. This determines the client's eligibility for healthcare, childcare, food, and cash benefits. To determine eligibility for SSI/SSDI, the staff member will work with the client and their medical and mental health providers to determine if this is a potential income source for the client. Where there is a mental health diagnosis, the SOAR Specialist will be utilized to increase the efficiency of the application and increase the success rate of obtaining SSI/SSDI. Staff work with the clients who are looking to establish an order of child support by contacting the Child Support Enforcement Agency to determine if an order is in place and will work on obtaining this order, where needed. Upon identifying the sources for which the client is eligible, case managers work with the client on obtaining these sources of income, including assisting in completing applications, gathering required documentation, transportation to and from appointments required to obtain the assistance, and attending the appointments with the client, as the client agrees. To increase access to non-employment cash sources, the CoC has a relationship with the local agencies who provide these services, including Summit County Job and Family Services and Akron Summit Community Action. The CoC also utilizes Legal Aid, when clients are in need of legal council in relation to obtaining benefit assistance. Clients who apply for SSI/SSDI, are referred to the SOAR Specialist, who will work with them on their application. The CoC Executive Director oversees the strategies to increase non-employment cash income.

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
New Genesis Healt...	PH-PSH	27	Both

3A-3. List of Projects.

1. What is the name of the new project?	New Genesis Health Home
2. Enter the Unique Entity Identifier (UEI):	J9A3LXK1KMV1
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	27
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)

n/a

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)

n/a

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	Yes
2.	PH-RRH or Joint TH and PH-RRH Component	No

You must click "Save" after selecting Yes for element 2 PH-RRH or Joint TH/RRH Component to view questions 4A-3b. through 4A-3h.

4A-2.	**Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.**	
	NOFO Section II.B.11.(e)(2)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1.	**Applicant Name**	Summit County Continuum of Care
2.	**Project Name**	Coordinated Entry for DV
3.	**Project Ranking on Priority Listing**	26
4.	**Unique Entity Identifier (UEI)**	LESFHMJMG3H5
5.	**Amount Requested**	$150,000

4A-2a.	**Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.**	
	NOFO Section II.B.11.(e)(2)(c)	

	Describe in the field below:
1.	**the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and**
2.	**how the proposed project addresses inadequacies identified in element 1 of this question.**

(limit 2,500 characters)

Currently our Coordinated Entry staff conduct intakes and ask clients to disclose danger/fear at the beginning of the interview and immediately refer victims to our local DV shelter. Once the client is referred the CoC has no process in place to ensure victims are successfully placed in Emergency Shelter or housing. The immediate referral to DV shelter programs prevents CE staff from being able to offer individuals and families fleeing from domestic violence or trauma access to the full range of housing and service intervention options available in our community, including prevention, diversion, rapid re-housing, and other housing and mainstream services. Developing a corresponding DV CE assessment process benefits DV providers to also participate in the larger homeless CE process. Additionally, it will expedite access to a range of housing supports, improve coordination between the CoC and DV providers, and enhance connectivity to mainstream resources which greatly impact survivors' choices and options. This project will ensure we implement a trauma-informed and client-driven assessment tool, and CoC-wide safety protocols that emphasize fair and equal access for survivors. There will be opportunities for our CoC to partner with DV providers to improve access to homeless services for survivors. The CoC CE DV Liaison will spend time at the local DV shelter, 211 call center, and with the street outreach team to assist with screening, safety planning and referrals for survivors. The liaison will provide aggregate data and vulnerability scores for prioritization to help identify gaps in our homeless system. Continued training on safety planning and trauma-informed care to staff at all access points and other front-line staff to build core competencies for working with survivors will be conducted regularly. Additionally, the liaison will train CoC, and CE staff on the dynamics and the impact of interpersonal violence, as well as the need for privacy, confidentiality, and safety planning. Lastly, the liaison will facilitate workgroups that include survivors with lived experience to develop standardized assessment process to gather information on people's needs, preferences, and the barriers they face to regaining housing; identification and prioritization of the most vulnerable people with the highest needs; and referral to appropriate and available housing and supportive services resources.

4A-2b.	**Plan to Involve Survivors in Policy and Program Development in the New SSO-CE DV Bonus Project.**	
	NOFO Section II.B.11.(e)(2)(d)	

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

(limit 2,500 characters)

Incorporating voices of survivors in the development of our Coordinated Entry system is crucial to the planning, implementation, and evaluation processes, so that the needs of survivors experiencing homelessness are addressed. Battered Women's Shelter (BWS), our local DV shelter provider, is an essential partner in CoC's Coordinated Entry and has a significant role in informing local processes for victims of domestic violence. The CoC and BWS are actively recruiting and engaging survivors to create a workgroup that will develop and implement policies and procedures that directly impact them throughout the coalition. BWS will help ensure survivors have a voice at the table and can share information on the housing barriers and challenges they face, as well as the need to address safety and confidentiality a priority in all aspects of the CoC's approach. Survivors who choose to participate in the development of this new project will be involved in community decisions around adjusting assessment tools and improving processes to make certain victims have fair and equal access. Additionally, they will help our CoC understand survivors' safety and trauma needs, as well as their unique vulnerabilities and how to properly capture that information during assessment. This workgroup will meet regularly to develop policies and procedures and review outcomes after these new developments have been implemented to measure program success.

Applicant Name
This list contains no items

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	PHA Moving On Pre...	09/14/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/27/2022
1E-2. Local Competition Scoring Tool	Yes	Ranking and Revie...	09/28/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Renewal Pr...	09/29/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notice of Project...	09/29/2022
1E-5a. Notification of Projects Accepted	Yes	Notice of Project...	09/27/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Scoresheet ...	09/14/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting -CoC ...	09/28/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notice of Approve...	09/28/2022
3A-1a. Housing Leveraging Commitments	No	Leveraging HUD PRA	09/27/2022

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/27/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Deadlines

Attachment Details

Document Description: Ranking and Review Score Tool

Attachment Details

Document Description: Scored Renewal Project

Attachment Details

Document Description: Notice of Projects Accepted (NO PROJECTS REJECTED/REDUCED)

Attachment Details

Document Description: Notice of Projects Accepted

Attachment Details

Document Description: Final Scoresheet for all projects

Attachment Details

Document Description: Web Posting -CoC -Approved Consolidated Application

Attachment Details

Document Description: Notice of Approved Application

Attachment Details

Document Description: Leveraging HUD PRA

Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description: HUD PRA Contract

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	09/28/2022
1C. Coordination and Engagement	09/28/2022
1D. Coordination and Engagement Cont'd	Please Complete
1E. Project Review/Ranking	09/29/2022
2A. HMIS Implementation	09/27/2022
2B. Point-in-Time (PIT) Count	09/22/2022
2C. System Performance	09/29/2022
3A. Coordination with Housing and Healthcare	09/14/2022
3B. Rehabilitation/New Construction Costs	09/14/2022
3C. Serving Homeless Under Other Federal Statutes	09/14/2022

4A. DV Bonus Project Applicants	09/29/2022
4B. Attachments Screen	09/29/2022
Submission Summary	No Input Required

Homeless Preference

Housing Choice Voucher Program

Administrative Plan

For the

Akron Metropolitan Housing Authority

This document is also available in accessible format from the Reasonable Accommodation (RA) Coordinator upon fourteen (14) days advance notice.

Effective January 1, 2022

Federal, state or local government action related to code enforcement, public improvement, development, PHA relocation due to demolition, capital improvements, modernization, or rehabilitation, or deemed uninhabitable due to disaster (e.g. flood, fire, earthquake). If the owner of the property is an immediate family relative and there is no previous rental agreement, and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced. Eligible applicants living in property acquired by the PHA will be given involuntary displacement points.

9.Rent Burden, Homeless/Substandard Preference:

A.Rent Burden: for families paying more than 30% of their income for rent and utilities, commencing before they were selected from the waiting list and continuing through the verification of preference, see page 7-16 (Reference Admissions and Continued Occupancy Policy).

a. For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations.

b. "Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the monthly amount of tenant supplied utilities which can be either:

i. The PHA's reasonable estimate of the cost of such utilities, using the Housing Choice Voucher Program Utility Allowance Schedule; or

ii. The average monthly payments the family actually made for these utilities in the most recent 12-month period, or if information is not obtainable for the entire period, the average of at least the past three months.

c. An applicant family may choose which method to use to calculate utility expenses. Any amounts paid to or on behalf of a family under any energy assistance program must be subtracted from the total rent burden if included in Family Income.

i. To qualify for the Rent Burden preference, the applicant must pay rent directly to the landlord or agent. ii. If the applicant pays their share of rent to a cohabitant and is not named on the lease, the PHA will require both verification from the landlord that the applicant resides in the unit, and verification from the cohabitant of the amount of rent paid by the applicant.

iii. If the applicant is subletting, the lessor must have the legal right to sublet.

d. Members of a cooperative are "renters" for the purposes of qualifying for the preference. In this case, "rent" would mean the charges under the occupancy agreement.

B. Homeless: An applicant will be considered homeless if the household meets the criteria listed below:

a. An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:

i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

ii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

b. An individual or family who:

i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and

ii. Has no other residence; and

iii. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

C. Substandard: An applicant will be considered living in substandard housing if the household meets the criteria listed below:

a. Resides with friends or relatives on a temporary basis, or

b. Will lose their primary night-time residence within 60 days of verification of preference, or

c. Contains a Head or Co-Head, ages 18 to 25 years, who is aging out of the Foster Care system.

d. Have received notice from the PHA that they must relocate due to demolition, capital improvements, modernization, or rehabilitation of a PHA owned property.

10. Insufficient Funding Preference: for families that were leased in a unit under HAP contract with AMHA and the HAP contract was terminated by AMHA due to insufficient funding for the HCVP Program. If this preference is utilized, no other preferences will be given.
11. Canceled Voucher Preference: for families that were issued a voucher by AMHA, but the voucher was recalled due to insufficient funding for the HCVP Program. If this preference is utilized, no other preferences will be given.

If an applicant makes a false statement in order to qualify for a local preference, the PHA will deny admission to the program for misrepresentation and the family must wait 6 months to reapply.

D. INCOME TARGETING

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year the PHA will reserve a minimum of seventy-five percent of its HCVP new admissions for families whose income does not exceed the higher of the Federal poverty level or 30 percent of the area median income. HUD refers to these families as "extremely low-income families." The PHA will admit families who qualify under the Extremely Low Income limit to meet the income targeting requirement, regardless of preference.

The PHA's income targeting requirement does not apply to low income families continuously assisted as provided for under the 1937 Housing Act.

The PHA is also exempted from this requirement where the PHA is providing assistance to low income or moderate income families entitled to preservation assistance under the tenant-based program as a result of a mortgage prepayment or opt-out.

Homeless Preference

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

FOR

THE AKRON METROPOLITAN HOUSING AUTHORITY

This document is also available in accessible format from the **Reasonable Accommodation (RA)** Coordinator upon fourteen (14) days advance notice.

Revised : January 1, 2022

Full Term First Birthday Preference: for applicants referred by the Full Term First Birthday Greater Akron program, which works to promote healthy full term pregnancies and ensure every child celebrates a first birthday. (This preference will be capped at 20 participants across all programs)

Involuntary Displacement by Government Action Preference: involuntarily displaced by government action applicants are applicants who have been involuntarily displaced by government action and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six (6) months from the date of verification by the PHA.
Families are considered to be involuntarily displaced if they are required to vacate housing as a result of the following situation:

Federal, state or local government action related to code enforcement, public improvement, development or deemed uninhabitable due to disaster (e.g. flood, fire, earthquake).

Eligible applicants living in property acquired by the PHA will be given involuntary displacement points.

If the owner of the property is an immediate family relative and there is no previous rental agreement, and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.
involuntarily displaced by government action applicants are applicants who have been involuntarily displaced by government action and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six (6) months from the date of verification by the PHA. Families are considered to be involuntarily displaced if they are required to vacate housing as a result of the following situation: Federal, state or local government action related to code enforcement, public improvement, development, PHA relocation due to demolition, capital improvements, modernization, or rehabilitation, or deemed uninhabitable due to disaster (e.g. flood, fire, earthquake). If the owner of the property is an immediate family relative and there is no previous rental agreement, and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced. Eligible applicants living in property acquired by the PHA will be given involuntary displacement points.

Rent Burden or Homeless or Substandard Preference:

Rent Burden: for families paying more than 30% of their income for rent and utilities, commencing before they were selected from the waiting list and continuing through the verification of preference.

For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations.

"Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the

monthly amount of resident supplied utilities which can be either:

The PHA's reasonable estimate of the cost of such utilities, using the Housing Choice Voucher Program Utility Allowance Schedule; or

The average monthly payments the family actually made for these utilities in the most recent 12-month period, or if information is not obtainable for the entire period, the average of at least the past three months.

An applicant family may choose which method to use to calculate utility expenses. Any amounts paid to or on behalf of a family under any energy assistance program must be subtracted from the total rent burden if included in Family Income.

To qualify for the Rent Burden preference, the applicant must pay rent directly to the landlord or agent.

If the applicant pays their share of rent to a cohabitant and is not named on the lease, the PHA will require both verification from the Landlord that the applicant resides in the unit, and verification from the cohabitant of the amount of rent paid by the applicant.

If the applicant is subletting, the lessor must have the legal right to sublet.

Members of a cooperative are "renters" for the purposes of qualifying for the preference. In this case, "Rent" would mean the charges under the occupancy agreement.

Homeless:

1. An applicant will be considered homeless for all waitlists except for the Spicer Terrace Site-based Waiting List, if the household meets the criteria listed below:

   An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:

   a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

   b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

   c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

   An individual or family who:

a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and

b. Has no other residence; and

c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

2. An applicant will be considered homeless for the Spicer Terrace Site-based Waiting List if the household meets the definition of homeless set forth in 24 CFR 578 or is at risk of homelessness which is defined as a household at risk of losing its housing when no appropriate subsequent housing options have been identified and the household lacks the financial resources and support networks need to obtain immediate housing (Interagency Council on Homelessness and Affordable Housing Permanent Supportive Housing Policy Framework).

As part of the Continuum of Care (CoC) Central Intake System (24 CFR 578.7(a)(8), the PHA will refer applicants to the Akron/Summit County CoC Central Intake System as appropriate (homeless, at-risk of homeless, chronically homeless) The PHA will prioritize individuals who are chronically homeless as defined by Notice CPD-16-11 and follows the Housing First criteria for targeted funding projects.

Substandard: An applicant will be considered living in substandard housing if the household meets the criteria listed below:

Resides with friends or relatives on a temporary basis, or

Will lose their primary night-time residence within 60 days of verification of preference,

Have received notice from the PHA that they must relocate due to demolition, capital improvements, modernization, or rehabilitation of a PHA owned property,
or

Contains a Head or Co-Head, ages 18 to 25 years, who is aging out of the Foster Care system.

Local Preferences specific to the Spicer Terrace Site-based Waiting List:

Youth- Head of household is age 18 to under 25 years of age

Disabled- Head of household has a disability that;

a. Is expected to be long-continuing, or of a indefinite duration;

b. Substantially impedes the individual's ability to live independently;

c. Could be improved by the provision of more suitable housing conditions; and

moving On
Preference

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

FOR

THE AKRON METROPOLITAN HOUSING AUTHORITY

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Revised : January 1, 2022

d. Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury: is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002); or is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

Moving On Preference

Many participants, over time, may find that they no longer need the level of supportive services that are provided while in the Continuum of Care Permanent Supportive Housing (CoC-PSH) program (a program with an active Memorandum of Understanding with the CoC Permanent Supportive Housing program). When people have the opportunity to move from supportive housing into another stable housing opportunity, such turnover creates availability in existing supporting housing vouchers that can be used to serve other eligible households. In such cases where the supportive service housing programs are fully utilized per the grant agreements, CoC-PSH participants who wish to obtain a tenant based voucher or Low Income Public Housing (LIPH) may receive a Moving On preference (This preference will be capped at 20 participants across all programs), see Chapters 7 also.

Treatment of Single Applicants

Single applicants will be treated as any other eligible family on the PHA waiting list.

C. ORDER OF SELECTION FOR GENERAL OCCUPANCY (FAMILY) DEVELOPMENTS, PINEWOOD GARDENS AND SPICER TERRACE SITE BASED WAIT LISTS

The PHA has established the following local admissions preferences for general occupancy (family) developments:

Date and time of receipt of a completed application and

the PHA has established the following system to apply local preferences:

Local preferences will be aggregated using the following system:

Each preference is assigned points as listed below. The more preference points an applicant has, the higher the applicant's place on the waiting list.

Residency Preference: 1 point

Veteran Preference: 2 points

Summit County Children Services (SCCS) Certified Emancipated Youth: 2 points

Moving On Preference

Housing Choice Voucher Program

Administrative Plan

For the

Akron Metropolitan Housing Authority

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Effective January 1, 2022

4. Summit County Children Services (SCCS) Certified Emancipated Youth and FUP Youth and Families- for youth eighteen years of age to twenty-four years of age, who are working with SCCS to overcome or prevent homelessness or families working with SCCS for whom the lack of adequate housing is a primary factor in the imminent placement of the family's children in out-of- home or the delay in the discharge of the children from out-of-home care. Due to the limited number of available preferences, an applicant that qualifies for this preference cannot simultaneously qualify for the Full Term First Birthday preference. (This will be capped at 50 participants across all programs unless Family Unification (FUP) vouchers are available). As required by statute, a FUP voucher issued to a youth may only be used to provide housing assistance for a maximum of 36 months. The FUP voucher recipient may qualify for the Moving On Preference for continued housing, see below.
5. Full Term First Birthday Preference: for applicants referred by the Full Term First Birthday Greater Akron program, which works to promote healthy full-term pregnancies and ensure every child celebrates a first birthday. Due to the limited number of available preferences, an applicant that qualifies for this preference cannot simultaneously qualify for the Emancipated Youth and FUP preference. (This preference will be capped at 20 participants across all programs).
6. Transitional/Homeless Non-Elderly Disabled Preference: for families that are composed of one of more non-elderly persons aged 18 to 61 with disabilities who are eligible for services through a partner agency with whom AMHA has executed a Memorandum of Understanding (MOU) and are:
    - transitioning out of an institutional or other segregated setting,
    - at serious risk of institutionalization,
    - homeless,
    - at risk of becoming homeless, or
    - previously experienced homelessness and are currently a client in a permanent supportive housing or rapid rehousing project.

    The family may include additional family members who are not non-elderly persons with disabilities. A family where the sole member is an emancipated minor is not an eligible household (This preference will be capped at 50 participants or at the amount of Mainstream vouchers awarded, whichever is greater).

    Applicants shall be referred to partner agencies who will then provide a certification of eligibility and written commitment of services for:
    - housing search assistance,
    - supportive services to help the family's transition from homelessness and/or housing instability to permanent housing, or
    - supportive services to help the family comply with Housing Choice Voucher Program rules.

7. Moving On Preference: for current supportive housing program participants (Shelter Plus Care, Family Unification Program, and Continuum of Care Permanent Supportive Housing with whom AMHA has executed an MOU) who have volunteered and meet the eligibility requirements to obtain a tenant based housing choice voucher. This preference is available when the supportive housing program is fully utilized per the grant agreement or is otherwise approved by the Housing Placement Manager or their designee. (Use of this preference for Continuum of Care participants will be capped at 20 participants across all programs).

8. Involuntary Displacement by Government Action Preference: involuntarily displaced by government action applicants are applicants who have been involuntarily displaced by government action and are not

Megan Duke

From: Megan Duke
Sent: Thursday, August 4, 2022 3:21 PM
To: aaron; Amanda Baker; Amanda Smith (asmith4@apslearns.org); Amy Marsteller; Angella Fawn; Annaliese Russell; Anne Face (aface@fcsohio.org); Ashley Ferrell; Asli Buldum; bethg@admboard.org; Briana Gamble; Bridget Lacy; bstephens@canapi.org; Candy Petticord; charhager@akronchildrens.org; Cheyenne Boyd; Chris Brewer; 'Chris Savage'; Christina Babus-Harvey; 'Christina Hodgkinson'; Corey Raleigh (craleigh@hmhousing.org); criddick@uwsummit.org; Crystal Murphy; Cynthia Roberts (cynthiaroberts@legacyiii.org); Darnella Cummings (darnellacummings@legacyiii.org); Debbie Barry; debbieC@hope-healing.org; Dee; Dennis Shawhan; Devon; Diane (VHACLE)'; Edmikia; elvic1979@gmail.com; Fahey; Fred Berry; g.franklin@sheltercareinc.org; H Bell; Hattie Tracy; Helen Tomic; Holly Cundiff; 'Jackie Hemsworth'; Janet Wagner; Janice Stahl; jcole@havenofrest.org; 'Jeff Wilhite'; Jessie Kane (jkane@uwsummitmedina.org); Joanna Brown; Joe Rizzo; Joe Scalise; Judge; Karen Chancey; Karl Driggs; Katie Hartney; Kayla Craig (kayla.craig@colemanservices.org); Kayla Duhme; KEITH; keith esparza; Keith Stahl; Kelly; Keri Deyling; kmcday@akronharmonyhouse.org; Krystal Levstek (klevstek@uwsummitmedina.org); LaSalle Harris; Latoya Harris; Lauren Green-Hull; Leesa Bruback; Linda Harding (lindaharding@legacyiii.org); Lindsay Reese; Lori Russell; Lysa Crawford (lysa.ehos@gmail.com); Mar-Quetta Boddie (mboddie@summitcoc.org); 'Matthew Slater'; Megan Duke (mduke@summitcoc.org); Megan Scheck; Melissa Massey-Flinn; michele mckeever; Michelle Gould; michellewells244@gmail.com; Mike Bullock (Tarry House; Mike Harhager; Miya Jeffries; Nathan Chambers; NIcole Taylor (ntaylor@akronharmonyhouse.org); Nikki Woodley; Pat Grant (pgrant@fcsohio.org); Patrice; Patrice Henderson; Peggy Szalay; Rachel Breece; Rachel Valentine; raymond green; Rebecca Baker; 'Rebecca Callahan'; Rebecca Cool; rick; Sara Leedham; Sara Woolridge; Sarah Deisler; sasmith (sasmith@schd.org); sgraham@downtownakron.com; Shana Miller; Shannah Carino; Sharon Page; sjackson@hmhousing.org; Stacy Carr (sedgar@cityofbarberton.com); steve; Steve Arrington (stan1727@gmail.com); Susan Flowers; Tammy Skipper (tskipper@fairhousingakron.org); Teri Timura (teritimura@legacyiii.org); Theresa Holmes; Tim Edgar; Tina Clark; Tiphanie Cornwell; Trevor ; Tristan Reed; 'Valerie Kirkland'; vbeane@fairhousingakron.org; Zanetta McNab
Subject: FY 2022 CoC Program Competition – Applications Due on September 30, 2022
Attachments: FY22 Continuum_of_Care_Competition_and_Noncompetitive_YHDP.pdf; FY2022 CoC Homelessness Preapplication .docx

Importance: High

Good afternoon,

The annual CoC NOFO application has been released for FY22. Project applications are now available, and you are required to submit the applications 30 days prior to the NOFO application deadline on September 30, 2022. For funded agencies please complete your application in esnaps and non-funded agencies complete a pre-application (see attached) and submit them to Megan Duke by Tuesday, August 30, 2022, by 8:00pm. For renewal projects please be sure to complete applications in e-snaps. We will review project applications the week of September 4th and send any

applications that need corrections back to your agency. All accepted renewal and new projects will be announced by September 15, 2022, via the CoC listserv. All FY2022 CoC NOFO materials will be posted on the CoC website at www.summitcoc.org for your review.

Please be sure to thoroughly review your applications in e-snaps. ALL applicants are required to go through each question and make sure it is up to date with the HEARTH Act and compliant with CoC Priorities. Most importantly, every project application needs to add "Your Agency is a member of the Akron/Barberton/Summit County Continuum of Care and receives all client referrals from Centralized Intake in accordance with HUD Orders of Priority Notice CPD-016-11 and HUD requirements for Coordinated Entry CPD-17-01." to their project description. ALL APPLICATIONS ARE REQUIRED TO BE HOUSING FIRST! Please be sure to review narrative for any possible barriers to your program (i.e., a participant has to have income, a participant has to be sober, a participant has to be of certain sex (unless it is a shared bathroom facility), etc.). HUD has made it VERY clear that they WILL NOT award funding to project applications that aren't compliant with the HEARTH Act. PLEASE, PLEASE, PLEASE review your applications.

Please keep in mind that we are working on the New Unsheltered NOFO as well and there may be some duplication. HUD just released this CoC NOFO today, and it is due in less than two months. Please be sure to keep up with all due dates so that your application/s are submitted.

II. HUD's Homeless Policy Priorities and Program Highlights

A. Policy Priorities. This section provides additional context regarding the selection criteria found in Section VII.B of this NOFO and is included here to help applicants better understand how the selection criteria support the goal of ending homelessness:

1. Ending homelessness for all persons. To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that consider the challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, those experiencing chronic homelessness, and people with disabilities, including those living with HIV/AIDS). CoCs should partner with housing, health care, and supportive services providers to expand housing options, such as permanent supportive housing, housing subsidies, and rapid rehousing. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs.

2. Use a Housing First approach. Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions. CoC Program funded projects should help individuals and families move quickly into permanent housing, and CoCs should measure and help projects reduce the length of time people experience homelessness. Additionally, CoCs should engage landlords and property owners to identify housing units available for rapid rehousing and permanent supportive housing participants, remove barriers to entry and adopt client-centered service methods. HUD encourages CoCs to assess how well Housing First approaches are being implemented in their communities.

3. Reducing Unsheltered Homelessness. In recent years, the number of people experiencing

unsheltered homelessness has risen significantly, including a rising number of encampments in many communities across the country. People living unsheltered have extremely high rates of physical and mental illness and substance use disorders. CoCs should explore all available resources, including CoC and ESG funded assistance, housing subsidies, and supportive services to provide permanent housing options for people who are unsheltered.

4. Improving System Performance. CoCs should be using system performance measures (e.g., average length of homeless episodes, rates of return to homelessness, rates of exit to permanent housing destinations) to determine how effectively they are serving people experiencing homelessness. Additionally, CoCs should use their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing, and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent. CoCs should review all projects eligible for renewal in FY 2022 to determine their effectiveness in serving people experiencing homelessness, including cost-effectiveness. CoCs should also look for opportunities to implement continuous quality improvement and other process improvement strategies. HUD recognized the effects of COVID-19 on CoC performance and data quality and reduced the points available for rating factors related to system performance in the FY 2021 CoC NOFO. This FY 2022 CoC NOFO significantly increases the points available for system performance rating factors.

5. Partnering with Housing, Health, and Service Agencies. Using cost performance and outcome data, CoCs should improve how all available resources are utilized to end homelessness. This is especially important as the CARES Act and American Rescue Plan have provided significant new resources to help end homelessness. HUD encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness and should:

a. work closely with public and private healthcare organizations and assist program participants to receive primary care, receive housing-related services, and obtain medical insurance to address healthcare needs. This includes developing close partnerships with public health agencies to analyze data and design approaches that reduce homelessness, improve the health of people experiencing homelessness, and prevent and address disease outbreaks, including HIV/AIDS.

b. partner closely with PHAs and state and local housing organizations to utilize coordinated entry, develop housing units, and provide housing subsidies to people experiencing homelessness. These partnerships can also help CoC Program participants exit permanent supportive housing through Housing Choice Vouchers and other available housing options. CoCs and PHAs should especially work together to implement targeted programs such as Emergency Housing Vouchers, HUD-VASH, Mainstream Vouchers, Family Unification Program (FUP) Vouchers, and other housing voucher programs targeted to people experiencing homelessness. CoCs should coordinate with their state and local housing agencies on the utilization of new HOME program resources provided through the Homelessness Assistance and Supportive Services Program that was created through the American Rescue Plan;

c. partner with local workforce development centers to improve employment opportunities; and

d. work with tribal organizations to ensure that tribal members can access CoC-funded assistance when a CoC's geographic area borders a tribal area.

6. Racial Equity. In nearly every community, Black, Indigenous, and other people of color are substantially overrepresented in the homeless population. HUD is emphasizing system and program changes to address racial equity within CoCs. Responses to preventing and ending homelessness should address racial inequities to ensure successful outcomes for all persons experiencing homelessness using proven approaches, such as: developing a coordinated

community response created in partnership with a racially diverse set of stakeholders and people experiencing homelessness and partnering with organizations with experience serving underserved populations. CoCs should review local policies, procedures, and processes with attention to identifying barriers that result in racial disparities, and taking steps to eliminate barriers to improve racial equity and to address disparities.

7. Improving Assistance to LGBTQ+ Individuals. Discrimination on the basis of gender identity
or sexual orientation manifests differently for different individuals and often overlaps with other forms of prohibited discrimination. CoCs should address the needs of LGBTQ+, transgender, gender non-conforming, and non-binary individuals and families in their planning processes. Additionally, when considering which projects to select in their local competition to be included in their application to HUD, CoCs should ensure privacy, respect, safety, and access regardless of gender identity or sexual orientation in projects. CoCs should also consider partnering with organizations with expertise in serving LGBTQ+ populations.

8. Persons with Lived Experience. HUD is encouraging CoCs to include in the local planning process people who are currently experiencing or have formerly experienced homelessness. People with lived experience should determine how local policies may need to be revised and updated to improve the effectiveness of homelessness assistance programs, including participating in planning and oversight activities and developing local competition processes. CoC leaders and stakeholders should also prioritize hiring people who have experienced homelessness in areas where their expertise is needed (e.g., peer outreach and support).

9. Increasing Affordable Housing Supply. The lack of affordable housing is the main driver of homelessness. CoCs play a critical role in educating local leaders and stakeholders about the importance of increasing the supply of affordable housing and the specific consequences of the continued lack of affordable housing. CoCs should be communicating with jurisdiction leaders, including for the development of Consolidated Plans, about the harmful effects of the lack of affordable housing, and they should engage local leaders about steps such as zoning and land use reform that would increase the supply of affordable housing. This FY2022 CoC NOFO awards points to CoCs that take steps to engage local leaders about increasing affordable housing supply.

ALL *RENEWAL PROJECTS* MUST READ THE FOLLOWING:

(1) Renewal Projects
(a) Permanent housing-permanent supportive housing (PH-PSH) renewal projects must serve one of the following:
(i) program participants who are eligible for assistance under the project's current grant agreement;
(ii) persons eligible to be served by DedicatedPLUS projects as described in Section III.B.2.g of this NOFO where all units funded by this project must be used to serve program participants who meet the qualifications for DedicatedPLUS; Or
(iii) persons experiencing chronic homelessness at the time they initially enrolled in the project.
(b) PH-RRH, Joint TH/PH-RRH component, transitional housing (TH), and SSO projects may serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3. Additionally, these projects may serve persons who qualify as homeless under paragraph (3) of 24 CFR 578.3 if the CoC is approved to serve persons in paragraph (3). Page 18 of 102 (c) Renewal projects originally awarded under a previous year's DV Bonus must continue to serve survivors of domestic

violence, dating violence, sexual assault, and stalking who qualify as homeless under paragraph (4) of 24 CFR 578.3.

ALL *NEW* PROJECTS MUST READ THE ATTACHED DOC, "Pgs. 49-52 from FY21 Continuum of Care Competition" FROM THE NOFO *AND* THE FOLLOWING:

(a) New PH-PSH projects must serve one of the following:
(i) persons eligible to be served by DedicatedPLUS projects as described in Section III.B.2.g of this NOFO in which case all units funded by the project must be used to serve program participants who meet the qualifications for DedicatedPLUS; or
(ii) persons experiencing chronic homelessness at the time they initially enroll in the project.
(b) New PH-RRH, Joint TH/PH-RRH, and SSO-CE projects may serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3. Additionally, these projects may serve persons who qualify as homeless under paragraph (3) of 24 CFR 578.3 if the CoC is approved to serve persons in paragraph (3).
(c) New DV Bonus projects (RRH, Joint TH/PH-RRH, and SSO-CE) must serve survivors of domestic violence, dating violence, sexual assault, or stalking who qualify as homeless under paragraph (4) of 24 CFR 578.3.

Coordination with Housing and Healthcare. The Consolidated Appropriations Act, 2021 directs HUD to provide incentives to create projects that coordinate with housing providers and healthcare organizations to provide permanent supportive housing and rapid rehousing services. In the FY 2022 CoC Program Competition, CoCs may receive up to 10 bonus points on the CoC Application if the CoC Priority Listing includes new project applications created through reallocation or the CoC Bonus that utilizes housing vouchers and healthcare provided through an array of healthcare services providers.

New Projects for DV Bonus. To be considered for the DV Bonus, new projects must be: (a) PH-RRH projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless (24 CFR 578.3); (b) Joint TH/PH-RRH component projects defined in Section III.B.2.r of this NOFO dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking who are defined as homeless (24 CFR 578.3); or (c) SSO-CE project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

Below is the CoC review criteria for project applications. If you have any questions, please be sure to contact SCCoC Staff.

HUD expects each CoC to implement a thorough review and oversight process at the local level for both new and renewal project applications submitted to HUD in the FY 2022 CoC Program Competition. It has been HUD's experience that many project applications contain information resulting in conditions on the grant; or for more serious infractions, a project application being rejected. Deficient project applications prolong the review process for HUD, which results in delayed funding announcements, lost funding for CoCs due to rejected projects, and delays in funding to house and assist individuals and families experiencing homelessness. CoCs are expected to closely review the information provided in each project application.

Thanks,

Megan Duke
Community Engagement Coordinator
441 Wolf Ledges Parkway Ste 100
Akron, OH 44311
Phone (234) 817-1399
www.summitcoc.org
Homeless Hotline 2-1-1

Summit County Continuum of Care

Each person is a branch of strength within the community. Strong branches make a strong community.

From: HUD Exchange Mailing List <news@hudexchange.info>
Sent: Wednesday, August 3, 2022 3:55 PM
To: Marquetta Boddie <mboddie@summitcoc.org>
Subject: FY 2022 CoC Program Competition – Applications Due on September 30, 2022

Is this email not displaying correctly? View it in your browser.

CFR 578.3 if the CoC is approved to serve persons in paragraph (3).

(c) New DV Bonus projects (RRH, Joint TH/PH-RRH, and SSO-CE) must serve

survivors of domestic violence, dating violence, sexual assault, or stalking who

qualify as homeless under paragraph (4) of 24 CFR 578.3.

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2022 Competition and Noncompetitve YDHP

2022 Preapplication

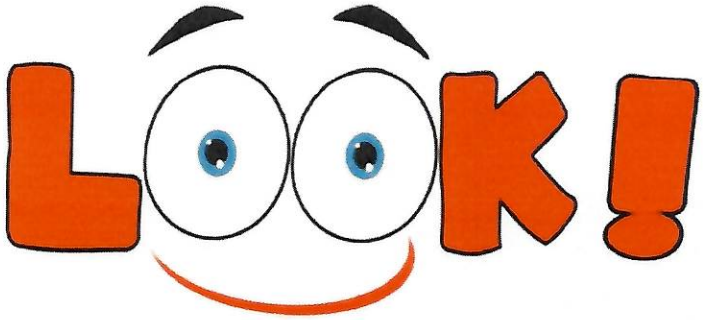
2022 New Project Detailed Instructions

2022 Renewal Project Detailed Instructions

2022 Planning Project Application Detailed Instructions

1:33 67%

summitcountycontinuumofcare
Akron, Ohio



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https://summitcoc.org/

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Summit County Continuum of Care (SCCoC)

a collaboration of agencies working together for the homeless

Each person is a branch of strength within the community. Strong branches make a strong community!

2022 Review & Ranking Criteria Tool - Continuum of Care Applications

Agency Name:

_____

Project Name: _____ Points _____

<u>All Agencies MUST adhere to these Pre-requisites before applying for renewal or new projects:</u>

- MUST serve Category 1 Homeless population
- MUST be Housing First
- MUST receive referrals from Central Intake
- MUST input data into HMIS
- MUST serve one of these populations: Chronically Homeless, Youth, Veterans, Households with Children

<u>Ranking for Domestic Violence (DV) Service Providers:</u>

- DV providers track client-level data throughout the year in Osnium, a database that is comparable to HMIS. The data is segregated from HMIS so that it is not inadvertently disclosed to unauthorized personnel, but the underlying tracking system is similar to HMIS.
- DV generate an Annual Performance Report (APR) using the client-level data in their comparable database.
- The DV providers APR is submitted to the Ranking & Review Committee after being stripped of any client-level data or other PII.
- The Ranking & Review Committee use the DV providers project-level data to evaluate performance outcomes of the program on most of the same performance measures as other CoC funded housing projects. In addition, the Review and Rank Committee.

Application Review	Score:
A. HMIS DQR Data: HUD has been emphasizing that data quality has critical importance. New project-level HUD SCCoC APRs have data quality sections embedded, and in addition to that, SCCoC's are now required to submit system-level HUD Data Quality Reports once a year. The following sections are what you will be scored on: (1) Q.2. Personally Identifiable Information (2) Q.3. Universal Data Elements (3) Q.4 Income and Housing Data Quality (4) Q.5. Chronic Homelessness (5) Q.6 Timeliness **Section 1-4) 2pts. =** if error rate is 0%-2% **1 pt. =** if error rate is 3-5% **0 pts. =** if error rate is over 5% **Section 5) 2 pts. =** 98% or < **0 pts. =** 97.9% or > **SOURCE: HMIS Data Quality Reports** * **PSH Projects with "Historic Data" will be given an additional 2 points (up to the total of 10 points) during scoring.** **DV Providers are scored using the same data quality metrics and they utilize Osnium (comparable database) to collect data on DV clients and are able to provide Data Quality Reports for HMIS data quality.**	**10 Point section, each item is worth 2 points.** **Sections 1-4 will look at the error rate for each item, some sections may require taking an average of the total items.** **Section 5 will look at the count of entry records, you will add 0 days + 1-3 days and divide by the total count of entry records.** **How Scores are calculated** **Points will be scored monthly. After all monthly scores have been finalized, we will take an average of the monthly scores. That average score is what will be applied to the ranking and review scoresheet.**
B. Unit Utilization: PIT Actual Unit Utilization on last Wednesday of every Month**.** **SOURCE: APR (Q.02 average of 4 months)** **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	**10 pts.** = above 95% **8 pts.** = 90% - 94.9% **6 pts.** = 85% - 89.9% **4 pts.** = 81% - 84.9% **2 pts.** = 76% - 80.9% **0 pts.** = Below 76%
C. Exit Destination: Indicator- Exits to or Retention of Permanent Housing **Calculation for PH:** Number of participants who had a positive PH exit destination / total number of participants who exited the program **SOURCE: (Q23c) (Calculation Provided)**	***Permanent Supportive Housing Programs Only:*** **15 pts.** = 90% or more of all participants in PH projects **10 pts.** = 89.9% to 80% of all participants in PH projects **0 pts.** = below 80 % of all participants in PH projects **NO EXITS = 15 pts** ***Transitional Housing & RRH Programs Only:*** **15 pts.** = 90% or more participants who left TH/RRH moved to PH **10 pts.** = 89.9% to 80% participants who left TH/RRH moved to PH

DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.	**0 pts. =** below 80% of participants who left TH/RRH moved to PH
D. Cash Benefits: Government Assistance, earned income from employment, and/or other cash income (maintained or increased) (adult leavers only) % Participants with 1+ source of cash benefits at exit **SOURCE: APR (Q.19a2)** **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	**5 pts.** = 30% or higher maintained or increased cash benefits
E. Non-Cash Benefits: Mainstream Resources (maintained or increased) (adult leavers only) % Participants with 1+ source of non-cash benefits at latest status or exit **SOURCE: APR (Q.20b)** **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	**5 pts.** = 70% or higher non-cash benefits at exit **0 pts.** = 69% or lower non-cash benefits at exit
F. Health Insurance Benefits: Health Insurance (maintained or increased) (All leavers) % Participants with 1 or more source of health insurance at latest status or exit **SOURCE: APR (Q.05a, Q21)** **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	**5 pts.** = 70% or higher health ins benefits at exit **0 pts.** = 69% or lower health ins benefits at exit
G. Meeting Attendance: Level of involvement in Continuum/Coalition committees and programming **SOURCE: SCCoC meeting log (SCCoC MATRIX & Spreadsheet)** **All agencies including DV providers are tracked through matrix and spreadsheet.**	**10 pts.** = Attended more than 90% of meetings **0 pts.** = Attended less than 90% of meetings
H. Timeliness of Document Submission: Requested documents are expected to be submitted in a timely fashion. Each document is worth 5 points and will be deducted for late submission. **SOURCE: Annual Packet & Spreadsheet**	**6 pts.** = Total Possible Points **2pts.** = Audits/Monitoring Letters **2 pts.** = Budget/LOI/Pre-App **2 pts.** = Contact/Conflict/ Confidentiality/SIGNED Proxy
I. Project uses Housing First practices **SOURCE: (Central Intake Tool)** **All agencies including DV providers are tracked through Central Intake Tool tracked through CE tool.**	**10 pts.** = Yes **0 pts.** = No
J. FY 2019-2020 Unspent Funds – less than 15% of unspent funds. Excludes S+C, Rental assistance, and New Agencies until one full grant cycle is complete. **SOURCE: HUD and APR (Q.28)** **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	**5 pts.** = No **0 pts.** = Yes
K. FY 2020-2021 Unspent Funds – less than 15% of unspent funds. Excludes S+C, Rental assistance, and New Agencies until one full grant cycle is complete. **SOURCE: HUD and APR (Q.28)** **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	**5 pts.** = No **0 pts.** = Yes
L. Length of Stay – average length of stay (Leavers Only)	***Rapid Re-Housing Programs Only:*** **5 pts.** = 6 months or fewer

SOURCE: (Q.22b) **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	**3 pts.** = 7 months - 9 months **1 pt.** = 10 months - 12 months **0 pts.** = 13 months or greater ***Permanent Supportive Housing Programs Only:*** **5 pts.** = 13 months or greater **3 pts.** = 10 months - 12 months **1 pt.** = 7 months - 9 months **0 pts.** = 6 months or fewer ***Youth Housing Programs Only:*** **5 pts.** = 0 months – 12 months **3 pts.** = 13 months - 17 months **1 pt.** = 18 months - 23 months **0 pts.** = 24 months or greater ***TH/RRH Programs Only:*** **5 pts.** = 6 months or fewer **3 pts.** = 7 months - 9 months **1 pt.** = 10 months - 12 months **0 pts.** = 13 months or greater
M. Cost Effectiveness – Annual cost per exit to or retained in Permanent Housing (total project cost excluding admin/total participants served who exited to PH or retained PH) **SOURCE: (Q.05a, Q.28)** **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	***Cost per Exit or Retention to PH:*** **5 pts.** = less than or equal to $6,000 **2 pts.** = $6,001 – $10,000 **0 pts.** = greater than or equal to $10,001
N. Recidivism – The number of program participants who exited from PH and returned to homelessness in a 24-month period. **SOURCE: System Performance Measures 2 (HMIS Report)** **DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.**	**5 pts.** = 5% Or less returns to homelessness **2 pts.** = 5%-8% Returns to homelessness **0 pts.** = 8% Or higher returns to Homelessness
O. Racial Equity Assessment– In 2022 Racial Equity assessment was conducted by all partner agencies to assess the organization's need for and capacity to incorporate a racial equity lens into the planning, decision making and overall management of its work and the organization itself. Plan of Action was submitted for agencies who identified inequalities within their organizations. **SOURCE: FY22 Racial Equity Assessment Tool**	**10 pts. =** Completed a racial equity assessment.

TOTAL SCORE: _____/111

Additional Racial Equity Factors – In 2023 Racial Equity will be scored on a two-part scale: • Review of the Plan of Action submitted by organizations in FY22 for Agency, Leadership, Governance, and Policies • Program Participant Data Outcomes measured by HMIS Data.	***Agency, Leadership, Governance, and Policies*** **Pts. TBD** = Representation of individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions **Pts. TBD** = Board of Directors includes representation from more than one person with lived experience **Pts. TBD** = Relational process for receiving and incorporating feedback from person with lived experience **Pts. TBD** = Reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers ***Program Participation Outcomes*** **Pts. TBD** = Reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age **Pts. TBD** = Identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes **Pts. TBD** = Working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age

Review & Ranking Criteria

Scoring based on most recently closed APR

Agency Name: Shelter Care **Beginning of Operating Year:** 10.1.20
Project Name: Homes for Youth **End of Operating Year:** 9.30.21
Grant Amount/Number: 137,846 OH0559L5E619103
Project Type: RRH-1

Q.02 Bed and Unit Utilization Rate (Average of 4 months) (Max 10 pts) SCORE: 10

- Unit Utilization Rate 104.25 %

Q.19a2 Cash Benefits (Adult Leavers Only) (Max 5 pts) SCORE: 5

- 9 **Total Adults**
- 7 # With Maintained Income
- 1 # With Increased Income
- 0 # Had None and Gained Income
- 88 % Percentage

Q.20b Non-Cash Benefits (Adult Leavers Only) (Max 5 pts) SCORE: PH/RRH 0 **TH**

- 9 **Total Adults**
- 6 # With 1+ Sources
- 67 % Percentage

Q.05a, Q.21 Health Insurance Benefits (All Leavers) (Max 5 pts) SCORE: PH/RRH 5 **TH**

- 15 **Total Leavers**
- 0 # With More than 1 Source of Health Ins
- 13 # With 1 Source of Health Ins
- 87 % Percentage

Q.22b Length of Stay (Leavers Only) (PH/RRH & TH) (Max 5 pts) SCORE: PH/RRH 1 **TH**

- 371 Average Length in Days
- 12 Convert to Months (/ by 30.417)

Q.23c Destination at Program Exit (PH/RRH & TH) (Max 15 pts) SCORE: PH/RRH 10 **TH**

- 86.67 % Percentage of Persons Exiting to Permanent Housing Destinations

Q.28 FY19-20 Unspent Funds (Max 5 pts) 23 **% SCORE:** 0
FY20-21 Unspent Funds (Max 5 pts) 2 **% SCORE:** 5

Q.05, Q.28 Cost Effectiveness (Max 5 pts) SCORE: 5

- 134 963 Total Budget (Exp Req Match)
- 12 580 Subtract Admin Costs
- 30 Total # of Participants Served
- 4079 Total Cost Per Person Served

Scoring outside of the APR

System Performance Measures Report Recidivism (Max 5 pts) SCORE: 5

- 60 Total Leavers
- 0 Returns in 0-6 months
- 0 Returns in 6-12 months
- 0 Returns in 13-24 months
- 0 Total Returns
- 0 % Percentage of Returns

HMIS – DQRs (Max 10 pts) SCORE: 8

Timely Submission (Max 6pts) SCORE: 6

Meeting Attendance (Max 10 pts) SCORE: 10

Housing First (Max 10 pts) SCORE: 10

Racial Equity (Max 10 pts) SCORE: 10

Total Score: 90/111

Ranked #16

2022 Shelter Care Racial Equity Assessment

Racial Equity Assessment

Need & Capacity: *Understanding the need for racial equity will help organizations determine if they should prioritize and address any capacity concerns for incorporating racial equity into their work and decision making.*

Current Score: 3

Projected Score in 12 months: 4

Action Plan:

- Expand current training curriculum to include small group (by program) to continue the discussion/learning.
- Continue to foster relationships with community partners to advocate for change.

Organizational Buy-in: *A solid foundation built on organizational buy-in, clarity, and a shared mission are vital for racial equity work. Incorporating racial equity takes time and dedication; therefore, ensuring strong leadership skills and organizational support will help ensure that efforts are sustainable.*

Current Score: 3

Projected Score in 12 months: 4

Action Plan:

- Racial equity training added to orientation training curriculum.
- Quarterly meetings for Racial Equity Team at Shelter Care and sharing the results with the Senior Management Team and Board of Directors.
- Board of Directors training on Racial Equity at Board Retreat.
- Revise Vision Statement to include racial equity.

Analysis and Evaluation: *Conducting an initial analysis of the organizational structures, programs, and policies will illuminate what next steps need to be taken to address racial disparities and achieve racial equity. Further monitoring and evaluation will ensure an iterative process that will allow the organization to continue to grow and sustain its racial equity efforts.*

Current Score: 2

Projected Score in 12 months: 3

Action Plan:

- Revise outcome measures (exit surveys) for youth and families, as well as employee satisfaction surveys, through a racial equity lens.
- Conduct exit interviews for staff and youth incorporating a racial equity lens.

Planning & Intervention: *Having a plan in place for incorporating a racial equity lens into the organization's work will provide structure and a reference point for clarity throughout the process. Once racial equity has been incorporated, organizations can take action and intervene in racial disparities as well as prevent further harm to communities.*

Current Score: 1

Projected Score in 12 months: 3

Action Plan:

- Sr. Management and Board of Directors will identify clear goals and designed outcomes for racial equity initiatives.
- Develop contingency plans to diffuse and address any racially charged interactions.

Sage HMIS REPORTING REPOSITORY

HUD Annual Performance Report - CoC

Grant: **Homes For Youth - OH0559L5E061903** Type: **PH**

Q01a. Grant Information - From e-snaps and LOCCS

Grant Number	OH0559L5E061903
Recipient	OH-506: Shelter Care, Inc
CoC Number and Name	OH-506 Akron/Summit County CoC
CoC Component Type	PH
CoC Project Type	RRH
Total Award Amount (from the application in e-snaps)	$137,896.00
Operating Year Start Date	10/1/2020
Operating Year End Date	9/30/2021
Grant Term in Months	12
Grant Information Was Updated on	11/30/2021

Q01b. Grant Information - User-supplied

Grant Information

The APR you are reporting on is for the following grant. This data in this form is prepopulated from data exported from e-snaps and LOCCS.

All information in the APR must be provided for the Operating Year as shown above.

If the term of the grant was formally extended by HUD and the local HUD field office updated LOCCS accordingly, the term in months would show as more than 12 months and the Operating Year End Date would be adjusted accordingly. If an extension was received for filing the APR no term change would be made in LOCCS and the reporting period will remain the same. All information submitted in this APR must reflect the full operating year.

The Operating Year is established in LOCCS with the first draw of funds on the grant. If it is not correct, contact the local HUD field office directly for the date to be corrected in LOCCS. Once it is corrected and the data has been transmitted to Sage the form will automatically update. You cannot change the date yourself either through LOCCS or in Sage.

Grant Focus Information

Identify the specific project type of this grant:	RRH
Was this project funded under a special initiative?	No
Target subpopulation(s): Does your project have a specific population focus?	Yes
→If yes, which population?	Youth
Are 100% of the clients in HMIS or where applicable in a comparable data base?	Yes

Q02. Bed and Unit Inventory and Utilization

	As Proposed in the Application	Occupied AND Available for Occupancy As Completed in the APR by the Recipient				
	Total	January	April	July	October	Average % of Actually Available to Proposed
Units	8	8	9	8	9	106.25%
~~Beds~~	~~9~~	~~15~~	~~14~~	~~13~~	~~16~~	~~161.11%~~

Q03. Contact Information

Prefix	Dr
First Name	Joseph
Middle Name	M
Last Name	Rizzo
Suffix	
Organization	Shelter Care, Inc.
Department	
Title	Clinical Director
Street Address 1	32 South Avenue
Street Address 2	
City	Tallmadge
State / Territory	Ohio
ZIP Code	44278
E-mail Address	j.rizzo@sheltercareinc.org
Confirm E-mail Address	j.rizzo@sheltercareinc.org
Phone Number	(330)630-5600
Extension	
Fax Number	(330)630-5810

Q04a: Project Identifiers in HMIS

Organization Name	Organization ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project	Project IDs of affiliations	CoC Number	Geocode	Victim Service Provider	HMIS Software Name	Report Start Date	Report End Date	CSV Exception?	Uploaded via emailed hyperlink?
Rapid Rehousing For Youth (Shelter Care)	203	Rapid Rehousing For Youth (Shelter Care)	203	13				OH-506	399153	0	ServicePoint	2020-10-01	2021-09-30	No	No

Q05a: Report Validations Table

Total Number of Persons Served	30
Number of Adults (Age 18 or Over)	19
Number of Children (Under Age 18)	11
Number of Persons with Unknown Age	0
Number of Leavers	15
Number of Adult Leavers	9
Number of Adult and Head of Household Leavers	9
Number of Stayers	15
Number of Adult Stayers	10
Number of Veterans	0
Number of Chronically Homeless Persons	6
Number of Youth Under Age 25	19
Number of Parenting Youth Under Age 25 with Children	6
Number of Adult Heads of Household	19
Number of Child and Unknown-Age Heads of Household	0
Heads of Households and Adult Stayers in the Project 365 Days or More	5

Q06a: Data Quality: Personally Identifying Information (PII)

Data Element	Client Doesn't Know/Refused	Information Missing	Data Issues	Total	% of Error Rate
Name	0	0	0	0	0.00%
Social Security Number	0	0	0	0	0.00%
Date of Birth	0	0	0	0	0.00%
Race	0	0	0	0	0.00%
Ethnicity	0	0	0	0	0.00%
Gender	0	0	0	0	0.00%
Overall Score				0	0.00%

Q06b: Data Quality: Universal Data Elements

	Error Count	% of Error Rate
Veteran Status	0	0.00%
Project Start Date	0	0.00%
Relationship to Head of Household	0	0.00%
Client Location	0	0.00%
Disabling Condition	0	0.00%

Q06c: Data Quality: Income and Housing Data Quality

	Error Count	% of Error Rate
Destination	0	0.00%
Income and Sources at Start	0	0.00%
Income and Sources at Annual Assessment	0	0.00%
Income and Sources at Exit	0	0.00%

Q06d: Data Quality: Chronic Homelessness

	Count of Total Records	Missing Time in Institution	Missing Time in Housing	Approximate Date Started DK/R/missing	Number of Times DK/R/missing	Number of Months DK/R/missing	% of Records Unable to Calculate
ES, SH, Street Outreach	0	0	0	0	0	0	–
TH	0	0	0	0	0	0	–
PH (All)	19	0	0	0	0	0	0.00 %
Total	19	0	0	0	0	0	0.00 %

Q06e: Data Quality: Timeliness

	Number of Project Start Records	Number of Project Exit Records
0 days	7	6
1-3 Days	1	0
4-6 Days	0	0
7-10 Days	0	0
11+ Days	0	9

Q06f: Data Quality: Inactive Records: Street Outreach & Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	–
Bed Night (All Clients in ES - NBN)	0	0	–

Q07a: Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	19	13	6	0	0
Children	11	0	11	0	0
Client Doesn't Know/ Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	30	13	17	0	0
For PSH & RRH – the total persons served who moved into housing	21	10	11	0	0

Q07b: Point-in-Time Count of Persons on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	15	4	11	0	0
April	14	6	8	0	0
July	13	5	8	0	0
October	16	5	11	0	0

Q08a: Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	19	13	6	0	0
For PSH & RRH – the total households served who moved into housing	14	10	4	0	0

Q08b: Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	8	4	4	0	0
April	9	6	3	0	0
July	8	5	3	0	0
October	9	5	4	0	0

Q09a: Number of Persons Contacted

	All Persons Contacted	First contact – NOT staying on the Streets, ES, or SH	First contact – WAS staying on Streets, ES, or SH	First contact – Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	0	0	0	0

Q09b: Number of Persons Engaged

	All Persons Contacted	First contact – NOT staying on the Streets, ES, or SH	First contact – WAS staying on Streets, ES, or SH	First contact – Worker unable to determine
Once	0	0	0	0
2-5 Contacts	0	0	0	0
6-9 Contacts	0	0	0	0
10+ Contacts	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	0.00	0.00	0.00	0.00

Q10a: Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	8	8	0	0
Female	11	5	6	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	19	13	6	0
Trans Female (MTF or Male to Female) ☾	–	–	–	–
Trans Male (FTM or Female to Male) ☾	–	–	–	–

❶ Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☾.

Q10b: Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	4	4	0	0
Female	7	7	0	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	11	11	0	0
Trans Female (MTF or Male to Female)	–	–	–	–
Trans Male (FTM or Female to Male)	–	–	–	–

❶ Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☾.

Q10c: Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	0	0	0	0	0
Trans Female (MTF or Male to Female) ☾	–	–	–	–	–
Trans Male (FTM or Female to Male) ☾	–	–	–	–	–

❶ Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☾.

Q11: Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	8	0	8	0	0
5 - 12	3	0	3	0	0
13 - 17	0	0	0	0	0
18 - 24	19	13	6	0	0
25 - 34	0	0	0	0	0
35 - 44	0	0	0	0	0
45 - 54	0	0	0	0	0
55 - 61	0	0	0	0	0
62+	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	30	13	17	0	0

Q12a: Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	8	5	3	0	0
Black, African American, or African	22	8	14	0	0
Asian or Asian American	0	0	0	0	0
American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiple Races	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	30	13	17	0	0

Q12b: Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	29	12	17	0	0
Hispanic/Latin(a)(o)(x)	1	1	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	30	13	17	0	0

Q13a1: Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults ☾	With Only Children	Unknown Household Type
Mental Health Disorder	7	6	1	0	–	0	0
Alcohol Use Disorder	1	1	0	0	–	0	0
Drug Use Disorder	1	1	0	0	–	0	0
Both Alcohol Use and Drug Use Disorders	1	0	1	0	–	0	0
Chronic Health Condition	1	1	0	0	–	0	0
HIV/AIDS	0	0	0	0	–	0	0
Developmental Disability	2	2	0	0	–	0	0
Physical Disability	1	1	0	0	–	0	0

☾ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

Q13a2: Number of Conditions at Start

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults ☾	With Only Children	Unknown Household Type
None	21	6	4	11	–	0	0
1 Condition	2	2	0	0	–	0	0
2 Conditions	3	3	0	0	–	0	0
3+ Conditions	2	1	1	0	–	0	0
Condition Unknown	2	1	1	0	–	0	0
Client Doesn't Know/Client Refused	0	0	0	0	–	0	0
Data Not Collected	0	0	0	0	–	0	0
Total	30	13	6	11	–	0	0

☾ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

Q13b1: Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults ☾	With Only Children	Unknown Household Type
Mental Health Disorder	4	4	0	0	–	0	0
Alcohol Use Disorder	1	1	0	0	–	0	0
Drug Use Disorder	1	1	0	0	–	0	0
Both Alcohol Use and Drug Use Disorders	0	0	0	0	–	0	0
Chronic Health Condition	1	1	0	0	–	0	0
HIV/AIDS	0	0	0	0	–	0	0
Developmental Disability	1	1	0	0	–	0	0
Physical Disability	1	1	0	0	–	0	0

☾ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

Q13b2: Number of Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults ☾	With Only Children	Unknown Household Type
None	9	1	2	6	–	0	0
1 Condition	1	1	0	0	–	0	0
2 Conditions	2	2	0	0	–	0	0
3+ Conditions	1	1	0	0	–	0	0
Condition Unknown	2	1	1	0	–	0	0
Client Doesn't Know/Client Refused	0	0	0	0	–	0	0
Data Not Collected	0	0	0	0	–	0	0
Total	15	6	3	6	–	0	0

☾ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

Q13c1: Physical and Mental Health Conditions for Stayers

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults ☾	With Only Children	Unknown Household Type
Mental Health Disorder	3	2	1	0	–	0	0
Alcohol Use Disorder	0	0	0	0	–	0	0
Drug Use Disorder	0	0	0	0	–	0	0
Both Alcohol Use and Drug Use Disorders	1	0	1	0	–	0	0
Chronic Health Condition	0	0	0	0	–	0	0
HIV/AIDS	0	0	0	0	–	0	0
Developmental Disability	1	1	0	0	–	0	0
Physical Disability	0	0	0	0	–	0	0

☾ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

Q13c2: Number of Conditions for Stayers

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults ☾	With Only Children	Unknown Household Type
None	12	5	2	5	–	0	0
1 Condition	1	1	0	0	–	0	0
2 Conditions	1	1	0	0	–	0	0
3+ Conditions	1	0	1	0	–	0	0
Condition Unknown	0	0	0	0	–	0	0
Client Doesn't Know/Client Refused	0	0	0	0	–	0	0
Data Not Collected	0	0	0	0	–	0	0
Total	15	7	3	5	–	0	0

☾ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

Q14a: Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	7	4	3	0	0
No	12	9	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	19	13	6	0	0

Q14b: Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	2	2	0	0	0
No	5	2	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	7	4	3	0	0

Q15: Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	6	5	1	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	12	7	5	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Interim Housing ☾	0	0	0	0	0
Subtotal	18	12	6	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, with other housing subsidy	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	1	1	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	1	1	0	0	0
Total	19	13	6	0	0

☾ Interim housing is retired as of 10/1/2019.

Q16: Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No income	6	1	1
$1 - $150	0	1	0
$151 - $250	0	0	0
$251 - $500	2	1	0
$501 - $1000	3	0	2
$1,001 - $1,500	3	1	3
$1,501 - $2,000	4	1	2
$2,001+	1	0	1
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
Number of Adult Stayers Not Yet Required to Have an Annual Assessment	0	5	0
Number of Adult Stayers Without Required Annual Assessment	0	0	0
Total Adults	19	10	9

Q17: Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	10	2	7
Unemployment Insurance	1	0	1
SSI	1	0	0
SSDI	0	0	0
VA Service-Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	1	1	0
General Assistance	0	0	0
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	0	1	0
Alimony (Spousal Support)	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit	0	5	0

Q18: Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status

	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	10	2	7
Adults with Only Other Income	3	2	1
Adults with Both Earned and Other Income	0	0	0
Adults with No Income	6	1	1
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of Adult Stayers Not Yet Required to Have an Annual Assessment	0	5	0
Number of Adult Stayers Without Required Annual Assessment	0	0	0
Total Adults	19	10	9
1 or More Source of Income	13	4	8
Adults with Income Information at Start and Annual Assessment/Exit	0	5	0

Q19a1: Client Cash Income Change - Income Source - by Start and Latest Status

	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less $ at Annual Assessment Than at Start	Retained Income Category and Same $ at Annual Assessment as at Start	Retained Income Category and Increased $ at Annual Assessment	Did Not have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not have the Income Category at Start or at Annual Assessment	Total Adults (Including Those with No Income)	Perfomance Measure: Adults Who Gained or Increased Income from Start to Annual Assessment; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	2	3	5	2	40.00%
Average Change in Earned Income	–	–	–	–	1560.50	0.00	0.00	1560.50	0.00 %
Number of Adults with Other Income	0	0	1	0	1	3	5	1	20.00%
Average Change in Other Income	–	–	0.00	–	140.00	0.00	0.00	140.00	0.00 %
Number of Adults with Any Income (i.e., Total Income)	0	0	1	0	3	1	5	3	60.00%
Average Change in Overall Income	–	–	0.00	–	1087.00	0.00	652.00	1087.00	0.00 %

Q19a2: Client Cash Income Change - Income Source - by Start and Exit

	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category but Had Less $ at Exit than at Start	Retained Income Category and Same $ at Exit as at Start	Retained Income Category and Increased $ at Exit	Did Not have the Income Category at Start and Gained the Income Category at Exit	Did Not have the Income Category at Start or at Exit	Total Adults (Including Those with No Income)	Performance Measure: Adults Who Gained or Increased Income from Start to Exit; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	1	0	7	0	0	1	9	0	0.00%
Average Change in Earned Income	-741.00	–	0.00	–	–	0.00	0.00	–	0.00 %
Number of Adults with Other Income	0	0	0	0	1	8	9	1	11.11%
Average Change in Other Income	–	–	–	–	819.00	0.00	0.00	819.00	0.00 %
Number of Adults with Any Income (i.e., Total Income)	0	0	7	1	0	1	9	1	11.11%
Average Change in Overall Income	–	–	0.00	78.00	–	0.00	8.00	78.00	0.00 %

Q19b: Disabling Conditions and Income for Adults at Exit

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: % with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: % with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: % with Disabling Condition by Source
Earned Income	3	1	4	75.00 %	0	1	1	0.00 %	0	0	0	–
Supplemental Security Income (SSI)	0	0	0	–	0	0	0	–	0	0	0	–
Social Security Disability Insurance (SSDI)	0	0	0	–	0	0	0	–	0	0	0	–
VA Service-Connected Disability Compensation	0	0	0	–	0	0	0	–	0	0	0	–
Private Disability Insurance	0	0	0	–	0	0	0	–	0	0	0	–
Worker's Compensation	0	0	0	–	0	0	0	–	0	0	0	–
Temporary Assistance for Needy Families (TANF)	0	0	0	–	0	0	0	–	0	0	0	–
Retirement Income from Social Security	0	0	0	–	0	0	0	–	0	0	0	–
Pension or retirement income from a former job	0	0	0	–	0	0	0	–	0	0	0	–
Child Support	0	0	0	–	0	0	0	–	0	0	0	–
Other source	0	0	0	–	0	1	1	0.00 %	0	0	0	–
No Sources	1	0	1	100.00 %	0	0	0	–	0	0	0	–
Unduplicated Total Adults	4	1	5	–	0	2	2	–	0	0	0	–

Q20a: Type of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutritional Assistance Program	10	2	6
WIC	1	0	1
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

Q20b: Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No sources	6	1	3
1+ Source(s)	10	2	6
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	3	7	0
Total	19	10	9

Q21: Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
Medicaid	25	9	13
Medicare	0	0	0
State Children's Health Insurance Program	0	0	0
VA Medical Services	0	0	0
Employer Provided Health Insurance	0	0	0
Health Insurance Through COBRA	0	0	0
Private Pay Health Insurance	1	0	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	3	0	2
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	1	1	0
Number of Stayers Not Yet Required to Have an Annual Assessment	0	5	0
1 Source of Health Insurance	26	9	13
More than 1 Source of Health Insurance	0	0	0

Q22a1: Length of Participation – CoC Projects

	Total	Leavers	Stayers
30 Days or Less	1	1	0
31 to 60 Days	0	0	0
61 to 90 Days	1	0	1
91 to 180 Days	3	2	1
181 to 365 Days	4	1	3
366 to 730 Days (1-2 yrs)	21	11	10
731 to 1,095 Days (2-3 yrs)	0	0	0
1096 to 1,460 Days (3-4 yrs)	0	0	0
1461 to 1,825 Days (4-5 yrs)	0	0	0
More than 1,825 Days (>5 yrs)	0	0	0
Data Not Collected	0	0	0
Total	30	15	15

Q22b: Average and Median Length of Participation in Days

		Leavers	Stayers
Rapid Rehousing For Youth (Shelter Care)	a. Average length in days	371.0000	478.0000
Rapid Rehousing For Youth (Shelter Care)	b. Median length in days	427.0000	448.0000

Q22c: Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	1	1	0	0	0
15 to 21 days	1	1	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	1	1	0	0	0
61 to 180 days	2	2	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	5	5	0	0	0
Average length of time to housing	50.00	50.00	–	–	–
Persons who were exited without move-in	8	2	6	0	0
Total persons	13	7	6	0	0

Q22e: Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	4	1	3	0	0
31 to 60 days	3	3	0	0	0
61 to 180 days	8	1	7	0	0
181 to 365 days	3	2	1	0	0
366 to 730 days (1-2 Yrs)	2	2	0	0	0
731 days or more	1	1	0	0	0
Total (persons moved into housing)	21	10	11	0	0
Not yet moved into housing	9	3	6	0	0
Data not collected	0	0	0	0	0
Total persons	30	13	17	0	0

Q23c: Exit Destination

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	1	1	0	0	0
Staying or living with family, permanent tenure	7	1	6	0	0
Staying or living with friends, permanent tenure	2	2	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	3	0	3	0	0
Subtotal	13	4	9	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	1	1	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	1	1	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	2	2	0	0	0
Institutional Settings					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	15	6	9	0	0
Total persons exiting to positive housing destinations	13	4	9	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	86.67%	66.67%	100.00%	–	–

Q25a: Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a Veteran	19	13	6	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	19	13	6	0

Q25b: Number of Veteran Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a Veteran	19	13	6	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	19	13	6	0

Q25c: Gender - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	0	0	0	0
Female	0	0	0	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	0	0	0	0
Trans Female (MTF or Male to Female)	–	–	–	–
Trans Male (FTM or Female to Male)	–	–	–	–

ⓘ Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☾.

Q25d: Age - Veterans

	Total	Without Children	With Children and Adult	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	0	0	0	0
35 - 44	0	0	0	0
45 - 54	0	0	0	0
55 - 61	0	0	0	0
62+	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	0	0	0	0

Q25e: Physical and Mental Health Conditions - Veterans

	Conditions At Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Disorder	0	0	0
Alcohol Use Disorder	0	0	0
Drug Use Disorder	0	0	0
Both Alcohol Use and Drug Use Disorders	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Developmental Disability	0	0	0
Physical Disability	0	0	0

Q25f: Cash Income Category - Income Category - by Start and Annual /Exit Status - Veterans

	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
Veterans with Only Earned Income (i.e., Employment Income)	0	0	0
Veterans with Only Other Income	0	0	0
Veterans with Both Earned and Other Income	0	0	0
Veterans with No Income	0	0	0
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	0	0	0
Number of Veterans Not yet Required to Have an Annual Assessment	0	0	0
Number of Veterans Without Required Annual Assessment	0	0	0
Total Veterans	0	0	0

Q25g: Type of Cash Income Sources - Veterans

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
SSI	0	0	0
SSDI	0	0	0
VA Service-Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	0	0	0
General Assistance	0	0	0
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	0	0	0
Alimony (Spousal Support)	0	0	0
Other Source	0	0	0
Veterans with Income Information at Start and Annual Assessment/Exit	0	0	0

Q25h: Type of Non-Cash Benefit Sources - Veterans

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutritional Assistance Program	0	0	0
WIC	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

Q25i: Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	–	–	–	–	–

Q26a: Number of Households w/at least one or more Chronically Homeless person

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	4	3	1	0	0
Not Chronically Homeless	14	9	5	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	1	1	0	0	0
Total	19	13	6	0	0

Q26b: Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	6	3	3	0	0
Not Chronically Homeless	23	9	14	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	1	1	0	0	0
Total	30	13	17	0	0

Q26c: Gender of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	4	3	1	0	0
Female	2	0	2	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	6	3	3	0	0
Trans Female (MTF or Male to Female)	–	–	–	–	–
Trans Male (FTM or Female to Male)	–	–	–	–	–

Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ↻.

Q26d: Age of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	2	0	2	0	0
18 - 24	4	3	1	0	0
25 - 34	0	0	0	0	0
35 - 44	0	0	0	0	0
45 - 54	0	0	0	0	0
55 - 61	0	0	0	0	0
62+	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	6	3	3	0	0

Q26e: Physical and Mental Health Conditions - Chronically Homeless Persons

	Conditions at Start	Conditions at Latest Assessment (Stayers)	Conditions at Exit (Leavers)
Mental Health Disorder	4	2	2
Alcohol Use Disorder	1	0	1
Drug Use Disorder	0	0	0
Both Alcohol Use and Drug Use Disorders	1	1	0
Chronic Health Condition	1	0	1
HIV/AIDS	0	0	0
Developmental Disability	2	1	1
Physical Disability	1	0	1

Q26f: Client Cash Income - Chronically Homeless Persons

	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	2	1	2
Chronically Homeless Persons with Only Other Income	0	0	0
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	2	1	0
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons Not yet Required to Have an Annual Assessment	0	0	0
Number of Chronically Homeless Persons Without Required Annual Assessment	0	0	0
Total Chronically Homeless Persons	4	2	2

Q26g: Type of Cash Income Sources - Chronically Homeless Persons

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	2	1	2
Unemployment Insurance	0	0	0
SSI	0	0	0
SSDI	0	0	0
VA Service-Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	0	0	0
General Assistance	0	0	0
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	0	0	0
Alimony (Spousal Support)	0	0	0
Other Source	0	0	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit	0	2	0

Q26h: Type of Non-Cash Benefit Sources - Chronically Homeless Persons

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutritional Assistance Program	3	1	2
WIC	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

Q27a: Age of Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0	0	0	0	0
18 - 24	19	13	6	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	19	13	6	0	0

Q27b: Parenting Youth

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parent Youth <18	0	0	0	0
Parent Youth 18 to 24	6	11	17	6

Q27c: Gender - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	8	8	0	0	0
Female	11	5	6	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	19	13	6	0	0
Trans Female (MTF or Male to Female)	–	–	–	–	–
Trans Male (FTM or Female to Male)	–	–	–	–	–

ⓘ Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☾.

Q27d: Living Situation - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	6	5	1	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	12	7	5	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Interim Housing ☾	0	0	0	0	0
Subtotal	18	12	6	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	1	1	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	1	1	0	0	0
Total	19	13	6	0	0

☾ Interim housing is retired as of 10/1/2019.

Q27e: Length of Participation - Youth

	Total	Leavers	Stayers
30 Days or Less	1	1	0
31 to 60 Days	0	0	0
61 to 90 Days	1	0	1
91 to 180 Days	3	2	1
181 to 365 Days	4	1	3
366 to 730 Days (1-2 yrs)	10	5	5
731 to 1095 Days (2-3 yrs)	0	0	0
1,096 to 1,460 Days (3-4 yrs)	0	0	0
1,461 to 1,825 Days (4-5 yrs)	0	0	0
More than 1,825 Days (>5 yrs)	0	0	0
Data Not Collected	0	0	0
Total	19	9	10

Q27f: Exit Destination - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	1	1	0	0	0
Staying or living with family, permanent tenure	3	1	2	0	0
Staying or living with friends, permanent tenure	2	2	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	1	0	1	0	0
Subtotal	7	4	3	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	1	1	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	1	1	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	2	2	0	0	0
Institutional Settings					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	9	6	3	0	0
Total persons exiting to positive housing destinations	7	4	3	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	77.78%	66.67%	100.00%	--	--

Q27g: Cash Income - Sources - Youth

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	10	2	7
Unemployment Insurance	1	0	1
Supplemental Security Income (SSI)	1	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service – Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	1	1	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	1	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit	0	5	0

Q27h: Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status - Youth

	Number of Youth at Start	Number of Youth at Annual Assessment (Stayers)	Number of Youth at Exit (Leavers)
Youth with Only Earned Income (i.e., Employment Income)	10	2	7
Youth with Only Other Income	3	2	1
Youth with Both Earned and Other Income	0	0	0
Youth with No Income	6	1	1
Youth with Client Doesn't Know/Client Refused Income Information	0	0	0
Youth with Missing Income Information	0	0	0
Number of youth stayers not yet required to have an annual assessment	0	5	0
Number of youth stayers without required annual assessment	0	0	0
Total Youth	19	10	9
1 or more source of income	13	4	8
Youth with Income Information at Start and Annual Assessment/Exit	0	5	0

Q27i: Disabling Conditions and Income for Youth at Exit

	AO: Youth with Disabling Condition	AO: Youth without Disabling Condition	AO: Total Youth	AO: % with Disabling Condition by Source	AC: Youth with Disabling Condition	AC: Youth without Disabling Condition	AC: Total Youth	AC: % with Disabling Condition by Source	CO: Youth with Disabling Condition	CO: Youth without Disabling Condition	CO: Total Youth	CO: % with Disabling Condition by Source	UK: Youth with Disabling Condition	UK: Youth without Disabling Condition	UK: Total Youth	UK: % with Disabling Condition by Source
Earned Income	3	1	4	75.00 %	0	1	1	0.00 %	0	0	0	–	0	0	0	–
Supplemental Security Income (SSI)	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
Social Security Disability Insurance (SSDI)	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
VA Service-Connected Disability Compensation	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
Private Disability Insurance	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
Worker's Compensation	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
Temporary Assistance for Needy Families (TANF)	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
Retirement Income from Social Security	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
Pension or retirement income from a former job	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
Child Support	0	0	0	–	0	0	0	–	0	0	0	–	0	0	0	–
Other source	0	0	0	–	0	1	1	0.00 %	0	0	0	–	0	0	0	–
No Sources	1	0	1	100.00 %	0	0	0	–	0	0	0	–	0	0	0	–
Unduplicated Total Youth	4	1	5	–	0	2	2	–	0	0	0	–	0	0	0	–

Q28. Financial Information

Development	
Acquisition	0
Rehabilitation	0
New Construction	0
Development Subtotal	0.00
Supportive Services	
Assessment of Service Needs	0
Assistance with Moving Costs	0
Case Management	53,670.46
Child Care	0
Education Services	0
Employment Assistance	0
Food	0
Housing /Counseling Services	0
Legal Services	0
Life Skills	0
Mental Health Services	0
Outpatient Health Services	0
Outreach Services	0
Substance Abuse Treatment Services	0
Transportation	4,025.97
Utility Deposits	0.00
Operating	18,901.14
Supportive Services Subtotal	76,597.57
HMIS	
Equipment (Server, Computers, Printers)	0
Software (Software Fees, User Licenses, Software Support)	0
Services (Training, Hosting, Programming)	0
Personnel (Costs Associated with Staff)	0
Space and Operations	0
HMIS Subtotal	0.00
Leasing, Rental Assistance, and Operating	
Real Property Leasing (Does Not Require Match)	0
Short /Medium-Term Rental Assistance	45,777.58
Long-Term Rental Assistance	0
Operating Costs	0
Leasing, Rental Assistance, & Operating Subtotal	45,777.58
Administration	
Administration	12,588.00
Administration Subtotal	12,588.00
Total Expenditures	134,963.15
Match	
Cash Match	33,740.79
In-Kind Match	0
Total Match	33,740.79
Total Expenditures Requiring a Match	134,963.15
Percentage Match	25.00%
Total Budget (Expenditures Plus Match)	168,703.94

134,963.15 / 137,890 = 98

100
98 = 2% unspent

Q29. Performance - Accomplishments

Please describe any significant accomplishments achieved by your program during the operating year:

Shelter Care completed its second year as an RRH provider in October 1, 2021 serving a total of 30 young adults and their dependents. Shelter Care provided case management services to the young adults while in the RRH program and collaborated with partners in the Summit County Continuum of Care (CoC) and community agencies to ensure a holistic approach to meeting the needs. During this reporting period, Shelter Care was an active participant in the CoC through regular participation in meetings including the monthly steering committee meetings as well as the subcommittees including RRH, HMIS Advisory Group, HMIS User Group, Youth Subcommittee and Point In Time Count. Through this participation as well as open dialogue with CoC partners the unmet needs of this vulnerable population continued to be addressed.

Q30. Additional Comments

Please provide any additional comments on other areas of the APR that need explanations, such as a difference in anticipated and actual program outputs or bed utilization:

Megan Duke

From: Megan Duke
Sent: Wednesday, September 14, 2022 12:39 PM
To: aaron; Amanda Baker; Amanda Smith (asmith4@apslearns.org); Amy Marsteller; Angella Fawn; Annaliese Russell; Anne Face (aface@fcsohio.org); Ashley Ferrell; Asli Buldum; bethg@admboard.org; Briana Gamble; Bridget Lacy; bstephens@canapi.org; Candy Petticord; charhager@akronchildrens.org; Cheyenne Boyd; Chris Brewer; 'Chris Savage'; Christina Babus-Harvey; 'Christina Hodgkinson'; Corey Raleigh (craleigh@hmhousing.org); criddick@uwsummit.org; Crystal Murphy; Cynthia Roberts (cynthiaroberts@legacyiii.org); Darnella Cummings (darnellacummings@legacyiii.org); Debbie Barry; debbieC@hope-healing.org; Dee; Dennis Shawhan; Devon; Diane (VHACLE)'; Edmikia; elvic1979@gmail.com; Emilie Oxley; Fahey; Fred Berry; g.franklin@sheltercareinc.org; H Bell; Hattie Tracy; Helen Tomic; Holly Cundiff; 'Jackie Hemsworth'; Janet Wagner; Janice Stahl; jcole@havenofrest.org; jean ; 'Jeff Wilhite'; Jessie Kane (jkane@uwsummitmedina.org); jgreer@uwsummitmedina.org; Joanna Brown; Joe Rizzo; Joe Scalise; Judge; Karen Chancey; Karl Driggs; Katie Hartney; Kayla Craig (kayla.craig@colemanservices.org); Kayla Duhme; KEITH; keith esparza; Keith Stahl; Kelly; Keri Deyling; kmcday@akronharmonyhouse.org; Krystal Levstek (klevstek@uwsummitmedina.org); LaSalle Harris; Latoya Harris; Lauren Green-Hull; Leesa Bruback; Linda Harding (lindaharding@legacyiii.org); Lindsay Reese; Lori Russell; Lysa Crawford (lysa.ehos@gmail.com); Mar-Quetta Boddie (mboddie@summitcoc.org); 'Matthew Slater'; Megan Duke (mduke@summitcoc.org); Megan Scheck; Melissa Massey-Flinn; michele mckeever; Michelle Gould; michellewells244@gmail.com; Mike Bullock (Tarry House; Mike Harhager; Miya Jeffries; Nathan Chambers; NIcole Taylor (ntaylor@akronharmonyhouse.org); Nikki Woodley; Pat Grant (pgrant@fcsohio.org); Patrice; Patrice Henderson; Peggy Szalay; Rachel Breece; Rachel Valentine; raymond green; Rebecca Baker; 'Rebecca Callahan'; Rebecca Cool; rick; Sara Woolridge; Sarah Deisler; sasmith (sasmith@schd.org); sgraham@downtownakron.com; Shana Miller; Shannah Carino; Sharon Page; sjackson@hmhousing.org; Stacy Carr (sedgar@cityofbarberton.com); steve; Steve Arrington (stan1727@gmail.com); Susan Flowers; Tammy Skipper (tskipper@fairhousingakron.org); Teri Timura (teritimura@legacyiii.org); Theresa Holmes; Tim Edgar; Tina Clark; Tiphanie Cornwell; Trevor ; Tristan Reed; 'Valerie Kirkland'; vbeane@fairhousingakron.org; Zanetta McNab
Cc: Marquetta Boddie
Subject: Public Notification of Ranked Projects Applications
Attachments: FY22 Letter of Acceptance for CoC Community Members.pdf; FY22 Ranking & Review Final Scoresheet.pdf

Importance: High

Hello all,

This is a formal notification that all project applicants who submitted new and renewal project applications for the FY2022 CoC competition have been accepted. This notification also includes the ranked positions of each project application. Please review the attached documents and let me know if you have any questions.

Thanks,

Megan Duke
Community Engagement Coordinator
441 Wolf Ledges Parkway Ste 100
Akron, OH 44311
Phone (234) 817-1399
www.summitcoc.org
Homeless Hotline 2-1-1

Summit County Continuum of Care

Each person is a branch of strength within the community. Strong branches make a strong community.

Continuum of Care for the Homeless of Summit County

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Attn: Mar-quetta Boddie
441 Wolf Ledges Pkwy Ste 100
Akron, Ohio 44311

MEMORANDUM

TO: Continuum of Care Members

FROM: Mar-quetta Boddie, CoC Executive Director

DATE: September 14, 2022

RE: FY2022 Continuum of Care Review of Projects

On August 30th, 2022, the Summit County Continuum of Care received 28 project applications for the FY 2022 Continuum of Care competition. Of these 28 projects, 25 projects are renewals and 3 are new projects.

The Continuum of Care Review and Ranking Committee completed the review of all submitted projects on September 8th, 2022. The committee has accepted all 28 projects. The committee is recommending those 28 applications accepted are included in the 2022 Continuum of Care Priority Listing.

Please note: The allocations on the spreadsheet are estimates. All final funding is determined by the U.S. Department of Housing and Urban Development and may be subject to change.

If you have any questions, please email Megan Duke at mduke@summitcoc.org

M. Boddie

Mar-quetta Boddie
CoC Executive Director of Summit County
441 Wolf Ledges Pkwy Ste 100
Akron, OH 44311

Megan Duke

From: Megan Duke
Sent: Wednesday, September 14, 2022 12:14 PM
To: Melissa Massey-Flinn
Cc: Marquetta Boddie; Jackie Hemsworth (jhemsworth@access-shelter.org); Janet Wagner
Subject: FW: Notification of FY 22 Project Acceptance
Attachments: Letter of Acceptance for Community Health Center.pdf

Importance: High

Hi Melissa,

HUD requires all CoCs to notify project applicants at least 15 days prior to the HUD application submission deadline if the application is accepted or rejected.

This is a formal letter from the CoC ranking and review committee that your project application for FY 2022 has been accepted and must be entered into e-snaps by Wednesday the 21st before 5pm.

Please let me know if you have any questions,

Megan Duke
Community Engagement Coordinator
441 Wolf Ledges Parkway Ste 100
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Attn: Mar-quetta Boddie
441 Wolf Ledges Pkwy Ste 100
Akron, Ohio 44311

MEMORANDUM

TO: Melissa Massey-Flinn, Director of Housing, CHC Addiction Services/OMCDC

FROM: Mar-quetta Boddie, CoC Executive Director

DATE: September 14, 2022

RE: FY2022 Continuum of Care Review of Projects

On August 23rd, 2022, the Summit County Continuum of Care received your New Genesis project application for the FY 2022 Continuum of Care competition.

The Continuum of Care Review and Ranking Committee completed the review of all submitted projects on September 8th, 2022. The committee has accepted your project application.

Please note: The allocations on the spreadsheet are estimates. All final funding is determined by the U.S. Department of Housing and Urban Development and may be subject to change.

If you have any questions, please email Megan Duke at mduke@summitcoc.org

M. Boddie

Mar-quetta Boddie
CoC Executive Director of Summit County
441 Wolf Ledges Pkwy Ste 100
Akron, OH 44311

Megan Duke

From: Megan Duke
Sent: Wednesday, September 14, 2022 12:22 PM
To: director@familypromisesc.org
Cc: Marquetta Boddie; Jackie Hemsworth (jhemsworth@access-shelter.org)
Subject: Notification of Acceptance for FY 2022
Attachments: Letter of Acceptance for Family Promise.pdf

Importance: High

Hi Jeff,

HUD requires all CoCs to notify project applicants at least 15 days prior to the HUD application submission deadline if the application is accepted or rejected.

This is a formal letter from the CoC ranking and review committee that your project application for FY 2022 has been accepted and must be entered into e-snaps by Wednesday the 21st before 5pm.

Please let me know if you have any questions,

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Attn: Mar-quetta Boddie
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Akron, Ohio 44311

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MEMORANDUM

TO: Jeff Wilhite, Family Promise Executive Director

FROM: Mar-quetta Boddie, CoC Executive Director

DATE: September 14, 2022

RE: FY2022 Continuum of Care Review of Projects

On August 26th, 2022, the Summit County Continuum of Care received your Survive to Thrive project application for the FY 2022 Continuum of Care competition.

The Continuum of Care Review and Ranking Committee completed the review of all submitted projects on September 8th, 2022. The committee has agreed to accept your projects with the condition the project budget does not exceed $217,975.00 and the recommended changes to the project description meets the requirements for RRH program regulations.

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M. Boddie

Mar-quetta Boddie
CoC Executive Director of Summit County
441 Wolf Ledges Pkwy Ste 100
Akron, OH 44311

Megan Duke

From: Megan Duke
Sent: Wednesday, September 14, 2022 12:25 PM
To: Marquetta Boddie
Cc: Jackie Hemsworth (jhemsworth@access-shelter.org)
Subject: Notification of Acceptance for FY2022
Attachments: Letter of Acceptance for Summit County CoC.pdf

Importance: High

Hi Marquetta,

HUD requires all CoCs to notify project applicants at least 15 days prior to the HUD application submission deadline if the application is accepted or rejected.

This is a formal letter from the CoC ranking and review committee that your project application for FY 2022 has been accepted and must be entered into e-snaps by Wednesday the 21st before 5pm.

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Attn: Jackie Hemsworth
441 Wolf Ledges Pkwy Ste 100
Akron, Ohio 44311

MEMORANDUM

TO: Mar-quetta Boddie, Executive Director, Summit County Continuum of Care

FROM: Jackie Hemsworth, CoC Ranking and Review Committee Chairperson

DATE: September 14, 2022

RE: FY2022 Continuum of Care Review of Projects

On August 23rd, 2022, the Summit County Continuum of Care received your Coordinated Entry for DV project application for the FY 2022 Continuum of Care competition.

The Continuum of Care Review and Ranking Committee completed the review of all submitted projects on September 8th, 2022. The committee has accepted your project application.

Please note: The allocations on the spreadsheet are estimates. All final funding is determined by the U.S. Department of Housing and Urban Development and may be subject to change.

If you have any questions, please email me at jhemsworth@access-shelter.org

Jackie Hemsworth

Jackie Hemsworth
CoC Ranking and Review Committee Chairperson
441 Wolf Ledges Pkwy Ste 100
Akron, OH 44311

This is a formal notification that all project applicants who submitted new and renewal project applications for the FY2022 CoC competition have been accepted. Please review the above documents

2022 Letter of Acceptance for CoC Community

2022 Ranking & Review Final Scoresheet

ENG 8:26 AM 9/15/2022

Megan Duke

From: Megan Duke
Sent: Wednesday, September 14, 2022 12:39 PM
To: aaron; Amanda Baker; Amanda Smith (asmith4@apslearns.org); Amy Marsteller; Angella Fawn; Annaliese Russell; Anne Face (aface@fcsohio.org); Ashley Ferrell; Asli Buldum; bethg@admboard.org; Briana Gamble; Bridget Lacy; bstephens@canapi.org; Candy Petticord; charhager@akronchildrens.org; Cheyenne Boyd; Chris Brewer; 'Chris Savage'; Christina Babus-Harvey; 'Christina Hodgkinson'; Corey Raleigh (craleigh@hmhousing.org); criddick@uwsummit.org; Crystal Murphy; Cynthia Roberts (cynthiaroberts@legacyiii.org); Darnella Cummings (darnellacummings@legacyiii.org); Debbie Barry; debbieC@hope-healing.org; Dee; Dennis Shawhan; Devon; Diane (VHACLE)'; Edmikia; elvic1979@gmail.com; Emilie Oxley; Fahey; Fred Berry; g.franklin@sheltercareinc.org; H Bell; Hattie Tracy; Helen Tomic; Holly Cundiff; 'Jackie Hemsworth'; Janet Wagner; Janice Stahl; jcole@havenofrest.org; jean ; 'Jeff Wilhite'; Jessie Kane (jkane@uwsummitmedina.org); jgreer@uwsummitmedina.org; Joanna Brown; Joe Rizzo; Joe Scalise; Judge; Karen Chancey; Karl Driggs; Katie Hartney; Kayla Craig (kayla.craig@colemanservices.org); Kayla Duhme; KEITH; keith esparza; Keith Stahl; Kelly; Keri Deyling; kmcday@akronharmonyhouse.org; Krystal Levstek (klevstek@uwsummitmedina.org); LaSalle Harris; Latoya Harris; Lauren Green-Hull; Leesa Bruback; Linda Harding (lindaharding@legacyiii.org); Lindsay Reese; Lori Russell; Lysa Crawford (lysa.ehos@gmail.com); Mar-Quetta Boddie (mboddie@summitcoc.org); 'Matthew Slater'; Megan Duke (mduke@summitcoc.org); Megan Scheck; Melissa Massey-Flinn; michele mckeever; Michelle Gould; michellewells244@gmail.com; Mike Bullock (Tarry House; Mike Harhager; Miya Jeffries; Nathan Chambers; NIcole Taylor (ntaylor@akronharmonyhouse.org); Nikki Woodley; Pat Grant (pgrant@fcsohio.org); Patrice; Patrice Henderson; Peggy Szalay; Rachel Breece; Rachel Valentine; raymond green; Rebecca Baker; 'Rebecca Callahan'; Rebecca Cool; rick; Sara Woolridge; Sarah Deisler; sasmith (sasmith@schd.org); sgraham@downtownakron.com; Shana Miller; Shannah Carino; Sharon Page; sjackson@hmhousing.org; Stacy Carr (sedgar@cityofbarberton.com); steve; Steve Arrington (stan1727@gmail.com); Susan Flowers; Tammy Skipper (tskipper@fairhousingakron.org); Teri Timura (teritimura@legacyiii.org); Theresa Holmes; Tim Edgar; Tina Clark; Tiphanie Cornwell; Trevor ; Tristan Reed; 'Valerie Kirkland'; vbeane@fairhousingakron.org; Zanetta McNab
Cc: Marquetta Boddie
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Attn: Mar-quetta Boddie
441 Wolf Ledges Pkwy Ste 100
Akron, Ohio 44311

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TO: Continuum of Care Members

FROM: Mar-quetta Boddie, CoC Executive Director

DATE: September 14, 2022

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M. Boddie

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441 Wolf Ledges Pkwy Ste 100
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441 Wolf Ledges Pkwy Ste 100
Akron, Ohio 44311

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TO: Melissa Massey-Flinn, Director of Housing, CHC Addiction Services/OMCDC

FROM: Mar-quetta Boddie, CoC Executive Director

DATE: September 14, 2022

RE: FY2022 Continuum of Care Review of Projects

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FROM: Mar-quetta Boddie, CoC Executive Director

DATE: September 14, 2022

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M. Boddie

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Attn: Jackie Hemsworth
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Akron, Ohio 44311

MEMORANDUM

TO: Mar-quetta Boddie, Executive Director, Summit County Continuum of Care

FROM: Jackie Hemsworth, CoC Ranking and Review Committee Chairperson

DATE: September 14, 2022

RE: FY2022 Continuum of Care Review of Projects

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Jackie Hemsworth

Jackie Hemsworth
CoC Ranking and Review Committee Chairperson
441 Wolf Ledges Pkwy Ste 100
Akron, OH 44311

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2022 Letter of Acceptance for CoC Community

2022 Ranking & Review Final Scoresheet

ENG 8:26 AM 9/15/2022

Akron/Barberton/Summit County Continuum of Care

Review & Ranking Scoresheet - 2022

Rank	Applicant Name	Project Name	Allocation (GIW)	A. HMIS DQR Data	B. Unit Utilization	C. Cash Benefits	D. Non Cash Benefits	E. Health Insurance Benefits	F. Length of Stay	G. Destination at Program Exit	H. 2019-2020 Unspent Funds	I. 2020-2021 Unspent Funds	J. Cost Effectiveness	K. Recidivism	L. Attendance	M. Timely Submission	N. Housing First	O. Racial Equity	Total Points
				Max 10 pts.	Max 10 pts.	Max 5 pts.	Max 5 pts.	Max 5 pts.	Max 5 pts.	Max 15 pts.	Max 5 pts.	Max 5 pts.	Max 5 pts.	Max 5 pts.	Max 10 pts.	Max 6 pts.	Max 10 pts.	Max 10 pts.	Max 111 pts.
1	United Way	Akron/Summit County HMIS	$260,442.00																
2	United Way	Centralized Intake - Summit	$215,652.00																
3	Battered Women's Shelter	Safeway Home (NEW UNDER FY21)	$248,333.00																
4	Community AIDS Network/AAC	Lavendar Landing (NEW UNDER FY21)	$208,406.00																
5	Battered Women's Shelter/SC/HH	Opportunity HOME TH/RRH (NEW UNDER FY21)	$565,595.00																
6	H. M. Life Opportunity Services	HM Life Scattered Sites for Families (Access)	$173,329.00	10	10	5	5	5	5	15	5	5	5	5	10	6	10	10	111
7	Tarry House	Project Beginnings I	$17,558.00	9	10	5	5	5	5	15	5	5	5	5	10	6	10	10	110
8	H. M. Life Opportunity Services	HM Life Project Based Sites for Families (PSH)	$466,359.00	8	8	5	5	5	5	15	5	5	5	5	10	6	10	10	107
9	North Coast Community Homes, Inc.	Akron Supportive Housing (South Street)	$42,542.00	10	10	5	5	5	5	15	0	5	5	5	10	6	10	10	106
10	North Coast Community Homes, Inc.	Akron Supportive Housing (Waterloo)	$49,461.00	10	10	5	5	5	5	15	5	0	5	5	10	6	10	10	106
11	Legacy III	Pathways to Freedom 2021	$313,152.00	8	10	5	5	5	5	15	5	5	2	5	10	6	10	10	106
12	Community Health Center	Peachtree Estates	$237,163.00	8	10	5	0	5	5	15	5	5	5	5	10	6	10	10	104
13	Community Support Services Inc.	Blue Herron	$246,604.00	8	10	5	0	5	5	10	5	5	2	5	10	6	10	10	96
14	H. M. Life Opportunity Services	Blackbird Landing	$204,590.00	9	10	0	0	5	5	15	5	5	0	5	10	6	10	10	95
15	Battered Women's Shelter	Step III	$370,409.00	10	10	5	0	5	1	15	0	0	5	5	10	6	10	10	92
16	Shelter Care, Inc.	Homes For Youth	$145,480.00	8	10	5	0	5	1	10	0	5	5	5	10	6	10	10	90
17	Harmony House	Transitions To Independence	$153,504.00	8	0	5	5	5	3	10	5	5	2	5	10	6	10	10	89
18	Legacy III	Brubaker Program 2021	$157,675.00	10	10	5	0	5	5	0	5	5	2	5	10	6	10	10	88
19	Community Support Services Inc.	Safe Haven	$169,467.00	8	10	5	0	5	5	0	5	5	0	5	10	6	10	10	84
20	Community Support Services Inc.	Commons at Madeline Park	$268,138.00	10	2	5	0	5	5	0	5	5	2	5	10	6	10	10	80
21	Akron Metropolitan Housing Authority	Shelter Plus Care (CANAPI/CSS)	$601,926.00	8	0	5	0	5	5	0	5	5	5	2	10	6	10	10	76
22	United Way	Home Again	$66,372.00	8	0	5	0	5	5	0	5	5	5	2	10	6	10	10	76
23	Legacy III	Humble Beginnings Program 2019	$130,556.00	8	4	5	0	0	5	0	5	5	0	5	10	6	10	10	73
24	United Way	Hope	$162,840.00	8	0	5	0	5	5	0	5	0	5	2	10	6	10	10	71
25	Community AIDS Network	The Micah Program	$111,017.00	8	0	5	0	5	5	0	0	0	5	0	10	6	10	10	64
26	Summit County Continuum of Care	Coordinated Entry for DV (NEW UNDER FY 22 SSO-CE) (DV Bonus)	$150,000.00																
27	Community Health Center	New Genesis Health Home (NEW UNDER FY22 PSH) (CoC BONUS)	$70,400.00																
28	Family Promise	Survive to Thrive: Destination Homeownership (NEW UNDER FY22 RRH)	$217,975.00																
			$6,024,945.00																

ARA= **$5,586,570.00** **(not including planning grant)**

DIFFERENCE= **-$335,194.20** **(difference in tier 1 and tier 2)**

94% of ARA= **$5,251,375.80** **(tier 1 above red line)**

Draft of Renewals 7.18.22 v.1

Draft of Renewals 9.8.22

FINAL 9.14.22

The FY22 CoC NOFO & FY22 Priority Listing are NOW POSTED!

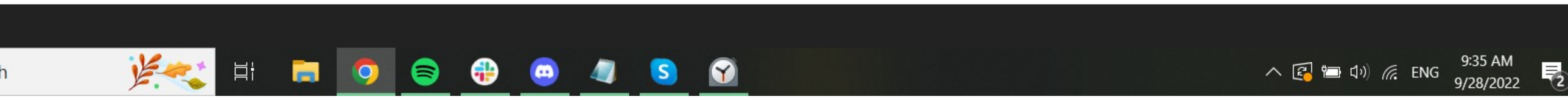
FY22 CoC NOFO

FY22 Priority Listing

This is a formal notification that all project applicants who submitted project applications for the FY2022 NEW Unsheltered CoC competition have been reviewed and either accepted or rejected. This notification also includes the ranked positions of each project application. Please review the attached documents and let me know if you have any questions.

Unsheltered NOFO 2022 Ranking and Review Scoresheet

FY22 Unsheltered NOFO Memo



Megan Duke

From: Megan Duke
Sent: Wednesday, September 28, 2022 9:52 AM
To: Amanda Baker; Amanda Smith (asmith4@apslearns.org); Amy Marsteller; Angella Fawn; Annaliese Russell; Anne Face (aface@fcsohio.org); Ashley Ferrell; Asli Buldum; bethg@admboard.org; Briana Gamble; Bridget Lacy; bstephens@canapi.org; Candy Petticord; charhager@akronchildrens.org; Cheyenne Boyd; Chris Brewer; 'Chris Savage'; Christina Babus-Harvey; 'Christina Hodgkinson'; Corey Raleigh (craleigh@hmhousing.org); criddick@uwsummit.org; Crystal Murphy; Cynthia Roberts (cynthiaroberts@legacyiii.org); Darnella Cummings (darnellacummings@legacyiii.org); Debbie Barry; debbieC@hope-healing.org; Dee; Dennis Shawhan; Devon; Diane (VHACLE)'; Edmikia; elvic1979@gmail.com; Emilie Oxley; Fahey; Fred Berry; g.franklin@sheltercareinc.org; H Bell; Hattie Tracy; Helen Tomic; Holly Cundiff; 'Jackie Hemsworth'; Janet Wagner; Janice Stahl; jcole@havenofrest.org; jean ; 'Jeff Wilhite'; Jessie Kane (jkane@uwsummitmedina.org); jgreer@uwsummitmedina.org; Joanna Brown; Joe Rizzo; Joe Scalise; Judge; k stanely ; Karen Chancey; Karl Driggs; Katie Hartney; Kayla Craig (kayla.craig@colemanservices.org); Kayla Duhme; KEITH; keith esparza; Keith Stahl; Kelly; Keri Deyling; kmcday@akronharmonyhouse.org; Krystal Levstek (klevstek@uwsummitmedina.org); LaSalle Harris; Latoya Harris; Lauren Green-Hull; Leesa Bruback; Linda Harding (lindaharding@legacyiii.org); Lindsay Reese; Lori Russell; Lysa Crawford (lysa.ehos@gmail.com); Mar-Quetta Boddie (mboddie@summitcoc.org); Megan Duke (mduke@summitcoc.org); Megan Scheck; Melissa Massey-Flinn; michele mckeever; Michelle Gould; michellewells244@gmail.com; Mike Bullock (Tarry House; Mike Harhager; Miya Jeffries; Nathan Chambers; NIcole Taylor (ntaylor@akronharmonyhouse.org); Nikki Woodley; Pat Grant (pgrant@fcsohio.org); Patrice; Patrice Henderson; Peggy Szalay; Rachel Breece; Rachel Valentine; raymond green; Rebecca Baker; 'Rebecca Callahan'; Rebecca Cool; rick; Sara Woolridge; Sarah Deisler; sasmith (sasmith@schd.org); sgraham@downtownakron.com; Shana Miller; Shannah Carino; Sharon Page; sjackson@hmhousing.org; skilparick; Stacy Carr (sedgar@cityofbarberton.com); steve; Steve Arrington (stan1727@gmail.com); Susan Flowers; Tammy Skipper (tskipper@fairhousingakron.org); Teri Timura (teritimura@legacyiii.org); Theresa Holmes; Tim Edgar; Tina Clark; Tiphanie Cornwell; Trevor ; Tristan Reed; 'Valerie Kirkland'; vbeane@fairhousingakron.org; Zanetta McNab
Subject: FY22 CoC NOFO & Priority Listing NOW POSTED!

Importance: High

Hi all,

The FY22 CoC NOFO & FY22 Priority Listing are NOW POSTED on the CoC website on the homepage!

Megan Duke
Community Engagement Coordinator
441 Wolf Ledges Parkway Ste 100
Akron, OH 44311
Phone (234) 817-1399
www.summitcoc.org
Homeless Hotline 2-1-1

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
OFFICE OF HOUSING

CONTRACT RENEWAL TO THE PROJECT RENTAL ASSISTANCE CONTRACT

I. Contract Information:

Project Rental Assistance Contract Number OH12-Q031-006

Project Name Fox Creek I

Project Number 042-HD117

Project Address 2987 Old Home Road, Springfield Township, OH 44312

II. EXPIRING CONTRACT:

Except as specifically modified by this Contract Renewal, all provisions of the Expiring Project Rental Assistance Contract are renewed.

III. TERM OF THE RENEWAL:

The term of the Contract Renewal begins on February 1, 2022

Subject to the availability of appropriations, to make housing assistance payments for any year in accordance with the Contract Renewal Amendment, as determined by HUD, the Contract Renewal Amendment shall run for a period of ONE YEAR, **beginning on the first day of the term.**

IV. CONTRACT RENT:

The contract rents for each bedroom size (number of bedrooms) shall be the contract rent amount listed on Exhibit A of this Contract Renewal Amendment.

V. BUDGET AUTHORITY:

An additional $ 17,163.00 **of budget authority is being added to this contract.**

OH12S-Q031-006 (042HD-117) EFFECTIVE: February 1, 2022

SIGNATURES:

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BY Susie Sapilewski
Signature by authorized representative

Susie Sapilewski, Director, Asset Management Detroit Satellite Division
Name and official title (Print)

Date 1/10/2022

OWNER

Name of Owner (Print) Fox Creek I Inc.

Property's DUNS Number: 966421369

Owner's Tax Identification Number: 57-1200328

By [signature]
Signature of authorized representative

Melissa Massey Finn, Director of Housing
Name and title (Print)

Date 1/10/2022

EXHIBIT A

IDENTIFICATION OF UNITS BY SIZE AND APPLICABLE CONTRACT RENTS

PROJECT NAME: Fox Creek I

PROJECT RENTAL ASSISTANCE CONTRACT NUMBER: OH12-Q031-006

PROJECT NUMBER: 042-HD117

Number of Contract Units	Number of Bedrooms	Contract Rent
4	0-BEDROOM	$578

CONTRACT RENTS EFFECTIVE 02/01/2022

HOUSING SERVICES COLLABORATION AGREEMENT
MR00192656

THIS HOUSING SERVICES COLLABORATION AGREEMENT (this "Agreement") is made and entered into effective as of June 1, 2022 regardless of the execution date hereof (the "Effective Date"), by and between **United HealthCare Services, Inc.**, a Minnesota corporation with offices at 9900 Bren Road East, Minnetonka, MN 55343, on behalf of itself and its Affiliates ("United") and Ohio Multi-County Development Corporation, 838 Coburn Street, Akron, Ohio 44311 ("Collaborator") for the purpose of setting forth the terms and conditions under which Collaborator agrees to provide services for United hereunder. For services provided on or after its Effective Date, this Agreement supersedes and replaces any and all other agreements, whether written or oral, between the parties regarding the subject matter contained herein.

Recitals

United owns and manages healthcare companies. Those entities include health plans that participate in the Medicaid program. One of United's initiatives is the Housing+Health Pilot Program, which is a pilot program that assists medically complex individuals who are homeless or at risk for homelessness.

The Housing+Health Pilot Program (defined hereunder in section 1.3) subsidizes housing assistance and/or case management services for eligible Members (as that term is defined in Section 1.2) of United managed Medicaid plans. The purpose of those services is to help the Members develop the life skills, financial resources, and coordination with healthcare resources necessary to allow them to have better adherence with medical treatment plans, have improved health, support themselves in long-term housing arrangements. The Housing+Health Pilot Program generally provides housing assistance and/or case management for wrap-around services for up to {12 months}.

Collaborator is an organization that specializes in providing housing assistance and/or case management for wrap-around services to individuals like Members. Collaborator operates its organization using the Rapid Re-housing model. Collaborator has experience with providing case management for wrap around services while training people to support themselves in long-term living arrangements, and with placing people in long-term supportive housing arrangements.

This Agreement is a contract whereby Collaborator has agreed to provide housing assistance services and/or case management for wrap-around services to Housing+Health Pilot Program Members, and United has agreed to compensate Collaborator for those services. These services will be offered as value-added services not paid for using Medicaid capitation dollars. The goal of the Housing+Health Pilot Program is for each Member to have the opportunity to live in a housing arrangement on a long-term basis following his or her successful completion of the program. Collaborator has agreed to facilitate that goal by offering the Member who successfully exit the Housing+Health Pilot Program the opportunity remain in the housing units that Collaborator has provided, or through placing the Housing+Health Pilot Program Participants in another similar housing arrangement.

Collaborator and United therefore agree as follows:

SECTION 1
DEFINITIONS

1.1 **"Affiliate"** means any entity directly or indirectly controlled by, controlling or under common control with United.

1.2 **"Member"** is a person eligible and enrolled to receive coverage from an Affiliate, or is enrolled in a program being administered by United for which the Member may be referred to Collaborator for Housing Assistance Services (as defined in Section 2.1) hereunder.

1.3 **"Housing+Health Pilot Program"** is a pilot program that assists medically complex individuals who are experiencing homelessness or at risk of homelessness. The Housing+Health Pilot Program subsidizes housing assistance and case management services for its program participants on a short-term basis, and according the general principles of a Rapid Re-housing approach to program design. The purpose of those services is to help the program participants develop the life skills, financial resources, and coordination with healthcare resources necessary to allow them to support themselves in long-term housing arrangements.

SECTION 2
COLLABORATOR SERVICES

2.1 **Services and Fees.** Collaborator shall perform the Housing Assistance Services as described and outlined, and at the locations identified, in Exhibit A (the "Housing Assistance Services Addendum"). All fees payable by United to Collaborator in connection with the provision of the Housing Assistance Services shall be as outlined in the Housing Assistance Services Addendum. Collaborator shall invoice United on a monthly basis in arrears, unless otherwise set forth in the Housing Assistance Services Addendum. Undisputed invoices will be due and payable by United within ten (10) business days after United's receipt of the invoice. United may withhold payment of particular charges that United disputes in good faith, pending the resolution of such dispute, provided that United provides Collaborator with written notice of the amounts being withheld and the reason for withholding such amounts.

2.2 **Collaborator Personnel.** United and Collaborator acknowledge that Collaborator may assign certain of its personnel or volunteers (or that of its affiliates) to perform Housing Assistance Services under this Agreement. Collaborator is solely responsible for any payment of compensation and provision of benefits to its personnel assigned to perform Housing Assistance Services and shall otherwise be solely responsible for its personnel and volunteers performing Housing Assistance Services hereunder. Collaborator shall be solely responsible for ensuring that the personnel or volunteers assigned to perform Housing Assistance Services have been appropriately screened so as to ensure that Collaborator does not assign any individual to perform a service that would pose a threat of harm to Members in the care and support of such Member or to United property.

2.3 **Timely and Satisfactory Performance.** Each of United and Collaborator shall be responsible for the timely and satisfactory performance by any and all of its personnel.

2.4 **Representation and Warranties of Collaborator.** Collaborator, by virtue of its execution and delivery of this Agreement, represents and warrants as follows: (a) Collaborator is a duly organized and validly existing legal entity in good standing under the laws of its jurisdiction of organization; (b) Collaborator has all requisite corporate power and authority to conduct its business as presently conducted, and to execute, deliver and perform its obligations under this Agreement; (c) the execution, delivery and performance of this Agreement by Collaborator does not and will not violate or conflict with (i) any material agreement or instrument to which Collaborator is a party or by which Collaborator or any material part of its property is bound, or; (ii)

applicable law; and, (d) Collaborator has obtained and holds all registrations, permits, licenses, and other approvals and consents, and has made all filings that it is required to obtain from or make with all governmental entities under applicable law in order to conduct its business as presently conducted and to enter into and perform its obligations under this Agreement. Collaborator also represents and warrants that the Housing Assistance Services will conform with all applicable laws, industry standards and in conformance with this Agreement.

2.5 **Nondiscrimination.** Collaborator shall not discriminate against any Member, with regard to quality of Housing Assistance Services or accessibility of the Housing Assistance Services, on the basis that person receiving the services is a Member (e.g., it shall provide the same quality and accessibility of Housing Assistance Services to a Member as it would to any other person seeking its services). Additionally, Collaborator shall not discriminate against any Member with regard to status such as protected veterans, and prohibited discrimination based upon that individual's race, color, national origin, religion, sex, sexual orientation, gender identity or disability.

2.6 **Insurance.**

a. **Required Coverage.** During the term of this Agreement, Collaborator will obtain and maintain, at is sole cost and expense, the insurance in the types and amounts outlined below or as required by applicable law, whichever is greater, and any such additional insurance necessary to insure against claims that may arise from or in connection with its obligations under this Agreement, whether such obligations are performed by or on behalf of Collaborator.

Coverage Type	Minimum Limits of Liability
Commercial General Liability	Amounts should be customary and consistent with industry standards for the Housing Assistance Services being provided by Collaborator, and should cover the actions of any employees or volunteers of Collaborator who may perform Housing Assistance Services.
Business Automobile Liability[1]	$1,000,000 combined single limit per accident
Worker's Compensation	In accordance with the laws of the country, state, province, or territory exercising jurisdiction over employees
Umbrella Liability	$5,000,000 each occurrence/aggregate

[1] This coverage is only required if Collaborator is providing transportation of Members as part of its Housing Assistance Services, or if Collaborator will otherwise be providing transportation to Members in connection with the Housing Assistance Services.

Coverage Type	Minimum Limits of Liability
Professional Liability / Errors & Omissions Liability[2]	$1,000,000 each claim or occurrence, and $3,000,000 aggregate
Third-Party Crime[3]	$500,000 aggregate

b. **Insurance Ratings.** Insurance shall be issued by insurance companies with a minimum A.M. Best rating of A-VII.

c. **Additional Insurance Requirements.** In the event that any insurance required by this Agreement is written on a claims-made basis, such insurance will (i) have a policy retroactive date that coincides with or predates the Effective Date and (ii) be carried for a period of three years after the obligations of this Agreement have been completed, or an extended reporting period of three years shall be purchased (commonly referred to as 'Tail' coverage). Commercial general liability will include United and its Affiliates as additional insured(s) and where applicable, Collaborator shall maintain products and completed operations coverage for a minimum of three years past the end of this Agreement.

d. **Certificates of Insurance.** Prior to the effective Date of this Agreement and upon written request, Collaborator shall submit to United, in writing, evidence of insurance coverage. Collaborator shall give United thirty (30) days written notice in the event of any termination, or cancellation in such insurance.

2.7 **Non-Exclusivity.** United reserves the right to obtain from any other sources any services that may be or comparable to the Housing Assistance Services provided by Collaborator. United does not guarantee Collaborator any particular amount of work under this Agreement.

SECTION 3
INFORMATION; BOOKS AND RECORDS

3.1 **Confidential Business Information.** Each Party acknowledges that, in connection with this Agreement, it (the "Receiving Party") may become aware of or come into possession of certain confidential or proprietary information and documents of the other party (the "Disclosing Party"). For purposes of this Agreement, "Confidential and Proprietary Information" means all information furnished or made available by a party in connection with this Agreement, whether prior or subsequent to the signing hereof, including, but not limited

[2] This coverage is only required if the performance of the Housing Assistance Services requires Collaborator to exercise professional/technical knowledge or training, so that if Collaborator fails to properly exercise its skills, it could be liable for such failure.

[3] This coverage will provide coverage for any loss sustained by United as a result of any dishonest act by any party directly or indirectly employed by or working on behalf of Collaborator (whether acting alone or in collusion with others), including but not limited to theft, forgery, fraud, alteration, and transfer of funds (electronically or otherwise) where Collaborator has control of or access to premises, tangible property, computer systems, accounts, money or securities; such policy will name United as loss payees.

to, protected health information ("PHI") of Members; trade secrets; business projections/forecasts and documents; marketing studies; sales methods; costs; pricing; discounts; business plans; technical and non-technical data; computer programs and software; methods, techniques, computer code and all other materials, whether written or oral, tangible or intangible with respect to this Agreement and the obligations of the respective parties and the services provided hereunder, whether or not such Confidential and Proprietary Information is designated as being confidential and which has not been publicly disclosed. Confidential and Proprietary information may be disclosed to the Receiving Party orally, in writing, by samples, by inspections, or in a tangible medium.

The Receiving Party agrees as follows:

(a) To maintain the confidentiality of the Disclosing Party's Confidential and Proprietary Information, including, but not limited to, providing the same degree of care to avoid disclosure or unauthorized use of the Confidential and Proprietary Information as the Receiving Party provides to its own confidential and proprietary information, and retaining the Confidential and Proprietary Information in a secure place with access limited to only those persons who have a need to know such information in connection with performance under this Agreement;

(b) To direct its personnel to maintain such confidentiality of the Disclosing Party's Confidential and Proprietary Information;

(c) To not disclose to any third party, including but not limited to subcontractors, any of the Disclosing Party's Confidential and Proprietary Information without the Disclosing Party's prior written permission;

(d) To not copy any of the Disclosing Party's Confidential and Proprietary Information without the Disclosing Party's prior written permission;

(e) To not use the Disclosing Party's Confidential and Proprietary Information for any purpose other than performing services under this Agreement without the Disclosing Party's prior, written permission;

(f) To return all copies of any Confidential and Proprietary Information upon any request by the Disclosing Party to do so;

(g) To indemnify and hold harmless the Disclosing Party from any and all loss which may result from unauthorized disclosure of the Confidential and Proprietary Information; and

(h) To immediately notify the Disclosing Party of any information which comes to the Receiving Party's attention which indicates that there may have been a loss of confidentiality or unauthorized use of such Confidential and Proprietary Information.

All Confidential and Proprietary Information shall remain property of the Disclosing Party. The parties agree that should this Agreement be breached, money damages alone would be inadequate compensation. Accordingly, in addition to any other remedies available by law or in equity, any court of competent jurisdiction may also enjoin the disclosure or use by Receiving Party of any Confidential and Proprietary Information.

The Receiving Party shall have no obligation to keep confidential information which: (a) on the date hereof is generally known to the public; (b) subsequent to disclosure hereunder is lawfully received from a third party having rights therein without restriction of dissemination; (c) prior to disclosure hereunder was within the legitimate possession of the Receiving Party and which can be confirmed by contemporaneous written documentation; (d) the release of which is authorized previously in writing by the Disclosing Party; or (e) is ordered to be produced by a court of competent jurisdiction, but provided that the Receiving Party gives the Disclosing Party ten (10) days written notice prior to such production.

This section shall survive any termination or expiration of this Agreement.

3.2 **Records.** Collaborator shall maintain books and records that are usual and customary for the Housing Assistance Services provided under this Agreement. All such books and records shall be maintained in accordance with prudent standards of insurance industry recordkeeping and all applicable laws and regulations. Collaborator shall preserve such records as required by applicable law or regulation.

3.3 **Request of Records.** Upon reasonable notice, during normal business hours and at a reasonable time and place, United or its designee shall have the right to request and receive copies of any records of Collaborator that relate to Collaborator's obligations under this Agreement.

3.4 **Government Access to Records.** Federal, state, and local government agencies including, but not limited to, the U.S. Department of Health and Human Services, the U.S. Comptroller General, other state and federal officials, or their designees shall have the right to inspect, evaluate and audit, and United and Collaborator are authorized to release all information and records or copies of such within the possession of United or Collaborator that are pertinent to and involve transactions related to this Agreement if such access is necessary to comply with statutes, regulations or accreditation standards applicable to United or Collaborator. Said government agencies may also evaluate, through inspection or other means, the quality, appropriateness and timeliness of services provided under this Agreement and compliance herewith.

SECTION 4
REGULATORY COMPLIANCE

4.1 **HIPAA Compliance.** United will be responsible for obtaining Member authorization and consent to refer Members to Collaborator, and to continue to have Collaborator and United exchange information about the Members, including information that may constitute Protected Health Information ("PHI") as such term is defined under the Health Insurance Portability and Accountability Act ("HIPAA"), and regulations promulgated thereunder. Any Member information exchanged between Collaborator and United shall be treated by Collaborator as Confidential and Proprietary Information and shall be held by the other party under the privacy rules and policies applicable to such party with respect to the handling of the information under which the Member is providing authorization and consent to have United share with Collaborator. Collaborator shall ensure that all program activities involving PHI or other protected information shall adhere to state and federal privacy laws and regulations, including but not limited to Collaborator's agreement that it will not disclose PHI to any individual within its organization except for the minimally necessary information on a need-to-know basis in support of the program and shall require all such individuals working with or on behalf of Collaborator to comply with these privacy requirements. Collaborator shall not disclose the PHI of any Member without the Member's prior written authorization, and in accordance with the Member authorization obtained by United from such referred Member. The privacy obligations set forth herein shall survive expiration or termination of this Agreement. To the extent the Member's consent is found to be

invalid, for any reason, the parties shall enter into a Business Associate Agreement, as necessary to comply with applicable law.

4.2 **Regulatory Appendices.** Contract provisions that are necessary to comply with the legal or regulatory requirements of certain jurisdictions or regulatory agencies will be set forth in individual appendices attached to this Agreement and made a part hereof (the "Appendices"), including but not limited to, the Master Community and State Appendix attached hereto as Exhibit B. Collaborator shall comply and shall require its personnel to comply with the applicable terms and conditions of such Appendices. In the event of a conflict between the provisions of the main body of this Agreement and an Appendix, the terms of the Appendix will control.

4.3 **Compliance with Laws.** Collaborator and United agree to comply with all applicable federal, state and local laws, orders, rules, ordinances, regulations and codes (collectively "Laws") in connection with the performance of their obligations under this Agreement. Without limiting the generality of the foregoing, Collaborator will be responsible for compliance with all (a) Laws applicable to Collaborator and Collaborator's business (i.e., Laws under which Collaborator would be liable in the case of non-compliance) that affect the provision or receipt of the services, (b) Laws applicable to the performance or delivery of the services, and (c) privacy and security Laws to which any Member or United information is subject. Collaborator agrees not to seek payment in any form, directly or indirectly, from a federal health care program, including but not limited to Medicare or Medicaid, for items or services covered by this Agreement, except as otherwise permitted by 42 C.F.R. § 1001.952. Collaborator warrants and represents that in no event shall Collaborator advertise or market the Housing Assistance Services provided under this Agreement to any Member or individual, nor shall Collaborator recommend that any Member receive health care services that are reimbursable by Medicare or Medicaid from any particular provider, practitioner or supplier.

SECTION 5
TERM; TERMINATION

5.1 **Term.** This Agreement shall become effective on the Effective Date specified in the introductory paragraph of this Agreement, and shall be effective for a period of 12 months thereafter. This Agreement shall automatically renew for successive periods of 12 months each on the same terms and conditions contained herein, and in any exhibit hereto, unless sooner terminated pursuant to the terms of this Agreement.

5.2 **Termination.** This Agreement may be terminated as follows:

(a) By mutual written agreement of the parties;

(b) By either party, without cause, upon ninety (90) days' advance written notice to the other party;

(c) By either party, upon at least thirty (30) days prior written notice to the other party in the event of a material breach of this Agreement by the other party, unless the material breach has been cured or a reasonable corrective action plan has been developed and approved by the other party, such approval shall not be unreasonably withheld, before the end of the thirty (30) day notice period.

(c) By either party, immediately upon written notice to the other party in the event either party becomes insolvent or is adjudicated as a bankrupt entity, or its business comes into possession or

control, even temporarily, of any trustee in bankruptcy, or a receiver is appointed for it, or it makes a general assignment for the benefit of creditors, unless the other party elects in writing to forego termination of this Agreement;

(d) By United immediately if (i) any governmental agency or authority (including Medicare or Medicaid) sanctions Collaborator, or (ii) Collaborator loses applicable licensure, permit or other approval required to provide services under this Agreement; or

(e) Automatically upon cessation of operations of United or Collaborator. Notice of cessation of operations shall be provided to the other party as soon as practical.

5.3 **Effect of Termination.** Notwithstanding anything in this Section 5, Collaborator shall continue to actively service any referred Members after the termination of this Agreement, in accordance with Collaborator's normal operating procedures and the terms of this Agreement, until United has transferred such Member to another collaborator.

SECTION 6
MISCELLANEOUS

6.1 **Relationship of Parties.** The sole relationship of the parties is that of independent contractors and nothing in this Agreement or otherwise shall be deemed or construed to create any other relationship, including one of employment, joint venture, or agency. Collaborator shall be solely responsible for any taxes of any type, including social security taxes, workers' compensation taxes or costs, unemployment compensation taxes or costs, or any other similar taxes, costs, or charges or any other taxes or charges related to Collaborator's or Collaborator's personnel's receipt of compensation and performance of services under this Agreement, and shall indemnify and hold United harmless against any such taxes or charges. This section shall survive any termination of this Agreement.

6.2 **Disputes.** United and Collaborator shall work together in good faith to resolve any disputes about their business relationship. If the parties are unable to resolve the dispute within thirty (30) days following the date one party sent written notice of the dispute to the other party and if United or Collaborator wishes to pursue the dispute, it shall be submitted to binding arbitration in accordance with the rules of the American Arbitration Association. In no event may arbitration be initiated more than one (1) year following the sending of written notice of the dispute. The arbitrators may construe or interpret but shall not vary or ignore the terms of this Agreement, and shall be bound by controlling law. The decision of the arbitrator(s) on the points in dispute will be binding, and judgment on the award may be entered in any court having jurisdiction thereof. The parties acknowledge that because this Agreement affects interstate commerce, the Federal Arbitration Act applies.

In the event that any portion of this section or any part of this Agreement is deemed to be unlawful, invalid or unenforceable, such unlawfulness, invalidity or unenforceability shall not serve to invalidate any other part of this section or Agreement. In the event any court determines that this arbitration procedure is not binding or otherwise allows litigation involving a dispute to proceed, the parties hereby waive any and all right to trial by jury in, or with respect to, such litigation. Such litigation would instead proceed with the judge as the finder of fact.

This section shall govern any dispute between the parties arising before or after execution of this Agreement and shall survive any termination of this Agreement.

6.3 **Severability.** If any provision of this Agreement shall be held invalid by any court of competent jurisdiction, such provision shall be modified to the extent necessary to make it enforceable or, if necessary, shall be inoperative, and the remainder of this Agreement shall remain binding upon Collaborator and United.

6.4 **Counterparts.** This Agreement may be executed in several counterparts, each of which shall be an original, and all of which together shall constitute but one and the same instrument. Delivery of an executed Agreement by one party to the other may be made by facsimile transmission.

6.5 **No Third Party Beneficiaries.** This Agreement confers no rights whatsoever upon any persons, other than Collaborator and United.

6.6 **Waiver.** The waiver of any full or partial provision, term or condition of this Agreement shall not constitute a waiver of any other or later breach of the same.

6.7 **Governing Law and Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the state in which Collaborator provides the Housing Assistance Services, without giving effect to conflicts of law principles. Collaborator and United also consent to personal jurisdiction over them in the courts of that same state.

6.8 **Notices.** All notices, demands or other communications hereunder shall be in writing and may be sent by: (i) personal delivery; (ii) commercial messenger service overnight delivery; or (iii) United States Postal Service. Irrespective of the manner of delivery or transmission used, all such notices shall be properly addressed and directed with postage or delivery charges prepaid (if any) to the party at its respective address or facsimile number set forth below or to such other address which any party may designate in writing in accordance with the provisions of this section. Notwithstanding the foregoing, all notices of termination of this Agreement by either party must be sent by certified mail, return receipt requested. Notices sent by personal delivery shall be deemed given upon independent written verification of receipt. Notices sent via overnight delivery shall be deemed given on the next business day. All other notices sent by either registered or certified mail shall be deemed given three (3) business days from mailing. Notwithstanding any other part of this Agreement, a party may use the DocuSign software platform to send notices of amendments to this Agreement to the other party.

Notices to United:

Attn: Legal Department
UnitedHealth Group
9900 Bren Road East
MN008-T502
Minnetonka, MN 55343

With copies to:

Attn: Enterprise Sourcing & Procurement
UnitedHealth Group
9900 Bren Road East
MN008-W240

Notices to Collaborator:

Attn: Janet Wagner, CEO
838 Coburn Street
Akron, OH

Minnetonka, MN 55343

Routine operational communications (which will not constitute legal notice) related to administration of the Agreement, including invoices, may be sent to the parties using any contact information provided below or in the course of performance.

Notices to United:	Notices to Collaborator:
Attn: Stacy Lome Email: stacy_lome@uhc.com Phone: 952-237-3311	Attn: Melissa Massey-Flinn Email:melissa.masseyflinn@chcaddiction.org Phone: 330-315-3730

6.9 **Headings.** The section headings contained in this Agreement are not part of this Agreement, are for the convenience of reference only, and shall not affect the meaning, construction or interpretation of this Agreement.

6.10 **Assignment.** This Agreement may not be assigned by either Collaborator or United without the prior written consent of the other party, which consent may not be unreasonably withheld.

6.11 **Amendment.** United may amend this Agreement by providing Collaborator with a copy of the amendment at least 30 days' prior to the effective date of any such amendment. If Collaborator does not execute and return the amendment within 30 calendar days of receipt of the amendment, the amendment shall be deemed to be executed by Collaborator. Notwithstanding the foregoing, if Collaborator does not want to be bound by such an amendment, Collaborator may terminate this Agreement by providing written notice to United prior to the effective date of the amendment. The termination of the Agreement shall be effective 90 days after United receives Collaborator's notice of rejection of the amendment and desire to terminate the Agreement. The terms and conditions of the proposed amendment will not bind Collaborator during the 90-day period. The parties acknowledge and agree that amendments may entered into using the DocuSign software platform, and that all such amendments shall constitute valid and binding amendments to this Agreement.

6.12 **Agreement as Confidential.** Collaborator shall treat this Agreement as confidential and shall not disclose its terms to any third party.

6.13 **Remedies.** The parties acknowledge that the other party's remedies at law for any breach of Section 3 under this Agreement would be inadequate. Therefore, each party agrees that in the event of a breach or threatened breach of any of its obligations under Section 3 of this Agreement, the other party shall be entitled to injunctive relief compelling specific performance of, or other compliance with, the terms of this Agreement. Such relief shall be in addition to all other remedies available to such party at law, in equity or otherwise.

6.14 **Indemnification.** Each party (the "Indemnified Party") shall indemnify and hold the other party (the "Indemnifying Party") harmless from and against any and all liabilities, including, but not limited to losses, penalties, fines, costs, damages, claims, causes of action, and expenses incurred by the Indemnified Party, including reasonable attorneys' fees arising out (i) Indemnifying Party's performance of the services hereunder, (ii) Indemnifying Party's, or any of its employee's, volunteer's, or subcontractor's willful misconduct or negligent, or grossly negligent, acts or omissions, (iii) Indemnifying Party's, or any of its employee's, volunteer's, or

subcontractor's violations of applicable law, (iv) Indemnifying Party's breach of its obligations under this Agreement, including but not limited to breaches of its obligations under the regulatory compliance provisions in Section 4 above, and (v) any act or omission by Indemnifying Party that results in unauthorized access into any of the Indemnified Party's system, network, data or other technology.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION THAT MAY BE ENFORCED BY THE PARTIES.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective as of the Effective Date.

UNITED HEALTHCARE SERVICES, INC.

By: Barb Avery (Jun 23, 2022 13:59 CDT)
(Authorized Signature)

Name: Barb Avery
(Print or Type)

Title: Associate Director
(Print or Type)

OHIO MULTI COUNTY DEVLEOPMENT CORPORATION

By: Janet L. Wagner (Jun 23, 2022 13:35 EDT)
(Authorized Signature)

Name: Janet L. Wagner
(Print or Type)

Title: CEO
(Print or Type)

EXHIBITS

Exhibit A:	Housing Assistance Services Addendum
Exhibit B:	Master Community & State Appendix

EXHIBIT A
HOUSING ASSISTANCE SERVICES ADDENDUM

The term "Housing Assistance Services" shall mean the housing assistance and or case management services provided to a Member by Collaborator, and shall include, but not be limited to, the housing and case management services described in sections 3 and 4 of this Exhibit A.

1. **Compensation and Cost Reimbursements.** United shall pay Collaborator the following amounts as payment for the Housing Assistance Services provided to Members, subject to the terms and conditions described below.

(a) Per Member Per Month Fees. United shall pay Collaborator $736 per Member participating in the Housing+Health Pilot Program per month for subsidized units, $1006 for non-subsidized units, and $892 for each of the four bedrooms in the congregate living model; and to include rent, utilities, non-benefit transportation, and case management for wrap around services as payment for the Housing Assistance Services provided to Members.

(b) Start-up Cost Reimbursement. In addition to the fee described in 1(a) above, United will reimburse Collaborator up to $1000 per Member residing in a unit for one-time start-up costs to include furniture, bedding, linen, toiletries, personal hygiene items, kitchen items, cleaning supplies, a one month supply of food, and security deposits; and $250 per Member residing in the congregate living model to include linens, toiletries, personal hygiene items, cleaning supplies, and one month of food associated with the Housing Assistance Services. Start-up costs are non-recurring costs needed to support a Member during their participation in the Housing+Health Pilot Program. Collaborator will provide United with a detailed list of the start-up expenses associated with a Member, and provide documentary support for those expenses upon United's request.

2. **Duration of the Housing Assistance Services**. Collaborator shall provide each Member with the Housing Assistance services on a short-term basis for the following durations:

(a) Standard Term. Collaborator shall provide the Housing Assistance Services to each Member until the earlier of the Member exiting the Housing+Health Pilot Program or 12 months, subject to the extension process described below.

(b) Extensions. The parties acknowledge that there are circumstances in which a Member may not be ready to transition out of the Housing+Health Pilot Program within 12 months. If United determines that a Member is not ready to support him or herself in a long-term housing arrangement after receiving the standard 12 months of Housing Assistance Services, then United shall have the right to extend the Housing Assistance Services for up to two extensions, with each extension lasting up to three months.

3. **Housing Assistance.** Collaborator shall provide each Member with housing that meets or exceeds the specifications described below, and on the following terms and conditions.

(a) Units. Collaborator shall make available up to 10 units of one and two bedroom, and one congregate living model with four bedrooms to house four members transitional and supportive housing, in Summit County, Ohio

(b) Requirements. All units shall be in Class B buildings or better. The units shall be compliant with the Americans with Disabilities Act, and the living conditions shall be conducive to a healthy, safe lifestyle. {The units shall be operated under the Housing First and Rapid Re-housing models.} All units shall be supplied with the following items: furniture, bedding, linen, toiletries, personal hygiene items, kitchen items, cleaning supplies, a one month supply of food. If applicable, Collaborator shall modify a unit to make it handicap accessible to accommodate a Member's needs, or otherwise address environmental modifications that a Member may need.

(c) Member Transition to Self-Supported Long-Term Housing. The parties acknowledge that the goal of the Housing+Health Pilot Program is to prepare Members to support themselves in long-term housing arrangements. As such, Collaborator agrees to offer each Member the opportunity to continue to live in the unit that the Member occupied during his or her participation in the Housing+Health Pilot Program after the Member successfully exits the program (to "transition in place"). Alternately, if the unit is unavailable for a longer-term housing arrangement, then Collaborator will secure a placement for the Member in another supportive housing arrangement of like kind and quality that can meet the Member's needs. Members who successfully exit the program will be required to follow Collaborator's operating procedures, such as application and leasing procedures, before Collaborator will be required to offer a housing unit to a Member.

4. **Case Management**. Case management services including tenancy support are the services provided by Collaborator to a Member for the purpose of helping the Member develop the life skills, financial resources, and coordination with healthcare and social resources necessary to allow the Member to support their self in long-term housing arrangements while successfully managing their own healthcare needs. The case management services shall include, but not be limited to, the following:

(a) Individualized Service Plan. Collaborator shall design an individualized service plan for each Member. The purpose of the plan is to prepare the Member to live in a long-term housing arrangement following his or successful completion of the Housing+Health Pilot Program. The plan shall address each Member's needs with regard to housing, life skills training, and coordination with healthcare resources. Collaborator will design the plan in consultation with each Member, and if applicable, with United, a Member's medical provider(s), and any other resources that may be relevant to a Member.

(b) Assisting with Care Coordination Activities. Collaborator shall help each Member coordinate his or her health care needs with United's care coordination team and the Member's healthcare providers. Care coordination shall include activities such as: helping Members schedule medical and behavioral health appointments, acting as a liaison between the Member and their health plan, assisting Members with communications to and from their health care providers, working with United's care coordination team to ensure that the Member is accessing their benefits properly, and teaching Members how to access the health care system.

(c) Life Skills Training. Collaborator shall provide each Member with life skills training to achieve self-sufficiency including, but not limited to: grocery shopping, meal planning, managing finances, housekeeping, and the skills needed to maintain a residence in a housing unit; and vocational and employment training, including training to gain skills needed to manage the challenges of work (such as attention, focus, and social skills).

(d) Transportation Assistance. Collaborator shall provide transportation assistance to Members for needs related to the Member's individualized service plan. Transportation assistance may be provided in the form of daily and/or monthly bus passes, taxicabs, ride sharing services, or direct transportation facilitated by Collaborator's staff. Collaborator's case manager, in consultation with the Member, will determine the appropriate level of transportation assistance required.

(e) Assistance Qualifying for Government Benefits. Collaborator shall help each Member apply for and maintain public benefits such as Social Security Disability Insurance, Supplemental Security Income, Medicare, and/or other relevant programs that a Member may be eligible to participate in.

5. **Reports and Meetings.** Collaborator shall provide the following information to United at the intervals described below.

(a) 90-day Assessments. Collaborator shall meet with United every 90 days to evaluate the Housing Assistance Services, or at such other intervals that the parties agree to.

(b) Monthly Reports. Collaborator will provide United with a monthly report, the content and form of which shall be determined by United. The report is due on the last day of each month.

(c) Weekly Case Management Meetings. Collaborator shall participate in weekly case management meetings with United.

6. **Member Disenrollment.** In the event that a Member disenrolls from a United health plan while receiving Housing Assistance Services hereunder and is no longer a participant in the Housing+Health Pilot Program, United shall pay Collaborator $270 per month, which represents the portion of the per Member per month fee referenced in section 1(a) that United has allocated housing costs, for a period not to exceed four months. During that period, both United and Collaborator will work in good faith to transition the individual to self-sufficiency or to another organization that provides housing assistance and/or case management services.

7. **Subcontracting**. The parties acknowledge that Collaborator may use subcontractors to provide the Housing Assistance Services described herein. All such subcontractors shall be subject the subcontracting rules described in the regulatory appendices that are made a part of this Agreement pursuant to section 4.2.

8. **Staffing**. Collaborator shall maintain the following minimum staffing levels.

(a) Case Manager: 1 FTE
(b) Housing Director: .20 FTE

EXHIBIT B
MASTER COMMUNITY & STATE APPENDIX

THIS MASTER COMMUNITY & STATE APPENDIX (this "Appendix") supplements and is made part of the Agreement. This Appendix applies with respect to the provision of services Collaborator provides for any Affiliate administering a Medicaid or other state-specific ("State") government funded and regulated program ("State Program"). In the event of a conflict between this Appendix and other appendices or any provision of the Agreement, the provisions of this Appendix shall control except with regard to benefit plans outside the scope of this Appendix or unless otherwise required by law or applicable State regulatory agency. Collaborator will comply with the following requirements to the extent applicable to Collaborator's performance of services under the Agreement. Capitalized terms used but not defined in this Appendix shall have the meaning assigned to them in the Agreement or other applicable appendix.

1. **Regulatory Approval and Filing**. In the event United is required to file the Agreement with federal, state or local governmental authorities, United shall be responsible for filing the Agreement with such authorities as required by any applicable law or regulation. If following any such filing, the governmental authority requests changes to the Agreement, Collaborator agrees to cooperate with United in preparing the response to the governmental authority.

2. **Compliance with Law and Government Contracts**. Collaborator and United agree to comply with all applicable federal, State and local laws, rules and regulations in connection with the performance of their obligations under the Agreement. All tasks under the Agreement also must be performed in accordance with the requirements of applicable contracts between any Affiliate and State and/or federal regulatory agencies. United will provide or otherwise communicate such requirements to Collaborator. Collaborator shall ensure all agents, employees, assigns and subcontractors, if any, that are involved in providing services under the Agreement also comply with this Section.

3. **Delegation and Oversight**. In compliance with the delegation and oversight obligations imposed on Affiliates under their contracts with State and/or federal regulatory agencies, United reserves the right to revoke any functions or activities delegated to Collaborator under the Agreement, if in the reasonable judgment of United or an applicable Affiliate, Collaborator's performance under the Agreement does not comply with obligations under applicable government contracts. This right shall be in addition to United's termination rights under the Agreement.

4. **Use of Name and Publicity**. In accordance with the UnitedHealth Group, Inc. Non-endorsement Policy, Collaborator will not have any right to use the names, logos, trademarks, trade names, or other marks of United or any of its Affiliates, including in connection with any advertising, sales promotions, press release and other publicity matters.

5. **Offshoring**. Unless previously authorized in writing by the appropriate United health plan Affiliate and State governing agency, if required, all work performed under the Agreement shall be performed from location(s) in the fifty (50) United States. If Collaborator receives authorization pursuant to this Section 5 to offshore certain obligations under the Agreement, United will provide, and Collaborator shall comply with, all applicable offshoring regulations, requirements or restrictions, including any applicable security controls. The parties agree that any offshoring restrictions or requirements may be updated at any time to comply with applicable law and any other requirements.

6. Subcontracts. To the extent required by any regulatory agency governing any Medicare or Medicaid or other governmental benefit plans (or as may be set forth in an appendix) or any accrediting agency, Collaborator shall provide advance notice to United and obtain United's consent prior to any subcontracting of any of its responsibilities under the Agreement.

7. Regulatory Amendment. United may unilaterally amend this Appendix to comply with applicable regulatory requirements required under law. Upon United's notification of such changes, United will provide notice to Collaborator. If such regulatory amendment materially affects the position of either party or renders it illegal for a party to continue to perform under the Agreement in a manner consistent with the parties' intent, then the parties shall negotiate further amendments to this Appendix or the Agreement as necessary to correct any inequities, to the greatest extent possible.

8. Excluded Individuals and Entities. Collaborator agrees to immediately notify United in the event Collaborator is or becomes debarred, suspended or excluded from participation in any federal or state health care program under Section 1128 or 1128A of the Social Security Act. Collaborator shall not employ or contract for the provision of services under the Agreement, with or without compensation, with any individual or entity that is or becomes debarred, suspended or excluded from participation in any federal or state health care program under Section 1128 or 1128A of the Social Security Act. Collaborator shall review: (1) the Department of Health and Human Services Officer of Inspector General List of Excluded Individuals and Entities; (2) the System for Award Management (SAM), a portal for the Federal Procurement System and (3) the applicable State Programs exclusion lists, (and any successor lists) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member or subcontractor for the provision of services under the Agreement. Collaborator must continue to review these lists on a monthly basis thereafter to ensure that none of these persons or entities are or become debarred, suspended, or excluded from participation in federal programs of State Programs.

9. Effect of Termination or Expiration. Within thirty (30) days after the expiration or termination for any reason (or to any extent) of the Agreement and/or this Appendix, Collaborator shall return or destroy all applicable PHI, if feasible to do so, including all applicable PHI in possession of Collaborator's agents or subcontractors. To the extent return or destruction of the PHI is not feasible, Collaborator shall notify United in writing of the reasons return or destruction is not feasible and, if United agrees, may retain the PHI subject to this section. Under any circumstances, Collaborator shall extend any and all protections, limitations and restrictions contained in this Appendix to Collaborator's use and/or disclosure of any applicable PHI retained after the expiration or termination (to any extent) of the Agreement and/or this Appendix, and shall limit any further uses and/or disclosures solely to the purposes that make return or destruction of the PHI infeasible.