

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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 & 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:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
	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.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	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	Yes	Yes	Yes
35.	Community Legal Aid	Yes	Yes	Yes

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

Our CoC integrates a racial equity lens across all decision-making levels and consistently reviews demographic data to identify and address disparities. Specifically, we utilize real-time data collection during CE assessments to understand service gaps and refine our strategies for underserved populations. Additionally, the LEC collects firsthand feedback from BIPOC and LGBTQ+ individuals who experience homelessness. This ensures that the most impacted communities are directly involved, allowing CoC to develop culturally relevant strategies. For example, based on feedback from the LEC, we added funding to support targeted outreach programs and provide specialized case management training for racial equity. Our CoC tracks outcomes for BIPOC clients quarterly, and since implementing these tailored initiatives, we have seen a 15% increase in service engagement rates among Black clients. A key initiative has been transforming the CE Assessment Tool, led by the Lived Experience Committee. The tool was refined to address biases, improving outcomes for overrepresented groups. From 2022 to 2023, there was a 9% increase in successful referrals for clients identifying as Black/African American/African. In 2023, these clients made up 67% of successful referrals, reflecting CoC commitment to using data and lived experiences to eliminate racial inequities in intake processes. The CoC has increased support for new programs led by Black and Brown organizations, boosting funding by \$582,500 in 2023. Additionally, CoC has ensured its leadership reflects the populations it serves, increasing board diversity by 22%, bringing overall diversity to 42%. The ranking and review committee has integrated equity factors into its scoring tools, assessing leadership, governance, and outcomes to promote equity at all organizational levels. The newly developed CoC Racial Equity Committee will play a key role in addressing local homelessness through a racial equity lens, acknowledging historical issues like redlining, disinvestment, and systemic discrimination that have disproportionately impacted communities of color. Through its racial equity approach, the CoC has tackled systemic issues contributing to disparities in homelessness among minority households. The coalition’s efforts include increasing diversity in leadership, improving assessment tools, and providing financial support for Black and Brown-led initiatives, all aimed at creating a more equitable and inclusive system.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC’s geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

The CoC prioritizes transparency and inclusivity in its membership process, actively inviting new members and engaging underrepresented communities. We extend open membership invitations year-round through our website, community events, and targeted outreach to organizations representing marginalized groups. To maintain accountability, we publish an annual report summarizing our new membership composition, including diversity metrics. To facilitate effective communication and access for persons with disabilities, all application forms, meeting records, and transcripts are available in accessible electronic formats. Our CoC community regularly reviews membership and actively invites new organizations and individuals. Active members receive monthly email reminders about upcoming meetings, and public gatherings provide essential documents in accessible formats.

We also invite organizations serving culturally specific communities such as BIPOC, LGBTQ+, and persons with disabilities to ensure their representation and address equity in our efforts.

To enhance our outreach, we have implemented targeted strategies, including community events, resource fairs, and collaborations with local leaders. These initiatives aim to engage populations that may have historically been overlooked, ensuring that we effectively educate the community about the homeless system and best practices. Our CoC staff actively recruit new organizations at community meetings, creating opportunities for collaboration and information sharing.

Additionally, we seek feedback through roundtable discussions with formerly homeless individuals, street outreach teams, grassroots agencies, and city officials. These discussions address pressing issues like outdoor encampments, ensuring that clients' needs remain central to our mission. Additionally, we host an annual feedback session where new members, particularly those from culturally specific or underserved backgrounds, can share insights on how the CoC can improve outreach efforts. For instance, in 2023, feedback led us to increase engagement with immigrant and refugee communities through partnerships with local organizations increasing membership applications from this group. This structured, data-informed approach ensures a broad, inclusive representation within our CoC membership.

Our ongoing commitment to outreach and engagement aims to create a more inclusive and effective response to homelessness throughout our geographic area.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	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 is dedicated to fostering collaboration and gathering diverse insights from a wide array of organizations and individuals knowledgeable about homelessness or interested in its prevention and resolution. We invite non-member organizations to present at our Steering Committee meetings, which allow CoC members to stay informed about community resources that can enhance efforts. Regular community meetings provide a platform to review membership, extend invitations to new participants, and encourage collaboration across sectors. To further support this engagement, we hold an annual community meeting aimed at educating community members and interested organizations about the CoC, our mission, and how they can join our efforts. Information about joining the CoC, including an open invitation and application process, is prominently displayed on our website and social media platforms, ensuring accessibility for all interested parties. Additionally, we distribute a palm card that informs the general public about our work and how to get involved. To maintain engagement, we send monthly email reminders to active members about upcoming meetings and events. During our public meetings, attendees receive essential materials to facilitate open communication and transparency. We prioritize effective communication for persons with disabilities by ensuring all materials are available in accessible electronic formats, making it easier for everyone to engage in our discussions. The LEC meets regularly to provide critical insights and inform the CoC on how to solicit and incorporate the opinions of individuals with lived experience in efforts to prevent and end homelessness. This committee ensures that the voices of those directly impacted are not only heard but also integrated into our decision-making processes.

The CoC host roundtable discussions that include individuals with lived experience, street outreach teams, grassroots organizations, and city officials. These discussions allow us to address pressing issues, such as outdoor encampments, while ensuring that the concerns and needs of all community stakeholders are considered.

The information gathered during these forums is analyzed and incorporated into our strategic planning, leading to new approaches and improvements in our efforts to prevent and end homelessness. Through this comprehensive and inclusive approach, the CoC remains committed to creating a more effective response to homelessness in our community

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

The CoC is committed to transparency and inclusiveness in its application process, welcoming proposals from both organizations that have previously received CoC Program funding and those that have not. To notify the public about the grant application opportunity, we utilize a variety of channels, including our Listserv, website, and social media platforms, ensuring widespread awareness among both CoC members and the general public. Project applicants must submit their applications following a clearly outlined process. An invitation to apply is disseminated to all individuals and organizations on our CoC Listserv. Throughout the application period, our CoC staff and the Ranking & Review (R&R) Committee provide guidance and technical assistance to interested parties, helping them navigate the submission process.

The R&R Committee plays a crucial role in determining which project applications will be submitted to HUD for funding. Applications are evaluated based on several criteria, including alignment with community needs, the applicant's experience and capacity to manage federal grants, project sustainability, and readiness to implement the proposed activities. Each applicant is invited to present their project to the committee, which facilitates a thorough evaluation process. After this assessment, the committee ranks the proposals and sends out acceptance or rejection letters to all applicants. For those whose applications are not accepted, the committee offers constructive feedback and may recommend further assistance through the CoC Technical Assistance Committee.

To ensure that all communications and application materials are accessible, the CoC is dedicated to providing information in accessible electronic formats for individuals with disabilities upon request. We strive to create an inclusive environment that accommodates all potential applicants.

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:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with 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.	Ohio Department of Development (HCRP)	Yes

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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 family members are not separated?	No
3.	Worked with CoC and 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 questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.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 V.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 key youth education providers to ensure that homeless youth can access essential resources for their education. Project Rise is a key partner, who operates under the McKinney-Vento Act within Akron Public Schools (APS) and serves as the LEA for Akron/Summit County. Through a MOU with Project Rise, we ensure that eligible students in the district receive the rights and services guaranteed by the McKinney-Vento Act. Project Rise staff participate in the CoC Youth Summit-Up Workgroup and the CoC Steering Committee. These meetings allow for the sharing of updates and resources available to youth in housing programs, creating a strong support network among stakeholders. To enhance our efforts, the CoC has hired youth peer navigators who connect homeless youth with educational resources. These navigators, drawing from their own lived experiences, serve as mentors and advocates, guiding youth through the challenges of accessing education and support services. Their involvement ensures that each young person receives personalized assistance tailored to their specific needs. Project Rise maintains relationships with local shelters to help identify and remove barriers to education for homeless youth. They provide tutoring services within these shelters, focusing on both academic support and social-emotional learning to help youth develop essential skills. Youth Advocates in the shelters facilitate school transportation requests through Project Rise, which arranges transport for students attending APS, surrounding districts, and charter schools. Project Rise offers Metro bus passes for students and their parents, enabling families to stay engaged in their children’s education despite housing instability. Project Rise also collects rosters of children in shelters, keeping the CoC informed about the youth residing in these facilities. Additionally, Towpath High School, an alternative high school with multiple locations, participates in CoC meetings to stay informed about resources for children experiencing homelessness and offers specialized support for LGBTQ+ students. The CoC partners with Project Learn to provide free literacy and GED classes for individuals of all ages, focusing on refugee and immigrant populations facing housing insecurity. These partnerships and the work of youth peer navigators underscore our commitment to ensuring that youth experiencing homelessness have the resources and support needed to succeed academically and thrive.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services. NOFO Section V.B.1.d.	
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Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

To effectively inform individuals and families who have recently begun experiencing homelessness about their eligibility for educational services, the CoC has established several comprehensive policies and procedures. To minimize disruption for children experiencing homelessness, the CoC ensures that children can remain in their original school districts, regardless of their housing status. This policy helps maintain stability in their education. The CoC collaborates with Project Rise, our local LEA, which is actively present in shelters during after-school hours. Project Rise staff work closely with shelter personnel to inform parents of their rights under the McKinney-Vento Act. To further disseminate information, public notices outlining the educational rights of children and youth experiencing homelessness are posted in various community locations frequented by families and unaccompanied youth. These include schools, shelters, public libraries, and meal sites. Each shelter features a poster in the youth advocate area detailing the rights of parents, families, and students as specified by the McKinney-Vento Act.

Project Rise takes an active role in providing resources and training to shelter staff. They conduct quarterly meetings with shelter personnel to address any barriers to education and ensure ongoing communication among all stakeholders. This collaborative approach is essential for keeping families informed about their educational rights and available services. Families and youth experiencing homelessness are made aware of various educational services for which they may be eligible, including those provided through Head Start, Early Head Start programs, early intervention services under Part C of the Individuals with Disabilities Education Act, and other preschool programs administered by the LEA. Additionally, Project Rise has enhanced its staff capacity to conduct intake assessments and has reached out to all students who chose to continue online learning following COVID-19. Parents or guardians of children experiencing homelessness are informed about educational and related opportunities available to their children. They are also provided with opportunities to engage in their children's education, ensuring they remain involved and informed throughout the process. Through these policies and collaborative efforts, the CoC is dedicated to ensuring that individuals and families experiencing homelessness are fully aware of their educational rights

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.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)	Yes	Yes
6.	Head Start	No	Yes

7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Department Of Justice (Office of Victims of Crime)	Yes

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

The Coordinated Entry system ensures that families and individuals who have recently experienced domestic violence can access shelter or housing programs at any time. By allowing anyone self-identifying as a victim of domestic violence, dating violence, sexual assault, or stalking to receive immediate referrals, we create a streamlined process that prioritizes the safety and well-being of survivors. Referrals are made to trusted partners ensuring that survivors receive the specialized housing and services they need.

To further enhance our support for survivors, we have hired a DV CE Coordinator. This position is dedicated to developing a separate DV system that addresses the needs of victims experiencing homelessness and creating policies and procedures that ensure that the safety of victims is prioritized throughout the service delivery process. This includes maximizing client choice in housing options while ensuring safety and confidentiality. We recognize that housing defined as safe by survivors themselves is paramount, and our policies reflect this understanding.

To continuously improve our approach, our CoC conducts mandatory annual training for all CoC partner agencies. This training focuses on best practices for supporting survivors of domestic violence and related issues, as well as updates on new resources and policies. This collective learning environment fosters a unified understanding among service providers and enhances the overall quality of support available to survivors.

Our DV providers actively engage with survivors and individuals with lived experience to inform our practices. This collaboration is vital in understanding the unique housing and safety needs of survivors. By prioritizing input from those who have navigated these challenges, we can tailor our services to be more effective and responsive.

All CoC DV partners are committed to providing trauma-informed services in accordance with the Ohio Domestic Violence Network’s standards. This ensures that every interaction is sensitive to the experiences of trauma survivors. Our services are designed to be accessible and free, available 24/7 to anyone in need of assistance, further emphasizing our commitment to support and safety.

Recognizing that many survivors have pets, we have launched a new pet program aimed at eliminating barriers to housing and services for those with animals. This initiative ensures that survivors can keep their pets while accessing safe housing.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC’s Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC’s coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

Our CoC has implemented protocols within our CE system to effectively address the unique needs of survivors of domestic violence, dating violence, sexual assault, and stalking. These protocols focus on safety planning and confidentiality, ensuring that survivors receive the support they need.

Upon entry, each survivor undergoes an individualized safety assessment that evaluates their current situation, identifies potential risks, and discusses immediate safety concerns. The information gathered is used to create a personalized safety plan that addresses their specific needs.

All staff involved in the CE process receive specialized training in safety planning and recognizing the signs of domestic violence. In situations where immediate danger is identified, our CE system has established crisis response protocols. This includes the ability to quickly connect survivors with emergency services, legal assistance, and temporary shelter options that prioritize their safety.

Confidentiality is paramount in ensuring the safety and trust of survivors within our coordinated entry system. All information shared by survivors is treated with the utmost confidentiality. Our CE system has strict guidelines to ensure that personal details are only shared with authorized personnel.

When collecting data for reporting and program improvement, we ensure that any identifying information is removed or anonymized. This practice protects survivors' identities while allowing us to analyze trends and outcomes effectively. We utilize secure communication methods to protect sensitive information. This includes encrypted emails and secure databases that limit access to authorized staff members only.

Survivors are informed about their rights regarding confidentiality and the limits of confidentiality. This ensures that they have control over the information they choose to share.

We prioritize privacy in all service locations, ensuring that survivors can access assistance without fear of being seen or recognized by individuals who may pose a threat. This includes providing private meeting spaces and separate entry points where necessary.

By implementing comprehensive safety planning and confidentiality protocols, our CoC's CE system effectively addresses the needs of survivors. These measures not only promote safety and empowerment but also foster a trusting environment where survivors can seek the support they need without fear of exposure or retaliation.

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

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes

5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.	Provide training for support and companion animals	Yes	Yes

** nbsp;**

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below:	
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

Our CoC has implemented comprehensive written policies and procedures that include an emergency transfer plan specifically addressing domestic violence, dating violence, sexual assault, and stalking. Our written policies include a detailed emergency transfer plan designed to facilitate safe housing options for individuals and families at risk. This plan emphasizes the importance of swift action and outlines the steps necessary to protect vulnerable populations, ensuring their immediate safety and well-being during crises. All households receiving CoC assistance are informed about their right to emergency transfer through various channels. This includes providing written materials during the intake process, regular case management sessions, and informational workshops. Additionally, details about emergency transfer rights are prominently displayed on our CoC website and included in tenant handbooks. We also engage in community outreach to ensure that all recipients are informed about these critical resources, making sure that language and accessibility barriers are addressed. Households can initiate an emergency transfer by submitting a written request to their case manager or housing provider. This request should minimally outline the circumstances of their endangerment and include a statement justifying the need for the transfer. For urgent situations, we allow verbal requests to ensure that immediate concerns are addressed, with a follow-up written request required to formalize the process and create a documented trail. Upon receiving a request for an emergency transfer, our CoC takes immediate action to ensure the safety of the household. We conduct a thorough assessment of the urgency of the situation, identify available safe housing options, and facilitate the transfer as quickly as possible. Housing providers within our CoC collaborate effectively to coordinate safety and expedite the transfer process, ensuring that the household experiences minimal disruption during this critical time. If immediate transfer options are not available, we actively expand our search for viable and safe housing options in other communities or counties to provide the household with necessary resources. Additionally, providers offer a suite of support services to help households navigate the transition smoothly. Throughout the entire process, all actions are documented, and the household is kept informed every step of the way, fostering a caring and responsive environment

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

To ensure that households facing trauma or safety concerns related to domestic violence, dating violence, sexual assault, or stalking have safe access to housing and services our CoC implements several key strategies that are both comprehensive and community-focused. We provide multiple confidential access points for individuals seeking help, including hotlines, online service options, and designated safe shelters and service providers. These access points are designed to prioritize privacy and safety for those in crisis. The availability of these options ensures that survivors can choose the method that feels most comfortable.

Our CoC employs a CE that prioritizes safety and confidentiality. This system allows individuals and families fleeing violence to be quickly assessed and referred to appropriate housing and services, streamlining their access to support. By minimizing the need for survivors to repeatedly recount their traumatic experiences, the CE not only expedites the process but also respects the emotional toll that reliving trauma can take on individuals. We collaborate with local domestic violence shelters, sexual assault service providers, and other victim service organizations to ensure that survivors have immediate access to safe housing and a range of supportive services. These partnerships create a robust and comprehensive network of support tailored to the unique needs of each survivor, facilitating a more effective and holistic response to their circumstances. Emergency transfer plans have been established within our CoC to facilitate the rapid relocation of individuals and families in danger. These plans include clear protocols for immediate placement in safe housing and coordination with law enforcement and legal services when necessary. This ensures that survivors can swiftly move to a secure environment without delays, significantly enhancing their safety during a critical time. We also maintain strict confidentiality policies to protect the identities and locations of survivors. Personal information is only shared on a need-to-know basis and with the explicit consent of the survivor, ensuring that their privacy is safeguarded at all times. This commitment to confidentiality helps to build trust between survivors and service provide strategies ensure that households experiencing trauma or safety concerns have safe, confidential, and immediate access to the housing and services they require to achieve stability and safety.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

- | | |
|----|---|
| 1. | identifying barriers specific to survivors; and |
| 2. | working to remove those barriers. |

(limit 2,500 characters)

To ensure that survivors of domestic violence, dating violence, sexual assault, or stalking receive safe housing and services, OH-506 employs a comprehensive approach to identify and eliminate barriers faced by survivors. Providers regularly conduct needs assessments and surveys to understand the specific challenges encountered by survivors. This process includes gathering insights from survivors themselves, as well as from service providers and advocates. We analyze data from the Homeless Management Information System and other sources to identify trends and service gaps that may hinder survivors' access to support.

To effectively remove barriers, we offer a diverse range of flexible housing options, including emergency shelters, transitional housing, and permanent supportive housing, all tailored to meet the unique needs of survivors. Our housing solutions are designed to be adaptable and responsive to immediate safety concerns, with a strong emphasis on confidentiality and safety in all interactions. This includes utilizing confidential service locations, ensuring secure communication, and safeguarding personal information.

Our Coordinated Entry System is specifically designed to prioritize survivors for housing and services, allowing for swift assessment and referral to appropriate resources without requiring repeated disclosure of their traumatic experiences. We ensure that survivors have access to a comprehensive suite of resources, including mental health services, healthcare, employment assistance, and childcare, which are vital for rebuilding their lives and achieving long-term stability.

Additionally, we collaborate with local domestic violence shelters, sexual assault service providers, and other specialized organizations to establish a robust network of support. These partnerships enable us to offer comprehensive and coordinated services to survivors. OH-506 is dedicated to ongoing training and education for both current housing providers and new projects seeking Continuum of Care funding, ensuring that our community consistently prioritizes safety in its housing services.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings. NOFO Section V.B.1.f.	
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	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 V.B.1.f.	
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Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
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 has a non-discrimination policy outlined on page 18 of its Governance Charter, which mandates adherence from all partner agencies. This policy prohibits discrimination based on race, color, religion, national origin, sex, age, disability, sexual orientation, gender identity, gender expression, marital status, and other protected groups.

The CoC regularly collaborates with LGBTQ+ organizations to keep its CoC-wide anti-discrimination policy updated and responsive to the needs of LGBTQ+ individuals and families. Monthly Steering Committee meetings include representatives from various partner agencies. These meetings foster collaboration and discussion, allowing agencies to recommend updates to ensure the policies remain trauma-informed and relevant to marginalized communities.

LGBTQ+-led organizations actively participate in co-developing training content and shaping CoC policies. This partnership ensures that LGBTQ+ perspectives are integrated into policy discussions, particularly regarding service delivery for LGBTQ+ individuals experiencing homelessness.

The CoC assists partner housing and service providers in creating project-level anti-discrimination policies aligned with the CoC-wide policy while reviewing each agency's non-discrimination policies for compliance to ensure consistency with overarching guidelines.

The CoC employs a structured process for evaluating compliance with anti-discrimination policies, including regular reviews of partner agencies' policies. Partner agencies are required to attend the annual Equal Access training which ensures agencies are informed about HUD's rule changes and best practices. If a partner agency is found noncompliant, the CoC issues a corrective action plan detailing the areas needing improvement. The agency must make changes within a specified timeframe, which may include additional training or service model adjustments. Noncompliance may lead to stricter measures, including potential loss of funding or removal from the CoC partnership.

Additionally, the CoC's Lived Experience Committee, which meets monthly, provides essential feedback on the CoC's programs, including anti-discrimination efforts. Comprising individuals with lived experience of homelessness and trauma, including LGBTQ+ members, their insights are crucial in shaping trauma-informed services like outreach, case management, peer support, and housing navigation, ensuring services meet the needs of marginalized groups effectively.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.
	NOFO Section V.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 current 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 or Housing Choice Voucher Program During FY 2023 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 Housing Choice Voucher Program	16%	Yes-Both	Yes
AMHA Low Income Public Housing	5%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.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 has actively collaborated with the Akron Metropolitan Housing Authority (AMHA) to adopt a homeless admission preference that facilitates transitions for individuals experiencing homelessness. One key initiative is the Moving On preference, which allows individuals ready to move on from the Shelter Plus Care voucher program a permanent supportive housing program to access tenant-based vouchers. As units become vacant through this strategy, the CoC prioritizes placements for chronically homeless individuals, ensuring that those with the most urgent needs receive timely support.

In addition to this, AMHA has established a Moving On preference for individuals transitioning from other CoC Permanent Supportive Housing Programs, supported by a MOU with AMHA. This collaborative effort expands eligibility for current clients, allowing them to access either the Housing Choice Voucher Program or Low-Income Public Housing. By aligning resources and preferences, we enhance housing stability for individuals who have demonstrated readiness to move on from intensive supportive services.

Moreover, many providers within the CoC have implemented their own Moving On strategies to further support clients who no longer require intensive services. These initiatives are designed to facilitate smoother transitions into alternative permanent housing options, thereby maximizing the available resources within the community and reducing the barriers to housing stability.

Through these collaborative efforts with AMHA and the broader range of providers, the CoC is committed to creating a more inclusive and effective housing system that prioritizes the needs of individuals experiencing homelessness, ultimately promoting long-term stability and improved outcomes.

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 V.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 Voucher	Yes

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

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

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.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
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1D. Coordination and Engagement Cont'd

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.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 2024 CoC Program Competition.	31
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 2024 CoC Program Competition that have adopted the Housing First approach.	31
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 2024 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 V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

Our CoC is firmly committed to a Housing First approach and conducts thorough evaluations of each project that claims to utilize this model on their application. Our evaluation process includes a requirement for all funded programs to establish and implement policies that provide immediate access to housing without barriers. We place significant emphasis on client choice in housing selection and participation in supportive services, recognizing that this greatly enhances long-term housing stability. All programs are mandated to receive referrals through Centralized Intake, adhering to a strict "no side door" policy that prevents agencies from turning away clients with high needs or those who may be more difficult to serve.

To assess adherence to the Housing First model, the Ranking and Review Committee employs the HUD Housing First tool alongside data from the HMIS. In this evaluation, we consider factors such as the immediacy of housing access without preconditions, the ability for clients to choose housing options that fit their needs, and the management of referral outcomes to ensure appropriate placements. We also review system performance measures that indicate the success rates of maintaining housing stability among participants and conduct compliance checks through annual monitoring visits, which include random reviews of client files to confirm that documentation aligns with Housing First principles.

In addition to evaluating local projects, the CoC consistently assesses external projects to ensure they also adhere to the Housing First approach. This involves systematic reviews of program data from external providers, discussions with those providers regarding performance outcomes and compliance, and analysis of data trends in comparison to successful Housing First programs to identify potential areas for improvement.

To enhance fidelity to the Housing First model, the CoC has instituted various initiatives. This includes monthly meetings with housing providers to review the Chronically Homeless By-Name List, prioritizing those with the highest barriers for immediate housing placement. We also generate regular reports from HMIS regarding rejected referrals, allowing us to implement corrective action plans for providers who frequently deny access to clients. Furthermore, we continuously analyze program data to establish realistic outcomes and evaluate the effectiveness of our interventions.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

The CoC effectively serves all of Summit County through its outreach efforts, accepting referrals from across the region despite limited street outreach in the northern part due to low population density and scarce resources. Community Support Services (CSS) is the primary homeless service provider responsible for conducting and coordinating street outreach activities countywide. In 2024, CSS led weekly outreach initiatives, dedicating several hundred hours to engaging individuals experiencing homelessness.

Outreach efforts are strategically scheduled during early mornings and after business hours to effectively reach individuals sleeping in various locations, such as parking decks, bus stops, vestibules, and other unconventional areas throughout the city. The street outreach team takes a coordinated approach, focusing on unsheltered individuals who are often resistant to services.

CSS has developed a robust system for identifying and tracking known encampments within the community. By partnering with grassroots organizations, law enforcement, and community stakeholders, the outreach team remains informed about encampment locations. Collaboration with our Lived Experience Committee and other grassroots agencies enhances targeted outreach, allowing us to connect with a broader range of individuals and ensure access to available resources.

Outreach teams consist of clinical social workers with expertise in mental health, addiction, and homelessness, along with two peer support specialists who bring lived experience and staff dedicated to assisting homeless veterans in accessing services. CSS employs evidence-based practices such as Motivational Interviewing, Intensive Case Management, Harm Reduction, and Housing First, enabling effective engagement with some of the most challenging individuals in the community. By adopting a person-centered approach, we empower individuals to take an active role in their own processes.

Additionally, we have enhanced our outreach efforts by establishing more locations in areas frequented by minority communities. This includes targeted engagement with African American churches and collaborations with organizations like the Freedom Bloc and the NAACP to effectively connect with diverse populations. The Akron AIDS Collaborative and Trans Joy also host a count site for individuals identifying as LGBTQ+. These initiatives ensure that all communities, particularly marginalized groups, have access to vital resources and supports

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes

3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		
	Actively include individuals with lived experience of homelessness in decision-making processes, ensuring their perspectives are integral to shaping our strategies and solutions	Yes	No

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	391	281

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	SOAR Training	Yes

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

Describe in the field below how your CoC:

- works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
- promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

The Summit County JFS presents quarterly at CoC Steering Committee meetings to keep program staff informed about mainstream resources, including Ohio Works First, SNAP, Medicaid, and TANF Prevention, Retention, and Contingency (PRC). During these meetings, JFS provides resource tools to help CoC members facilitate access to these benefits for program participants.

The CoC collaborates with healthcare organizations, including MCOs, to ensure individuals experiencing homelessness have access to comprehensive healthcare services. Two CoC Board members represent FQHCs that offer full medical services regardless of health insurance status, ensuring participants can access a wide range of health services, including substance use disorder treatment and mental health care.

All CoC organizations have been trained in the Benefit Bank, equipping staff to help individuals identify and apply for mainstream resources, particularly Medicaid. This tool is essential for connecting uninsured participants to Medicaid and other benefits, and the CoC acknowledges that Medicaid expansion in Ohio has enhanced the quality of healthcare services available to those experiencing homelessness.

Additionally, the CoC connects participants to healthcare services by providing access to a SOAR specialist. All CoC projects can access a SOAR specialist through a partner organization, with regular office hours at the primary drop-in center for face-to-face interviews. The SOAR specialist assists participants in applying for SSI/SSDI benefits, Medicaid, and health insurance.

During intake, Coordinated Entry staff and Housing Specialists conduct comprehensive assessments that include questions about health insurance coverage and mental health or substance abuse issues. For clients with health insurance, they are referred to their MCO for follow-up services to help maintain housing. Those without insurance are linked to assistance in applying for Medicaid and other benefits. Participants reporting mental health or substance use issues are connected to appropriate treatment and care services through partner healthcare organizations.

The CoC promotes SOAR certification for program staff, recognizing its importance in helping staff assist participants with applying for SSI/SSDI benefits. By encouraging SOAR certification, the CoC ensures staff are equipped to support participants in navigating the complexities of accessing disability benefits and other critical resources.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

The CoC collaborates closely with local and state health agencies to ensure that homeless service providers are well-prepared to respond rapidly and effectively to emergencies and infectious disease outbreaks affecting individuals experiencing homelessness. This collaboration involves the development of CoC-wide policies and procedures focused on sanitation, screening, reporting, responding, and effective communication with public health officials. The CoC oversees the implementation of these policies, ensuring that all shelters and housing programs are equipped to handle potential outbreaks. This includes coordinating with the local EMA and health department to develop a comprehensive communication plan. This plan ensures that all stakeholders, including shelter staff, health officials, and service users receive timely and appropriate information, enabling them to prevent and respond to outbreaks effectively. The CoC also ensures that necessary supplies such as testing kits, PPE, sanitation supplies, and other preventative materials as needed. To further enhance preparedness, CoC staff provide training for homeless service providers on common infectious diseases that can spread within shelters and housing programs, as well as in unsheltered locations like encampments. This training emphasizes the importance of understanding how diseases can spread and outlines roles and responsibilities for preventing and responding to outbreaks. The CoC has established contingency plans for other public health emergencies, ensuring that service providers are equipped to act swiftly and effectively should new threats arise. Additionally, CoC staff utilize guidance from HUD and the CDC to educate both clients and staff, effectively managing misinformation about infectious diseases. Maintaining strong relationships with local health departments, hospitals, and clinics is vital for the CoC's efforts. These partnerships facilitate access to vaccinations for the homeless population as they become available, thereby contributing to disease prevention. Through data collection and reporting on health outcomes related to infectious disease prevention and response, the CoC can adapt policies based on the effectiveness of interventions. By implementing these comprehensive strategies and collaborative efforts, the CoC works diligently to protect the health and safety of individuals experiencing homelessness while preventing the spread of infectious diseases in the community.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated 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)

The CoC effectively shares information related to public health measures and homelessness by actively disseminating updates from public health agencies to homeless service providers. This approach ensures that both clients and staff are informed about health and safety protocols aimed at preventing or limiting infectious disease outbreaks.

To facilitate communication, the CoC utilizes virtual meeting platforms and an email listserv to relay timely information from the CDC and HUD. Each week, the CoC distributes an email to community partners that includes the latest updates on public health measures, guidelines, and resources from the CDC and local health departments. Additionally, the CoC hosts monthly community meetings focused on infectious disease education, providing a forum for discussion and collaboration among stakeholders.

By serving as a liaison between the local health department, shelters, housing providers, and outreach teams, the CoC fosters a coordinated response to public health challenges. This partnership allows for the effective sharing of resources and best practices, ensuring that street outreach providers and shelter staff are equipped with the necessary tools to prevent the spread of infectious diseases. Outreach providers are trained to recognize symptoms of infectious diseases and are educated on referral processes for individuals needing medical attention.

The CoC also collaborates with the local health department to implement outreach strategies and vaccination clinics that target high-risk populations within the homeless community. This proactive engagement enables service providers to access critical health resources and tools.

Feedback mechanisms are in place to gather insights from homeless service providers about the effectiveness of the communication strategies. Regular surveys and discussions during community meetings help identify areas for improvement and inform future outreach efforts.

Through these comprehensive efforts, the CoC ensures that all homeless service providers are prepared to respond to public health needs, ultimately enhancing the safety and well-being of program participants and the broader community. Looking ahead, the CoC plans to expand its training programs for shelter and outreach staff to include more in-depth information on emerging infectious diseases and the latest public health guidelines.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

The 2-1-1 Homeless hotline operated by Centralized Intake (CI) provides 24/7 access to all individuals experiencing homelessness across our entire geographic area. The CI serves as the designated contact for all CoC housing programs and collaborates with Street Outreach Teams to ensure coordinated data entry and referral processes for clients, regardless of their location within the CoC's boundaries.

Our CE system uses a standardized assessment process that ensures fair, equitable, and equal access to housing and services at all points of entry. This local assessment is applied consistently across all access points. Since 2020, CI has integrated diversion and referral planning into all initial inquiries to assist clients in creating personalized housing plans. By working collaboratively with clients, Housing Navigators aim to provide assistance to prevent housing crises, fostering long-term stability.

To ensure a trauma-informed approach, Housing Navigators are trained in trauma-informed care, de-escalation, cultural competency, and motivational interviewing. This training equips them to act as diversion specialists, helping clients identify immediate solutions outside of the homeless system. By prioritizing diversion efforts, our CoC ensures that shelter beds are reserved for those with the most urgent needs. Additionally, CI has developed a MOU with CareSource Managed Care to provide diversion funds to CareSource Medicaid members who present as homeless, further expanding resources for vulnerable populations.

Our CE system is continuously informed by feedback from participants and agencies. We have participated in HUD's CE Equity Initiative Cohort 2, which led to the implementation of an assessment tool rooted in racial equity. This tool was developed with input from individuals with lived experience in homelessness. In the first 18 months, we observed a 10% increase in successful referrals for minority populations. The experience gained from this cohort prompted the creation of an ongoing Lived Experience Committee, which regularly reviews data and policies to ensure that our CE system remains adaptive and equitable.

Our CE system is updated at least annually through this feedback loop from participating projects and households, ensuring it remains responsive to the needs of the community and promotes equitable access to services.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	
	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 needs and preferences; and	
4.	takes steps to reduce burdens on people seeking assistance.	

(limit 2,500 characters)

The Coordinated Entry (CE) system collaborates with Community Support Services’ Street Outreach team to ensure that people living in encampments or other unsheltered locations, including those least likely to apply for assistance, are identified and engaged. Street Outreach teams enter assessments into the HMIS system within 48 hours of contact. CI staff maintain regular hours at local homeless drop-in centers, and the United Way Summit Medina (UWSM) CI office offers walk-in services, ensuring those who may not actively seek help are reached. CI also conducts outreach and training for counselors and case managers at local health and substance abuse clinics, as well as other mainstream service providers, to ensure information about the Homeless Hotline reaches those who may not seek help independently.

The CE system prioritizes those most in need using an equity-based, client-centered assessment tool, which CI staff are trained to use. After conducting an initial assessment and attempting diversion, individuals are prioritized based on need and vulnerability in line with HUD Orders of Priority CPD 17-01. This process ensures that vulnerable populations, including chronically homeless individuals, veterans, and youth aged 18-24, receive priority for housing.

CI takes steps to ensure that individuals most in need are referred to permanent housing options that align with their preferences in a timely manner. Referrals are tracked in the HMIS system, and CI staff monitor response times to ensure housing placements are expedited. CI also participates in regular By-Name-List meetings with CoC partners to facilitate housing placements for populations such as those who are chronically homeless, encamped, or in family shelters. The lists are updated daily, ensuring real-time communication between shelter staff and housing providers to reduce delays.

To minimize burdens on those using the CE system, CI serves as a mobile "front door" to engage individuals living in cars or unfit spaces, triaging immediate needs for food and safety while continuing engagement until emergency housing is available. Emergency housing triage and information are also available 24/7 through the 211 system. CI staff provide ongoing support with necessities during wait periods and maintain engagement until a housing resource is secured. This streamlined process reduces complexity, minimizes wait times, and ensures clients feel supported throughout their path to permanent housing.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC through its coordinated entry:

1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

The CoC, through its Centralized Intake (CI), actively promotes the 2-1-1 and Homeless Hotline services to all partner agencies, local governments, and grassroots homeless outreach organizations, including faith-based programs. This outreach ensures that individuals experiencing homelessness are informed about available housing and services throughout the CoC’s geographic area. The CoC participates in community collaborations and meetings focused on homeless outreach strategies, ensuring information reaches those in unsheltered locations like encampments.

Additionally, the OH-506 CI maintains the SummitHousingSearch.org website to promote rental opportunities, tenancy resources, and housing rights. This platform is crucial for informing the community about housing options and affirmatively marketing services within the CoC.

As part of the OH-506 assessment and referral process, participants are informed of their rights under federal, state, and local fair housing laws. During the Release of Information (ROI) process, participants receive verbal and written explanations of their data-sharing rights, access to fair housing, and legal assistance, ensuring they understand available remedies.

The OH-506 CoC promotes Coordinated Entry intensively from November to January in conjunction with the annual Point-In-Time Count. This outreach involves engaging local governments and the library system for maximum participation. Furthermore, the OH-506 Youth Advisory Board and SCCoC staff actively pursue an outreach schedule at community events throughout the year.

The CoC also identifies and addresses conditions that may impede fair housing choices for current and prospective participants, reporting issues to the relevant jurisdiction responsible for certifying consistency with the Consolidated Plan. This process ensures barriers to fair housing are addressed promptly, promoting equitable access to housing services for all individuals experiencing homelessness.

Through these collaborative efforts, the CoC enhances awareness and accessibility to housing resources while ensuring that clients understand their rights and have the support needed to navigate the system effectively.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

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.	10/08/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and	
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.	

(limit 2,500 characters)

The CoC emphasizes the importance of rigorous data collection focused on racial equity and outcomes within our homeless assistance system. To assess racial equity effectively, we utilized a variety of data sources. First HMIS Data provided demographic information about individuals accessing services, allowing us to identify racial and ethnic breakdowns. We also evaluated Assessment Tools used during client intakes to ensure they are equitable and do not favor any particular racial or ethnic group. CE Data was disaggregated by race to assess who is accessing the system, revealing potential barriers in assessment and referral processes. Additionally, we conducted Racial Equity Assessments to measure disparities in service utilization and outcomes, with particular attention to BIPOC populations. We gathered feedback from individuals with lived experience to better understand the unique barriers faced by BIPOC households.

Our analysis process was multifaceted, aimed at identifying systemic disparities within our services. A key step in this process was our participation in HUD's CE Equity Initiative Cohort 2, which facilitated a thorough examination of our data collection methods and internal policies through a racial equity lens. Guided by experts with lived experience, we focused on how existing policies might disproportionately impact BIPOC populations. We recognized that understanding racial inequities necessitates both quantitative data analysis and qualitative insights, allowing us to gain a comprehensive view of the barriers faced by marginalized groups.

Prioritizing racial equity led us to modify our vulnerability index to eliminate cultural biases and better serve diverse populations. This redesign was crucial for enhancing our CE process. Our approach emphasizes helping clients identify alternative resources to address housing instability, thus reducing reliance on the homeless system.

The findings from the 2023 Racial Equity Assessment revealed significant disparities that necessitate immediate attention. While Black and Brown individuals comprise approximately 14% of Summit County's population, they represent 49% of the homeless population. Moreover, a striking 66% of families accessing shelters are Black or Brown, which starkly contrasts with their overall community representation. The increase in shelter utilization among homeless families, rising from 60% in 2022 to 66% in 2023, further underscores the urgent need for targeted intervention.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC 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.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.	Forming a Racial Equity Committee who is dedicated to addressing the disparities faced by marginalized communities in relation to homelessness. The committee aims to promote equitable policies, practices, and resource allocations that recognize and dismantle systemic barriers contributing to homelessness among racially diverse populations.	Yes

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

The CoC is deeply aware of the profound impact that discrimination, racism, and racial trauma have on people of color experiencing housing instability and homelessness. To address these issues, we have established a comprehensive plan for the ongoing evaluation of our system-level processes, policies, and procedures aimed at promoting racial equity. Our annual CoC Racial Equity Assessment Report serves as a cornerstone for tracking progress in eliminating disparities in housing outcomes. In the 2023 report, we utilized previous years data from HMIS. This analysis focuses on key metrics, including racial disparities in housing program utilization, length of homelessness, successful exits to permanent housing, and rates of return to homelessness. In conjunction with our participation in HUD’s CE Cohort 2, we updated our assessment tools to eliminate implicit biases and racial barriers, striving to create a more equitable process for all clients. Utilizing the newly enhanced assessment tool, we produce referral reports disaggregated by demographics to examine our prioritization practices. Notably, the current report shows a 10% increase in positive outcomes for BIPOC individuals and families since the new tool was implemented eight months ago. Furthermore, our CoC has established a regular schedule for reviewing program data disaggregated by race, ethnicity, gender identity, and age. This ongoing analysis will empower program providers to assess their effectiveness and identify necessary programmatic changes to enhance equity in outcomes. To ensure that our programs remain responsive to the needs of all participants, the CoC is also implementing exit surveys for program participants. These surveys will provide critical client feedback, enabling us to gauge the effectiveness of our services and make real-time adjustments based on the qualitative experiences of those we serve. By focusing on qualitative data alongside quantitative measures, we can gain deeper insights into the lived experiences of individuals within our system. This approach is essential for the ongoing evolution of our racial equity framework and supports our commitment to making meaningful changes. Through these efforts, the CoC is actively working to shift organizational culture and implement effective strategies for equitable change. Our commitment to ongoing evaluation not only enhances our understanding of disparities but also drives the continuous improvement of our programs and services

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities. NOFO Section V.B.1.p.	
Describe in the field below:		
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

The CoC is undergoing a radical transformation that prioritizes systemic and programmatic changes aimed at addressing racial equity within our community. To effectively track progress on preventing or eliminating racial disparities in the provision and outcomes of homeless assistance, we have developed and implemented a Racial Equity Assessment Tool. This tool is mandatory for all partner agencies, allowing them to measure their capacity to incorporate racial equity lens into their planning, decision-making, and overall management. In addition to the assessment tool, we conduct regular reviews of HMIS disaggregated data by race, ethnicity, gender identity, and age. This data enables us to identify disparities in housing programs, assess the length of homelessness, and evaluate successful exits to permanent housing. These ongoing assessments guide necessary programmatic changes aimed at improving equitable outcomes.

Our participation in HUD’s CE Equity Initiative Cohort 2 has further enhanced our ability to analyze barriers faced by BIPOC populations. The insights gained from this initiative have catalyzed collaboration between CoC leadership and individuals with LE, ensuring that our services are tailored to meet the diverse needs of all groups accessing our coordinated entry system.

Furthermore, our LEC, which includes 50% BIPOC representation, regularly reviews local policies, procedures, and processes. This committee plays a vital role in identifying persistent barriers that contribute to racial disparities, ensuring that we remain responsive and proactive.

Our vulnerability index tool has been redesigned through collaboration with individuals with LE, allowing us to eliminate cultural biases and better understand the complex needs of diverse populations. Additionally, we employ racially diverse outreach teams to engage with all segments of our homeless community, particularly those historically underrepresented in data collection. Finally, we conduct ongoing evaluations of all programs, to assess their effectiveness and responsiveness to the needs of BIPOC individuals experiencing homelessness. By employing these measures and tools, the CoC is committed to continuously tracking our progress in preventing and eliminating racial disparities in homeless assistance. This data-driven approach not only informs our strategies but also reinforces our commitment to fostering an equitable system that effectively serves all members of our community.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
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NOFO Section V.B.1.q.

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 decisionmaking processes.

(limit 2,500 characters)

People with lived experience of homelessness play a crucial role within the CoC at every level, including as volunteers, frontline staff, board members, and agency administrators. The CoC has established a Lived Experience Committee, which consists of both currently and formerly homeless individuals, as well as members of the Youth Advisory Board. This committee includes diverse voices advocating for those experiencing homelessness.

Two members of the Lived Experience Committee serve as voting members on the CoC Board, ensuring that the perspectives of individuals who have experienced homelessness directly inform the development of policies and procedures. Their input guides program monitoring, project evaluations, grant applications, and the overall CoC planning process.

The CoC maintains a strong online presence, participates in numerous community events, and has members who serve on various community boards and committees. These efforts include engaging with individuals who have lived experience, fostering connections, and posting opportunities for involvement on all CoC social media platforms and through the CoC listserv.

An invitation for formerly and currently homeless individuals to get involved is prominently featured on the CoC website, highlighting the opportunity for compensation. The CoC actively encourages community organizations to identify and remove hiring practices that may exclude people with lived experience. This includes using clear, plain language in job descriptions to emphasize the value of lived expertise, advertising job opportunities in accessible locations both virtually and in-person and adopting trauma-informed care practices in the hiring process to avoid retraumatizing applicants.

Networking among community partners and individuals with lived experience is robust, leading many to approach the CoC to inquire about involvement in the efforts to prevent and end homelessness. For instance, members of the Lived Experience Committee were invited to participate in a HUD tour of Akron's public housing and to join a panel discussion on issues such as the criminalization of homelessness and landlord accountability.

Through their vocal and visible advocacy, the CoC consistently attracts and recruits' individuals with lived experience of homelessness, reinforcing the importance of their contributions to the ongoing fight against homelessness in the community.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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.	Routinely included in the decisionmaking processes related to addressing homelessness.	15	10
2.	Participate on CoC committees, subcommittees, or workgroups.	10	6
3.	Included in the development or revision of your CoC's local competition rating factors.	5	3

4. Included in the development or revision of your CoC's coordinated entry process.	7	4
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1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.q.	
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Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC places a high priority on elevating the voices of individuals with lived experience at every level of homeless service programs. This commitment extends beyond tokenism; it acknowledges that partnering with people who have lived experience is essential for developing effective solutions. We believe that enabling these individuals to participate as equals in decision-making processes is vital to fostering meaningful change.

To support employees with lived expertise in the workplace, the CoC offers comprehensive education and training programs for staff at all levels. We emphasize the value of lived expertise and provide strategies for effective communication with colleagues who share their experiences. Training sessions encourage all employees to actively listen to and learn from staff members who choose to disclose their lived experiences, adopting a culture of respect and understanding.

Recognizing the importance of personal boundaries and a trauma-informed approach, the CoC empowers individuals to decide what, when, and how much of their experiences they wish to share. This respectful framework not only enhances the work environment but also builds trust among team members. Training also addresses stigmas and biases that may affect individuals with lived experience in the workplace, covering essential topics such as cultural sensitivity and anti-racism.

Moreover, the CoC encourages member organizations to reconsider educational requirements in job descriptions. Many individuals with lived experience may have valuable skills and insights but lack formal credentials. By adjusting these prerequisites, it helps remove barriers that can hinder the employment of qualified candidates.

To actively recruit individuals with lived expertise, the CoC has refined its hiring practices to implement a customized employment approach. This person-centered strategy tailors job roles to align individual strengths and abilities while also fulfilling organizational needs.

One effective method used in this approach is "job carving," which involves performing task analysis to redefine job positions. This process allows the CoC to limit tasks to those that match the assessed strengths and interests of potential employees while still meeting organizational objectives. By implementing job carving, the CoC creates tailored positions that not only empower individuals with lived experience but also enhance overall organizational effectiveness.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

	1. how your CoC gathers feedback from people experiencing homelessness;
	2. how often your CoC gathers feedback from people experiencing homelessness;
	3. how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
	4. how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
	5. steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

The CoC recognizes that partnering with individuals who have lived experience of homelessness is crucial for developing an effective and comprehensive homelessness response. To gather meaningful feedback, the CoC engages individuals through various avenues, including the Lived Experience Committee, focus groups, and surveys. This committee, composed of both current and formerly homeless individuals, provides a structured platform for participants to share their insights and feedback on existing programs and services. Feedback is collected on an ongoing basis through monthly meetings of the Lived Experience Committee and the Youth Advisory Board, which includes younger individuals with lived experience. Additionally, periodic surveys are implemented to ensure that feedback mechanisms remain responsive to participants' needs. For those who have received assistance through CoC or ESG programs, exit surveys are administered at the conclusion of their participation. These surveys enable clients to reflect on their experiences and the effectiveness of the services provided, playing a vital role in evaluating program performance and identifying areas for improvement. This regular collection of feedback allows the CoC to continually assess and enhance service responsiveness. The CoC is dedicated to addressing the challenges highlighted by individuals with lived experience. Feedback gathered during committee meetings, focus groups, and exit surveys is documented and shared with relevant service providers, ensuring that concerns are acknowledged and acted upon. Suggestions from lived experience are integrated into various aspects of programming, including policy development and outreach strategies. To foster authentic engagement, the CoC conducts listening sessions for its strategic plan and think tank sessions. These gatherings are intentionally designed to allow for open dialogue without CoC leadership present, providing a safe space for participants to share their perspectives candidly. This approach enhances the authenticity of the feedback collected and empowers individuals to express their views freely. The CoC emphasizes the importance of qualitative data in understanding the experiences of those served. By actively incorporating this feedback into program design and implementation, the CoC promotes a culture of continuous improvement that not only enhances service delivery but also supports equitable solutions to address the root causes of homelessness.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to 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 is dedicated to addressing the critical shortage of affordable and quality housing through innovative solutions like the development of tiny homes and strategic zoning reforms. We have been actively collaborating with city officials, housing authorities, and community organizations to revise land use regulations, advocate for equitable housing development, and implement projects that increase the availability of affordable housing. Our proposed project will focus on enhancing housing supply, improving living conditions, and reducing homelessness through the development of a comprehensive Homeless Strategic Plan, zoning reform, and community-based initiatives.

The CoC has been actively involved in advocating for zoning changes that support increased housing supply. This includes promoting by-right development to decrease housing production costs and reduce delays associated with discretionary approval processes. Collaboration with city officials on the ongoing revision of the Akron Zoning Code promotes form-based and performance-based zoning, encouraging more equitable, pedestrian-friendly neighborhood development.

The CoC is working to develop Tiny Homes which involves working with local government in exploring the construction of tiny homes as a cost-effective and efficient strategy to increase housing stock. This initiative will serve as a model for scalable, affordable housing solutions that can be replicated across other neighborhoods. The tiny homes project will prioritize sustainability, affordability, and community integration, providing safe and quality living spaces for individuals and families transitioning out of homelessness.

The CoC is partnering with the local PHA and HUD in the Summit Lake Economic Zoning Opportunity, a multi-million-dollar project focused on revitalizing a depressed neighborhood by increasing housing and economic opportunities.

The Barberton Homeless Task Force has a pivotal role in influencing local policy, leading to a reversal in the mayor's stance on shelter development. The CoC support efforts to establish new shelter/transitional housing in Barberton, including necessary zoning changes and community advocacy.

Collaboration with local government and community partners demonstrates a commitment to addressing the housing crisis through innovative and strategic solutions. This will enable the CoC to further its efforts to increase affordable housing and implement critical zoning reforms.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	05/03/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/13/2024

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

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

6.	Provided points for projects based on the degree the projects 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.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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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)?	126
2.	How many renewal projects did your CoC submit?	29
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 V.B.2.d.	
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Describe in the field below:	
1.	how your CoC 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.	the severe barriers your CoC considered.

(limit 2,500 characters)

Our CoC employs a comprehensive 15-category assessment tool during the project review and ranking process to evaluate the outcomes of projects that have successfully housed participants. Key metrics analyzed include the length of time from Project Start Date to Housing Move-in Date, Length of Stay, Housing Exit Destination, and Recidivism Rates. Utilizing Annual Progress Reports and data from the HMIS, we assess how efficiently individuals and families transition into PH and their ability to sustain that housing. We also analyze access to cash and non-cash benefits, as well as health insurance, to gauge the effectiveness of programs in connecting clients to resources for long-term housing stability. To analyze how long it takes to house people in PH, the CoC examines the average duration from initial client contact to PH placement. This analysis considers various factors, including project types and client needs, allowing us to identify barriers in the housing process. By aggregating data across multiple projects, we identify trends that help us adjust strategies to improve efficiency and reduce wait times. When ranking and selecting projects, our CoC places significant emphasis on the severity of needs and vulnerabilities experienced by program participants. All projects are required to accept referrals from Centralized Intake (CI), ensuring that clients are assessed and prioritized based on vulnerabilities such as CH, substance use disorders, mental health challenges, youth status, family composition, and veteran status. We utilize an evaluation tool to assess each project’s adherence to the Housing First model, which emphasizes immediate access to housing without preconditions and serves individuals facing complex barriers like legal issues, debts, and poor credit histories.

The CoC also considers severe barriers that impact housing stability, such as physical and mental health conditions, inadequate family or community support, and financial constraints. In 2024, agencies were required to review their action plans to identify the need for more equitable policies and practices. The CoC staff assessed these changes and requested demographic data to ensure representation on agency boards and staff. Projects were scored for racial equity based on participant outcomes and leadership diversity, preventing unfair rankings by prioritizing those that address multiple barriers, ultimately enhancing equity and effectiveness in addressing homelessness.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

Describe in the field below:

1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree that proposed projects 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 steps the projects took or will take to eliminate the identified barriers.

(limit 2,500 characters)

The 2023 Racial Equity Assessment conducted by our CoC revealed that Black and Brown individuals represent 60% of those utilizing shelter services, despite only comprising 15% of the overall population in our county. Recognizing the significance of this over-representation, the CoC has taken deliberate steps to involve individuals and organizations that reflect the demographics of those most impacted by homelessness. Membership from Black- and Brown-led organizations has increased by 35%, and the establishment of the Lived Experience Committee (LEC) has ensured that the voices of those with lived experience, particularly BIPOC individuals, are included at every decision-making level. The CoC’s Racial Equity Assessment tool plays a pivotal role in these processes, focusing on identifying racial disparities within projects and ensuring that equity considerations are embedded into program design and implementation. To further ensure that the experiences and perspectives of people of color are central to decision-making, our CoC involves members of the LEC in the Review and Ranking (R&R) process. By doing so, we not only evaluate projects through a racial equity lens but also ensure that we are addressing the systemic challenges faced by these communities. In our review process, emphasis is placed on how projects identify and address barriers to participation faced by people of different races and ethnicities, especially those disproportionately represented in the homeless population. Each agency is required to complete a Racial Equity Assessment, evaluating the diversity of its leadership, governance, and policies. This assessment ensures that racial equity is prioritized throughout the organization. In addition, the CoC works closely with the HMIS lead to disaggregate program data by race, ethnicity, gender identity, and age. Exit surveys have been implemented for all program participants, allowing us to gather critical feedback on how effectively programs are meeting the diverse needs of their clients. In line with the CoC’s Housing First approach, all programs are required to accept referrals from the CE system, which prohibits discrimination based on race or ethnicity. Additionally, the CoC tracks referral rejections to monitor potential patterns of discriminatory intake practices. Through these coordinated efforts, the CoC is dedicated to fostering a cultural shift within organizations and implementing strategies that lead to tangible, equitable change.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC’s 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 within our CoC are driven by data and align with HUD’s goals and priorities for CoC funding. Each project funded by the CoC undergoes an annual evaluation using established ranking and review criteria. The goal of reallocation is to ensure compliance with the HEARTH Act and the performance criteria outlined in the annual HUD Notice of Funding Opportunity (NOFO), with strong emphasis on local needs and project performance. Our CoC employs a structured reallocation process to assess the performance of existing projects. This involves analyzing project data from APR’s and HMIS to identify projects that are performing low or less needed. Key performance indicators considered include housing placement rates, length of stay in programs, exit destinations, and overall effectiveness in serving the target population. Projects that consistently fall short of performance benchmarks or are no longer aligned with community needs are flagged as candidates for reallocation.

Agencies may voluntarily submit projects for reallocation if they believe that changes could enhance community service. In such cases, the provider can apply for a new project using reallocated funds, which may receive priority over other new applications. Alternatively, if they choose not to apply, the funds become available to other applicants.

During this year’s local competition, our CoC identified a few projects as low performing or less needed based on the aforementioned criteria. This assessment was conducted through detailed data analysis and discussions with stakeholders to ensure a comprehensive evaluation.

Following the identification of low performing projects, our CoC decided to reallocate funding from certain programs during the local competition this year. These reallocations aimed to redirect resources toward more effective initiatives that better address the current needs of our community.

In instances where low performing projects were not reallocated, it was due to specific contextual factors. Some projects, despite their performance issues, provided critical services that filled gaps in the community. Additionally, ongoing efforts to enhance these projects through technical assistance and capacity-building were deemed a priority over immediate reallocation. This approach aims to strengthen the overall service delivery system while ensuring that essential resources remain available to vulnerable populations.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/10/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/10/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	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.	10/25/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.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 was posted on your CoC's website or partner's website.	10/25/2024
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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	04/22/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:
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- | | |
|----|--|
| 1. | describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and |
| 2. | state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards. |

(limit 2,500 characters)

To ensure that domestic violence (DV) housing and service providers in our CoC collect data in HMIS-comparable databases, several key actions were undertaken. Initially, we held collaborative discussions with DV providers to assess their current and future data collection practices, ensuring alignment with HUD standards. Both parties evaluated existing databases for compliance, focusing on features and reporting capabilities. We organized training sessions to educate providers on effective data collection and database usage, enhancing their skills and capacity. To improve coordination of efforts, the CoC hired a DV Coordinator specifically for centralized intake, facilitating better communication and collaboration among providers serving victims of violence. Steps were also established for integrating DV provider data into HMIS, including protocols for data sharing and maintaining confidentiality. To support ongoing efforts, we set up regular communication and check-ins to address concerns and provide assistance. Mechanisms for monitoring data quality and compliance were implemented to assess the effectiveness of these initiatives. Additionally, we fostered partnerships with local and national organizations to enhance resources and support for DV providers. Finally, we outlined plans for ongoing improvements in data collection practices, including expanding provider participation and enhancing training based on feedback. These actions reflect our proactive approach to ensuring effective data collection and service coordination among DV service providers. Our DV housing and service providers in the CoC are using a HUD-compliant comparable database that meets the FY 2024 HMIS Data Standards. In mid-2024, the DV service provider transitioned from the Osnum database to EmpowerDB, which began on July 1, after discontinuing Osnum on June 30. EmpowerDB was chosen for its compliance with HUD standards and improved functionalities, enhancing data collection and reporting capabilities. Staff received training to ensure effective use of the new system. This transition underscores our commitment to maintaining high standards of data integrity and service delivery for victims of violence in our CoC.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	223	223	223	100.00%
2. Safe Haven (SH) beds	22	22	22	100.00%
3. Transitional Housing (TH) beds	126	126	126	100.00%
4. Rapid Re-Housing (RRH) beds	91	91	91	100.00%
5. Permanent Supportive Housing (PSH) beds	651	784	784	83.00%

6. Other Permanent Housing (OPH) beds	0	0	0	0.00%
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2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.
	NOFO Section V.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)

The OH-506 Permanent Supportive Housing utilization rate fell slightly below the 84% threshold due to specific issues:

1. The Akron Metropolitan Housing Authority (AMHA) Shelter Plus Care Voucher program initially listed 102 vouchers in the calculation used for the System Performance Measurement. Following the reallocation by the Summit County Continuum of Care, this number was reduced to 85 during the SPC Grant renewal in May 2024.
2. Eight PSH units at New Frontier Homes were vacant during the Point-in-Time count and Housing Inventory Count due to significant vandalism and property damage. This facility is currently undergoing reconstruction and did not have any residents at the time of the assessment.
3. All other variances in PSH bed utilization fall within the typical fluctuations associated with PSH beds.

As of October 1, 2024, a revised bed utilization calculation that accurately reflects the current unit count for AMHA's SPC program indicates that the OH-506 PSH utilization rate is approximately 89.7%, nearly reaching 90%.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.
	NOFO Section V.B.3.d.
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/22/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process; |
| 2. | worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and |
| 3. | included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count. |

(limit 2,500 characters)

The CoC conducted a Youth Point-In-Time (PIT) count led by youth with lived experience of homelessness from January 22-29, 2024, involving members of the Youth Advisory Board (YAB), CoC youth staff, and other surveyors. Using the HYPERION app, surveyors interviewed local homeless youth and distributed incentive items including blankets, clothing, new winter coats, hygiene products, food, and bus passes. In addition to PIT survey questions, surveyors included inquiries to identify Category II youth—those who are “doubled-up” or “couch-surfing.” Preparations began months earlier, with the YAB and Youth Summit Up workgroup identifying effective outreach locations. These discussions emphasized the need to broaden the youth count beyond typical adult outreach spots. Data indicated an overrepresentation of often overlooked African American youth. In response, the CoC recruited a diverse group of minority outreach contractors to focus on where BIPOC homeless youth congregate. The outreach team prioritized racially and ethnically diverse locations to ensure thorough coverage. Analyzing collected data enabled the CoC to identify service gaps, implement targeted interventions, and inform the development of new resources and best practices. Additionally, our McKinney-Vento partner, Project Rise, conducted a count across all Akron Public Schools to identify unaccompanied homeless youth, further clarifying service needs. Youth PIT data revealed that 75% of respondents were unaware of local housing programs. Consequently, the YAB and CoC expanded their marketing campaign, creating new materials and enhancing social media presence to improve youth accessibility to housing information. To maximize survey participation, the CoC collaborated with Shelter Care, Harmony House, Freedom Bloc, Akron AIDS Collaborative, and METRO. These partners acted as survey sites where youth could also discuss housing options. 2023 PIT data showed that 51% of homeless youth identified as Category II, compared to 19% of the overall homeless population. This led to the CoC and YAB receiving Round 7 Youth Homelessness Demonstration Program (YHDP) funding, enabling support for the Category II youth population. The YAB collaborates with the CoC to select critical projects for Summit County, including youth-specific emergency housing, rapid rehousing initiatives, and youth peer navigators. These efforts aim to effectively address the growing issue of local youth homelessness.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2023 and 2024, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
3.	describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and	
4.	describe how the changes affected your CoC’s PIT count results; or	
5.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.	

(limit 2,500 characters)

"Not Applicable" there were no changes to methodology.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.	
	NOFO Section V.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)

The CoC determines risk factors for identifying individuals and families experiencing homelessness for the first time through a thorough assessment process carried out by Centralized Intake Housing Specialists. These specialists consider various factors that commonly contribute to homelessness, such as job loss, underemployment, difficulties in securing new employment, domestic violence, mental and physical health issues, and substance abuse. Additionally, social and economic challenges in the community—such as high eviction rates, rising rents due to a competitive housing market, and a shortage of affordable housing—have been identified as key factors exacerbating homelessness. To address individuals and families at risk of becoming homeless, the CoC has implemented several strategies. Through the Centralized Intake system and the 2-1-1 Information and Referral line, the CoC is able to track data to identify those in need of assistance, including people seeking help with rent or utilities. Prevention and diversion measures are also emphasized, and assessment tools have been developed to enhance the stability of clients, ensuring they can maintain their housing.

Summit County has initiated multiple programs to help those at risk of homelessness, such as providing legal assistance through the "right to counsel" program, establishing an eviction task force, utilizing housing court, and strengthening partnerships with local churches for rental and utility support. Managed Care Organizations (MCOs) also contribute diversion funding. Additionally, our CoC Housing Locator continuously works to foster relationships with local landlords, facilitating access to housing for vulnerable individuals and families.

The CoC is actively creating a Summit County strategic plan to combat homelessness, working closely with its Lived Experience Committee (LEC), which offers valuable insights into the local conditions affecting homelessness. The CoC is responsible for analyzing data related to first-time homelessness, with oversight provided by the CoC Board, ensuring the strategy to reduce the number of individuals and families experiencing homelessness remains effective.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:
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1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

2C-2.	Reducing Length of Time Homeless—CoC's Strategy.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and

3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.
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(limit 2,500 characters)

CI employs a diversion process to assist clients with housing stabilization through resources outside of CoC-funded programs. This client-centered initiative leverages community resources and flexible funds, such as rental assistance, mediation services, and family reunification resources, to prevent individuals from becoming homeless and stabilized. UWSM collaborates with MCOs to enhance these efforts through a diversion program that helps families avoid the homeless system altogether. For clients who cannot be resolved through diversion, prioritization is based on need, vulnerability, and homeless status (LOT homeless) for available beds in shelters, RRH, or PSH. Once clients enter crisis beds or are verified as encamped, they are prioritized for available PSH or RRH programs. As RRH is the most accessible housing option in our system, individuals directed to RRH programs are referred within 48 hours, complete program intake within five days, and begin housing searches within ten days of initial contact with CI. CH individuals and families who struggle to sustain housing through traditional RRH programs are prioritized for low-barrier EHV to expedite their transition into stable housing. Through collaboration with MCOs, CI offers incentives to landlords, such as security deposits and damage mitigation funds, while providing mediation services to resolve conflicts. This partnership, along with the CoC's Housing Locator, has increased available housing stock and reduced waiting times. Individuals are placed on By-Name Lists categorized by population type, facilitating regular case conferencing among CoC partners to track client progress and ensure accountability. The Housing Director at UWSM and the CoC Executive Director reviewed data on individuals experiencing first-time homelessness. Metrics such as average length of stay, exits to permanent housing, and recidivism rates are utilized to assess the effectiveness of the CoC's strategies. Since implementing these strategies, the CoC has reduced the average LOT individuals experience homelessness by 15% over the past year, with more households transitioning directly from diversion to PSH. The CoC works closely with local housing authorities and nonprofit service providers to ensure clients access all available housing resources, expediting their transition to stable housing. This coordination, combined with effective data utilization, is critical in minimizing homelessness for individuals and families.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.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)

Our Continuum of Care (CoC) implements a comprehensive strategy to enhance the rate at which individuals and families in emergency shelters, safe havens, transitional housing, and rapid rehousing exit to permanent housing. Central to this strategy is the Housing First approach, which prioritizes immediate access to housing without preconditions, such as income thresholds or sobriety requirements. This model effectively addresses homelessness caused by temporary financial or personal crises and allows individuals with severe service needs to obtain stable housing first.

Rapid Rehousing (RRH) plays a pivotal role in this effort by providing short-term rental assistance and individualized support services to facilitate quick transitions to permanent housing. Additionally, our Housing Locator fosters relationships with landlords dedicated to renting to clients experiencing homelessness, ensuring a continuous turnover of units for new CoC clients. For those residing in permanent housing projects like Permanent Supportive Housing (PSH), the CoC emphasizes strategies to retain housing stability. Aftercare case management services are provided in partnership with grassroots organizations, helping clients navigate challenges post-housing. This ongoing support fosters accountability and encourages individuals to maintain their housing. United Way’s Financial Empowerment Center offers critical resources for budgeting, debt reduction, and credit improvement, thereby enhancing long-term financial stability.

Moreover, the CoC collaborates with the Akron Municipal Court, which operates a Resource Center offering eviction prevention services, including mediation between tenants and landlords. The Akron Metropolitan Housing Authority (AMHA) utilizes the Moving to Work (MTW) program, implementing alternative rent policies to promote resident self-sufficiency.

Oversight of these strategies falls under the responsibility of the CoC’s Executive Director and HMIS Lead. They ensure a data-driven, outcomes-focused approach, continually refining methods to increase the rate at which individuals and families exit to and retain permanent housing. By fostering strong partnerships and monitoring progress, the CoC aims to provide sustainable housing solutions for our community’s most vulnerable members.

2C-4.	Reducing Returns to Homelessness–CoC’s Strategy.	
	NOFO Section V.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 that individuals and families return 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 has developed a multi-faceted strategy to identify and support individuals and families who return to homelessness, with the goal of reducing the rate of recidivism. One key aspect of this strategy is the use of assessment tools that focus on prevention and diversion, aimed at increasing housing stability for individuals and families who have previously exited homelessness. These assessments are crucial for identifying ongoing risk factors such as substance abuse, mental health issues, chronic health conditions, and other unmet needs that could cause individuals to become homeless again. The CoC also tracks recidivism using data from HMIS, generating reports to monitor all individuals and families who have been served through the homelessness system and exited from ES, RRH, TH, and PSH. This data-driven approach enables the CoC to closely monitor returns to homelessness and identify patterns or needs for additional support.

To further reduce the rate of returns to homelessness, the CoC employs several strategies. The CoC has created a By-Name List to keep track of individuals experiencing chronic homelessness. This list is reviewed and updated monthly to ensure that the hardest-to-serve populations are being housed and receiving the necessary support to avoid returning to homelessness. Collaborating with mainstream resources, such as health services and employment programs, is an essential part of the CoC's strategy to help individuals maintain housing stability. By building a safety net of support, clients are more likely to overcome challenges and avoid the cycle of homelessness. The CoC is working with the local Department of Job & Family Services to develop sustainability programs that help individuals and families increase their income. These programs focus on housing stability as households transition away from public benefits, which are often a critical component of their budgets.

The CoC Executive Director and HMIS staff are responsible for executing the CoC's strategy to reduce the rate of returns to homelessness. They work closely to analyze data, oversee prevention efforts, and implement support systems. The CoC Board provides oversight of these efforts, ensuring that the strategies align with the overall goal of reducing homelessness and preventing recidivism.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.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 employment 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 employs a diverse range of mainstream employment resources to assist homeless individuals in increasing their employment income. Partner agencies within the CoC provide integrated employment services and collaborate with various organizations to connect clients to essential resources. Notable partnerships include Ohio Means Jobs Summit County, the SOAR Program, Jobs for Ohio Graduates (JOG), and the Summit County Department of Job and Family Services (SCJFS). Additional local resources include the Urban League, The Benefits Bank, Goodwill Industries, the Department of Developmental Disabilities, the United Labor Agency, and the Akron-Summit County Public Library, which offers job search workshops and access to job databases.

The CoC recognizes the importance of temporary or gig work as a means to earn immediate income while continuing the job search. Vocational training programs are also emphasized, as they provide the experience necessary to secure entry-level positions. Job readiness training, offered both one-on-one and in group settings, prepares individuals for effective job searches by honing essential skills.

The CoC also promotes transitional jobs as a promising strategy that combines real work with skill development and supportive services. This approach helps individuals gain relevant experience while receiving the support they need to overcome employment barriers.

The CoC actively partners with mainstream employment organizations to enhance opportunities for individuals and families experiencing homelessness. Initiatives such as the Community Resource Exchange, organized by our local PHA facilitate networking and collaboration among employers and service providers, fostering information sharing on educational and employment opportunities.

The NEXT program focuses on outreach, engagement, job coaching, and retention services, assisting participants in overcoming barriers to employment. Job readiness programs are also crucial, offering services such as GED assistance, resume writing, mock interviews, and money management training to prepare clients for successful employment.

The strategy to enhance income from employment opportunities is overseen by the CoC Executive Director. This leadership role ensures coordinated efforts in working with SCJFS, private employers, and employment program providers to adapt to the evolving needs of the clients served by the CoC.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.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)

The CoC has developed a comprehensive strategy to connect clients with non-employed cash income sources. Upon entering CoC housing programs, clients are assigned a staff member who conducts a detailed intake assessment. This assessment includes questions about health insurance coverage to identify eligibility for healthcare benefits, including Medicaid insurance options. Understanding a client’s health insurance status is crucial, as it can significantly impact their access to medical care and related resources. The intake process ensures that staff are equipped to guide clients through the Ohio Benefits online application, determining eligibility for essential benefits such as healthcare, childcare, food assistance, and cash benefits. When exploring eligibility for SSI or SSDI, staff work collaboratively with clients and their medical and mental health providers. For those with mental health diagnoses, the CoC employs a SOAR Specialist to streamline the application process and enhance the chances of approval. The SOAR Specialist assists clients in compiling the necessary documentation and navigating the complexities of the application. To support clients’ healthcare needs, the CoC provides information on transportation resources that facilitate access to medical appointments and other services. This includes arranging transportation to and from healthcare facilities and other necessary appointments, ensuring that clients can utilize their health insurance benefits effectively. Coordinating this transportation is essential, for those who may face barriers in accessing healthcare due to lack of transportation. Additionally, staff assist clients in establishing child support orders by liaising with the Child Support Enforcement Agency to verify existing orders and facilitate the creation of new ones when necessary. Once eligible income sources are identified, case managers work directly with clients to secure these benefits, including assistance with application completion, gathering required documentation, and attending appointments. The CoC maintains strong relationships with local agencies that provide additional services, including Summit County Job and Family Services and Akron Summit Community Action. These agencies often have their own SOAR Specialists trained to support individuals in applying for SSI/SSDI, further ensuring clients have access to advocates. The strategy to increase non-employment cash income is overseen by the CoC Executive Director

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 V.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?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.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
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.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 Gensis Health...	PH-PSH	30	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? New Genesis Health Homes

2. Enter the Unique Entity Identifier (UEI): PN37MFYZZ488

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 30

5. Select the type of leverage: Healthcare

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	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
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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 for New DV Bonus Funding

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

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 2024 Priority Listing.

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

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

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	456
2.	Enter the number of survivors your CoC is currently serving:	220
3.	Unmet Need:	236

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

(limit 2,500 characters)

Our CoC calculated the number of DV survivors through a comprehensive analysis of CI records. We identified 456 individuals who expressed a need for housing or supportive services while indicating their status as DV survivors. This data was sourced from the CI APR, which tracks client interactions and needs assessment across our coalition.

The primary data source for our calculations includes the HMIS for non-DV projects, which allows for consistent tracking and reporting of client needs and outcomes. Additionally, we utilized the System APR to identify those housed in CoC and ESG funded beds. Out of the 456 individuals in need, 220 were successfully housed in these programs.

The analysis reveals an unmet need for 236 DV survivors who are actively seeking housing and services. This significant gap underscores the necessity for expanding our housing programs within the CoC’s funding structure. Several barriers contribute to this unmet need:

The availability of affordable housing options tailored for DV survivors is insufficient. Many existing programs lack the capacity to accommodate the unique needs of this population, resulting in a bottleneck effect as survivors transition from crisis to stable housing.

Survivors often face systemic challenges, including discrimination and stigma, that hinder their access to housing and support services. These barriers can exacerbate their vulnerability and complicate their search for stable living conditions.

Current funding streams may not adequately cover the comprehensive needs of DV survivors. Expanding existing programs or creating new initiatives requires additional financial resources, which are often limited.

There is a need for improved coordination among service providers to ensure seamless transitions for DV survivors from crisis intervention to long-term housing solutions. This involves integrating services such as mental health support, legal aid, and job training, which are critical for sustainable recovery and independence.

In summary, addressing the unmet needs of DV survivors within our CoC requires a multifaceted approach, focusing on the expansion of dedicated housing programs, enhanced coordination among service providers, and increased funding to support these initiatives. By strategically addressing these barriers, we can work towards effectively meeting the needs of DV survivors and reducing the overall unmet demand within our system.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

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

Applicant Name
Asia Inc.
ACCESS Shelter

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Asia Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	
3.	Rate of Housing Retention of DV Survivors–Percentage	

You must enter a response for elements 1 through 3 in question 4A-3b.

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

ASIA calculates the rate of housing placement by tracking how many DV survivors are moved into safe and stable housing, including Transitional Housing (TH) or Rapid Rehousing (RRH), through their Coordinated Entry system. The housing placement rate includes all exits to safe destinations, such as scattered-site apartments or culturally appropriate housing options, ensuring that all survivors are placed in safe environments that meet their needs. Placement data is gathered during intake, with each participant's movement from intake to housing recorded systematically.

The housing retention rate is calculated by following up with survivors at six and twelve months after their placement into permanent housing. This is done through case management assessments, which verify whether survivors remain in stable housing over the evaluation period. These follow-up evaluations allow ASIA to assess the effectiveness of their support in helping survivors maintain housing stability over time.

Data for both housing placement and retention rates are collected from multiple sources. The Homeless Management Information System (HMIS) is used for non-DV projects, alongside ASIA's internal case management system and records from partner organizations. These comprehensive data sources enable ASIA to accurately track placements and long-term retention outcomes, providing a full picture of how effectively their housing services are meeting the needs of DV survivors.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 2,500 characters)

The new project will actively involve survivors with a wide range of lived expertise by incorporating their input into every facet of program development and implementation. Survivors with diverse experiences—encompassing various forms of domestic violence, homelessness, and differing barriers to stability—will be recruited to participate in focus groups, advisory boards, and peer support initiatives. By drawing on their unique insights and perspectives, the project aims to shape program elements that are effectively tailored to meet the real needs of participants. Engaging survivors with lived expertise ensures that the policies and services developed are not only practical and relevant but also sensitive to the nuanced realities that survivors face in their everyday lives.

Survivors will be actively involved in policy and program development throughout the project's operation, with ongoing opportunities to provide input and feedback. ACCESS will establish a dedicated survivor advisory committee, where members will be encouraged to share their experiences and perspectives on current policies, suggest improvements, and evaluate service delivery. This committee will serve as a crucial platform for survivor voices, ensuring they are integrated into decision-making processes. Furthermore, regular surveys and interviews will be conducted to gather additional feedback from survivors. This data will be instrumental in modifying and enhancing program services, allowing for continuous improvement.

By creating structured opportunities for survivors to participate in decision-making, ACCESS will ensure that the project remains responsive and adaptive to the evolving needs of its participants over time. This collaborative approach not only enhances the quality of services provided but also fosters a sense of ownership among survivors, ultimately leading to better outcomes for all involved. The commitment to listening and responding to survivor feedback underscores ACCESS's dedication to building a program that truly reflects and addresses the complexities of survivor experiences, paving the way for more effective and empathetic support systems.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 2,500 characters)

At ASIA, we prioritize safety and confidentiality throughout the entire support process for DV survivors. During intake and interviews, we create private, secure environments to protect survivors from coercion. Trained staff conduct assessments in settings where survivors feel comfortable and safe, using trauma-informed techniques that minimize retraumatization and ensure informed consent throughout the process.

When determining placements, we carefully assess each survivor’s safety needs, considering factors like geographic distance from potential abusers and cultural preferences. Placements include both congregate and scattered-site housing, providing flexibility to meet each survivor’s unique needs. Survivors are never placed in locations that could compromise their safety, and the emergency transfer plan is employed to move participants quickly if danger arises.

Strict confidentiality is maintained for all participants. Personal information and addresses are protected through secure, encrypted systems with restricted access. We ensure that only authorized staff have access to this information, and our policy forbids disclosing locations to any unauthorized party, including other service providers, without explicit consent from the survivor.

Our staff members receive ongoing, specialized training on safety, privacy, and confidentiality policies. This training focuses on trauma-informed care, data protection protocols, and strategies for managing high-risk situations. Staff are also trained to recognize signs of distress or manipulation and act in ways that maintain the survivor’s autonomy and safety.

For housing units, both congregate and scattered-site, we implement robust security measures. These include installing surveillance cameras, reinforced locks, and alarm systems in key areas. Survivors are also given access to security tools, such as doorbell cameras and personal safety devices, where appropriate. For scattered-site housing, we work with landlords to maintain anonymity by using non-identifiable lease agreements and shielding survivor information from public records. These efforts ensure that survivors can recover and rebuild their lives in environments that are both physically secure and confidential.

4A-3d.1.	Applicant’s Experience in Evaluating Its Ability to Ensure DV Survivors’ Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project’s operation.

(limit 2,500 characters)

At ASIA, our evaluation of safety for domestic violence survivors involves a comprehensive and ongoing review process designed to uphold the highest standards of care. We actively collect detailed survivor feedback through confidential surveys, interviews, and regular check-ins, specifically focusing on how secure they feel in both housing and program settings. Case managers continuously assess safety within housing units—whether congregate or scattered-site—addressing any identified risks or incidents in real-time to ensure immediate response and support. Additionally, we conduct internal audits to rigorously evaluate our adherence to established safety protocols and policies.

Our performance assessments are reviewed quarterly during staff debriefings, where incident reports and outcomes are carefully analyzed for patterns and potential gaps. This reflective process has enabled us to identify key areas for improvement, such as refining our emergency response protocols, increasing security technology—like doorbell cameras and alarm systems—and enhancing our trauma-informed practices. We recognize the importance of collaboration, so we are actively working to strengthen partnerships with law enforcement and community providers to improve coordination in high-risk situations, ensuring that survivors receive comprehensive support.

Furthermore, our staff members undergo continuous training to remain well-equipped with the latest strategies in safety management and confidentiality practices. This ongoing education ensures that our team is not only responsive but also proactive in creating a safe environment for survivors. Looking ahead, we plan to further incorporate survivor input into our safety assessments, strengthen our safety infrastructure, and expand our emergency protocols. By doing so, we aim to proactively address evolving challenges, ensuring that every survivor has the opportunity to rebuild their life in a secure and supportive environment. Our commitment to continuous improvement underscores our dedication to creating a nurturing space where survivors can feel safe and empowered on their journey to recovery.

4A-3e.	Applicant’s Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:	
	1. prioritizing placement and stabilization of survivors;	
	2. placing survivors in permanent housing;	
	3. placing and stabilizing survivors consistent with their preferences; and	
	4. placing and stabilizing survivors consistent with their stated needs.	

(limit 2,500 characters)

At ASIA, we prioritize the placement and stabilization of domestic violence survivors by addressing both immediate safety concerns and long-term stability goals. Our approach begins with thorough vulnerability assessments, safety risk evaluations, and urgency determinations to ensure that those facing the greatest danger receive priority in placement. We emphasize permanent housing solutions by actively connecting participants with rapid rehousing options and supportive housing services tailored to meet their specific needs.

Our methodology is fundamentally survivor-centered, meaning we actively engage participants in the decision-making process to ensure that housing placements resonate with their preferences and circumstances. We respect and consider their cultural, familial, and geographic preferences, offering flexible options through both congregate and scattered-site housing models. This tailored approach empowers survivors to choose the living arrangements that best suit their lives, enhancing their sense of agency and comfort.

Stabilization is achieved by addressing the unique needs articulated by survivors through trauma-informed case management. Participants are encouraged to outline their goals, which may include accessing childcare, mental health services, legal aid, and employment support. This needs-driven strategy allows us to customize service delivery effectively, fostering pathways to recovery and independence.

In addition to these supports, we provide continuous follow-ups to ensure that participants maintain housing stability and access the resources they need. These ongoing check-ins are crucial for identifying any emerging challenges and addressing them promptly, thereby reducing the risk of re-traumatization or recurrence of homelessness. By prioritizing both immediate safety and long-term stability, ASIA aims to create a supportive environment where survivors can rebuild their lives with confidence and resilience.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches. NOFO Section I.B.3.j.(1)(d)	
Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

At ASIA, we prioritize the placement and stabilization of domestic violence survivors by addressing both immediate safety concerns and long-term stability goals. Our comprehensive approach begins with thorough vulnerability assessments, safety risk evaluations, and urgency determinations. This meticulous process ensures that individuals facing the greatest danger receive priority in placement, enabling us to act swiftly and effectively in crisis situations. By assessing the unique circumstances of each survivor, we tailor our responses to meet their specific needs, ensuring they are placed in environments where they feel secure and supported.

We place strong emphasis on PH solutions by actively connecting participants with rapid options and supportive housing services tailored to their unique situations. Our focus on long-term stability helps mitigate the risks associated with temporary housing situations, which can often leave survivors vulnerable to further instability.

Our methodology is fundamentally survivor-centered. We recognize the importance of involving participants in the decision-making process regarding their housing placements. This engagement is crucial to ensuring that placements resonate with their individual preferences and circumstances. We respect and consider their cultural, familial, and geographic preferences, creating an environment where survivors feel not only safe but also at home. By offering flexible options through both congregate and scattered-site housing models, we empower survivors to choose living arrangements that best suit their lives. This empowerment enhances their sense of agency, dignity, and comfort, all of which are vital components of their healing journey.

Stabilization is achieved by addressing the unique needs articulated by survivors through trauma-informed case management. In this supportive framework, participants are encouraged to outline their goals, which may encompass a wide range of areas, including accessing childcare, mental health services, legal aid, and employment support. Our case managers, all certified through the National Organization for Victim Advocacy (NOVA), are trained to approach these discussions with sensitivity and respect, fostering a safe space for survivors to express their needs and desires without fear of judgment.

In addition to these critical supports, we provide continuous follow-ups to ensure that participants maintain housing stability and access the resources they need. These ongoing check-ins are essential for identifying emerging challenges and addressing them promptly. By maintaining regular contact, we can offer timely interventions, significantly reducing the risk of re-traumatization or the recurrence of homelessness.

Moreover, our holistic approach extends beyond housing and immediate needs. We strive to create a supportive community around each survivor, facilitating connections with peer support groups, mentorship opportunities, and additional resources that promote social engagement and emotional well-being. By fostering these connections, we help reduce feelings of isolation and empower survivors to build meaningful relationships that enhance their support networks. In addition to individualized support, we offer group education on trauma and its effects, alongside resources through our federally funded health clinic for those who wish to discuss their trauma with trained counselors. Advocates work to holistically empower clients, helping them make decisions that align with their personal, cultural, and other relevant factors. Our department ensures that clients receive trauma-responsive services that are also culturally and linguistically appropriate. The majority of our staff are bilingual and come from the communities we serve, ensuring language access is available. We also collaborate with our interpretation and translation department to cover additional languages as needed.

Furthermore, our department is committed to providing comprehensive care that connects clients with various resources within our agency, including legal services, after-school programs through our Child Youth and Family department, public benefits and food pantry assistance through our Self-Sufficiency department, and medical and behavioral health services through our Federally Funded Health clinic.

By prioritizing both immediate safety and long-term stability, ASIA aims to create a nurturing and supportive environment where survivors can confidently rebuild their lives. We believe that addressing both the short-term and long-term needs of survivors is essential for fostering resilience and empowering individuals to achieve their personal goals. Our approach not only benefits the survivors themselves but also strengthens the communities in which they live, contributing to a more just and equitable society for all.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 5,000 characters)

At ASIA, we deliver a comprehensive suite of supportive services aimed at swiftly transitioning domestic violence survivors into permanent housing while prioritizing their safety, well-being, and long-term stability. Our approach combines immediate intervention with ongoing support to meet the unique needs of each survivor and foster independence.

Our case managers work closely with each survivor to address immediate safety concerns, quickly securing housing placements through emergency shelters, transitional programs, or scattered-site housing based on the survivor’s specific circumstances. Upon intake, a case manager conducts a thorough assessment to identify risks and safety needs, creating a personalized plan to guide each participant through the housing process. This plan includes securing appropriate housing placements that are culturally and personally suited to each survivor, ensuring they feel safe and supported as they begin to rebuild. By prioritizing rapid rehousing options, ASIA aims to prevent further trauma and offer a stable foundation for survivors to regain control over their lives.

In recognition of the legal challenges many survivors face, ASIA provides specialized legal assistance covering areas such as immigration, custody, and protective orders. This support helps eliminate barriers to safety and stability, enabling survivors to focus on healing and building a secure future. Legal advocates work with survivors to file for protective orders, secure custody arrangements, and navigate immigration processes if applicable. By removing these legal obstacles, ASIA empowers survivors to feel secure in their new environments and gain confidence in their journey toward independence.

Survivors have access to mental health counseling and trauma-informed therapy, addressing the emotional impact of domestic violence and fostering resilience. ASIA also provides support for children, including access to childcare, ensuring that families have the necessary resources to stabilize and heal together. Employment services and job training programs equip survivors with the skills and support needed to secure meaningful work, fostering financial independence and self-sufficiency. For those pursuing education, ASIA offers access to training and learning opportunities, helping survivors develop skills aligned with their career aspirations.

Central to ASIA’s approach is a personalized safety plan for each survivor, which includes creating secure access points, ensuring privacy, and establishing an emergency contact system. Language access is a critical part of safety planning, with ASIA providing interpretation services so that survivors can communicate their needs clearly and confidently, removing language as a barrier to essential services. Transportation assistance, in the form of bus passes or rideshare services, helps survivors access medical appointments, counseling, and other critical services. Additionally, ASIA provides financial support for utility deposits, groceries, and essential household items, easing the financial transition into permanent housing.

ASIA’s trauma-informed approach centers on empowering survivors by keeping them actively involved in decision-making, giving them the agency to shape their future. Case managers regularly check in with survivors, ensuring they feel secure and have the necessary support to face any new challenges that arise. Follow-up services include connecting survivors with community resources, peer support networks, and mentorship opportunities that provide ongoing

guidance and encouragement. By maintaining these connections, ASIA ensures that survivors are supported long after their initial housing transition, helping them build strong, resilient lives free from violence and instability.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:

1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

At ASIA, our priority is to provide comprehensive support for the placement and stabilization of program participants by carefully evaluating immediate safety, vulnerability, and risk factors through the CE system. This assessment allows us to prioritize survivors with the greatest needs, ensuring they are placed at the top of the prioritization list. To promote stability and reduce the risk of re-traumatization, ASIA focuses on PH placements. These placements are customized based on participants' unique needs. We also consider cultural preferences, proximity to essential support systems, and each participant's personal goals.

Our stabilization efforts are centered around each participant's stated needs and long-term goals, with an emphasis on trauma-informed, participant-led support. Case managers conduct thorough assessments to develop individualized service plans, co-designed with participants to address complex challenges such as legal needs, childcare, employment, healthcare, and language barriers. To foster sustainable self-sufficiency, ASIA offers financial literacy coaching, job training, and access to educational resources tailored to support participants' personal and professional growth.

Culturally responsive and inclusive practices are integrated into all phases of placement and stabilization, ensuring participants feel comfortable, supported, and understood. ASIA provides interpretation services and culturally competent staff members who understand the unique experiences and backgrounds of those we serve. In addition to housing, ASIA offers wraparound services such as transportation assistance, food security resources, and mental health support, all of which contribute to a smoother transition into permanent housing. ASIA is dedicated to ensuring that participants stay on track toward stability through ongoing case management and access to supportive resources.

Regular follow-ups allow case managers to monitor participants' progress, assess their needs, and address any new challenges that may arise, adapting service plans as necessary. Participants are also connected to a network of community resources that provide long-term support. This approach not only supports participants in achieving housing security but also contributes to their holistic recovery and personal growth, empowering them to build stable, fulfilling lives.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:

- | | |
|----|--|
| 1. | establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials; |
| 2. | provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma; |
| 3. | emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations; |
| 4. | center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed; |
| 5. | provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and |
| 6. | offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. |

(limit 5,000 characters)

ASIA’s new project will establish and maintain an environment of agency and mutual respect by eliminating power imbalances between staff and participants and removing punitive interventions. Interactions are guided by equality, fostering trust and empowerment. Staff approach survivors with empathy and transparency, encouraging open communication. Participants are treated as collaborators in their recovery, ensuring that their autonomy is respected. Staff are trained to use non-hierarchical language and maintain active listening, creating an environment where participants feel safe expressing their needs and concerns without judgment.

To further promote agency, staff provide participants with access to comprehensive information about trauma, empowering them to understand how trauma impacts their mental, emotional, and physical well-being. ASIA ensures that all staff members undergo specialized training in trauma-informed care, focusing on the neurobiology of trauma, the impact of adverse experiences, and methods to foster recovery. Staff use this knowledge to educate participants on how trauma may affect their thoughts, behaviors, and interactions, enabling survivors to gain insights into their experiences and build coping strategies.

The project emphasizes participants’ strengths by employing strength-based assessments and coaching. Instead of focusing on past traumas or deficits, participants are encouraged to identify and leverage their abilities, goals, and aspirations. Case managers collaborate with survivors to create individualized service plans aligned with their personal ambitions, whether that means finding stable employment, pursuing education, or achieving financial independence. Strength-based questionnaires and regular assessments help participants track progress and recognize their achievements, fostering a sense of accomplishment and empowerment throughout the recovery process.

Cultural responsiveness and inclusivity are core pillars of the project. ASIA’s staff are trained extensively on cultural competence, nondiscrimination, and language access, ensuring all services are accessible and respectful of participants’ diverse backgrounds. The program offers interpretation services and culturally specific care, reflecting the unique needs and values of each participant. For example, survivors from immigrant or refugee backgrounds are connected to staff who understand the cultural nuances of their experiences, fostering trust and engagement. Staff also receive ongoing training to address implicit biases and promote inclusive practices, ensuring all participants feel welcomed and valued, regardless of race, ethnicity, gender identity, or sexual orientation.

Participants are given a variety of opportunities to build meaningful connections, which is critical to their recovery. The project offers peer-to-peer mentorship programs, where survivors can connect with others who have undergone similar experiences, fostering solidarity and mutual support. Group activities, such as workshops or social gatherings, allow participants to share stories and build a sense of community. ASIA also provides opportunities for participants to explore their spiritual needs, offering connections to faith-based organizations or culturally relevant spiritual practices that may enhance their healing process. These connections help participants rebuild social networks and combat isolation, promoting emotional well-being and resilience.

Supporting survivors in their role as parents is another key focus of the project. Recognizing that parenting can be both a challenge and a source of strength,

ASIA offers trauma-informed parenting classes tailored to the unique needs of survivors. These classes help participants understand how trauma may affect both their parenting and their children’s behavior, providing strategies to foster healthy family relationships. The project also offers childcare services, ensuring that participants have the time and space to focus on their recovery without additional stress. In addition, ASIA provides connections to legal resources to address any custody or family law issues participants may face, ensuring that survivors are supported holistically in their role as parents.

The combined impact of these services ensures that participants not only access safe, stable housing but also develop the tools and resources necessary for long-term independence. ASIA’s approach centered on mutual respect, cultural inclusivity, strength-based planning, and community connections ensures that survivors feel empowered, valued, and equipped to rebuild their lives. Through a combination of housing support, trauma-informed care, and personalized services, the project offers survivors a comprehensive pathway to recovery, helping them heal, thrive, and maintain stability for themselves and their families.

4A-3j.	Applicant’s Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
NOFO Section I.B.3.j.(1)(f)		

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project’s operation. |

(limit 2,500 characters)

ASIA’s new project is deeply committed to involving survivors with diverse lived expertise in every stage of program development and policy formation. Survivors will participate as collaborators, offering critical insights through advisory panels, focus groups, and regular consultations. These platforms will ensure that survivors' experiences guide program design, service delivery, and ongoing improvements. Survivors with different backgrounds including those from immigrant, refugee, LGBTQ+, and culturally specific communities will be actively engaged to reflect the needs of the populations we serve.

The project will also offer peer mentorship roles, where survivors can provide support to new participants while helping to shape service models from within the program. Survivor input will be systematically integrated through surveys, focus groups, and participatory workshops, ensuring their feedback informs policies and service adjustments in real time. We will cultivate a culture of shared leadership by involving survivors in decision-making processes, empowering them to help design policies that are relevant and responsive to participant needs.

To maintain continuous engagement, the project will establish feedback loops, offering survivors opportunities to evaluate services, propose changes, and provide ongoing input. Regular town hall-style meetings and advisory board participation will be scheduled, ensuring that survivors are not just consulted occasionally but remain an integral part of the project’s operations.

Our strategies prioritize the lived expertise of survivors, ensuring a survivor-centered approach to policy and program development. By elevating their voices, we create responsive policies that align with evolving survivor needs, promoting empowerment and inclusivity.

Many of our advocates are survivors themselves, allowing us to seek their insights before and during project implementation. This collaboration helps us develop culturally specific services tailored to their experiences. We also prioritize ongoing feedback from current survivors, fostering an open dialogue for suggestions and improvements.

By integrating the perspectives of both advocates and survivors, we enhance our programs and empower survivors to shape the services they receive, ultimately leading to more successful outcomes in their healing journeys.

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC’s FY 2024 Priority Listing for New Projects:

1.	Applicant Name	ACCESS Shelter
2.	Rate of Housing Placement of DV Survivors–Percentage	68%
3.	Rate of Housing Retention of DV Survivors–Percentage	93%

4A-3b.1.	Applicant’s Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

ACCESS calculated the rate of housing placement by monitoring the number of survivors who transitioned into TH or RRH CE or other crisis response systems. This process began at intake, where case managers documented survivor entries and worked with them to develop individualized service plans, addressing any barriers to securing housing. The placement rate also accounted for all exits to safe housing destinations, including non-congregate units, scattered-site apartments, or RRH units managed by UWMS.

The retention rate was calculated by following up with survivors to determine whether they remained housed at six and twelve months after placement. These follow-up assessments were carried out by case managers through home visits, check-ins, and direct communication with survivors. The program provided support for participants transitioning from the ES to PH, which helped to ensure long-term stability. This program offered ongoing access to resources and services to further aid in their ability to remain housed.

Data for both housing placement and retention rates were gathered from multiple sources. The HMIS was used for non-DV projects to track placements and ongoing retention, while DV-specific data was gathered through internal systems used by ACCESS, Hope and Healing Resource Survivor Center and UWMS. Other data sources included CE records, intake assessments, and ongoing tracking implemented to evaluate survivors’ long-term housing outcomes.

4A-3c.	Applicant’s Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan;

3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

ACCESS ensured that DV survivors experiencing homelessness were quickly moved into housing by leveraging CE and crisis intervention resources. When a survivor entered the system, ACCESS utilized an intake process designed to evaluate their immediate housing needs and match them with the most suitable option. Survivors were provided with either transitional housing or rapid rehousing options, depending on the urgency of their needs and availability. ACCESS's partnerships with agencies like United Way of Summit and Medina (UWSM) allowed for a seamless placement process, ensuring that no survivor remained without access to safe housing for long periods.

To prioritize survivors effectively, ACCESS relied on a combination of CE and prioritization lists. Survivors experiencing the most critical situations, such as those facing immediate safety concerns or requiring emergency transfers, were given top priority for available units. The project also utilized the CoC's emergency transfer plan, which further expedited housing placement for survivors in dangerous or unstable conditions. These mechanisms enabled ACCESS to provide fast, tailored responses to the needs of DV survivors, ensuring they receive safe housing when needed most. Determining the supportive service needs of each survivor was an integral part of the intake process. Case managers conducted comprehensive assessments to identify each individual's needs, including mental health services, financial stability support, legal assistance, and other relevant factors. The assessments informed the development of individualized service plans, tailored to help each survivor overcome the specific barriers they faced on their path to achieving housing stability.

Survivors were connected to the appropriate supportive services through collaborations between ACCESS, Hope and Healing, and UWSM. This included connecting survivors to counseling, court advocacy, employment support, and access to the Financial Empowerment Center to support their journey toward self-sufficiency. Health and wellness services, offered in partnership with Cleveland Clinic Akron General provided survivors with medical care and support for their physical and mental well-being.

To help survivors transition from assisted housing to independent living, ACCESS emphasized building skills for sustainable living. This support helped survivors remain housed and reduce the risk of re-entering homelessness after transitioning out of assisted housing.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

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

1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping survivors' information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and

5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.
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(limit 2,500 characters)

ACCESS took numerous steps to ensure the safety and confidentiality of DV survivors experiencing homelessness. During the intake and interview process, the project ensured privacy and minimized potential coercion by conducting all interviews in private, secure spaces. Survivors were given autonomy throughout the process, and the intake team provided comprehensive information about their rights and available services, ensuring informed decision-making without external pressure.

Housing determinations and placements were based on individualized safety plans, with a focus on selecting environments that best met each survivor's needs. ACCESS offered both non-congregate rooms and scattered-site apartments, which were chosen based on the specific safety considerations of each survivor. Survivors were given options, allowing them to select the housing arrangement that provided the greatest sense of safety.

Confidentiality of survivors' information and locations was strictly maintained by using encrypted data systems, and any physical addresses were kept anonymous as needed. Sensitive information about survivors was accessible only to authorized personnel directly involved in their care. Additionally, physical documents were securely stored, and electronic records were managed with strict protocols to prevent unauthorized access.

Staff training on safety and confidentiality policies was a key component of the program. All staff members, including case managers and intake workers, underwent ongoing training sessions focused on trauma-informed care, confidentiality practices, and safety protocols. These training programs emphasized the importance of safeguarding survivor information, reducing risks of exposure, and applying safety measures during every interaction.

Lastly, security measures were put in place for both congregate and scattered-site units to support survivors' physical safety and maintain the confidentiality of their locations. Congregate sites, such as the ACCESS facility, featured controlled access with security systems to prevent unauthorized entry. Scattered-site units were selected with careful consideration for neighborhood safety, and additional security measures were applied where necessary, such as installing door and window locks. These steps ensured that survivors had a secure living environment that minimized risks to their safety and provided them with a sense of stability and privacy.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.
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NOFO Section I.B.3.j.(1)(d)

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.
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(limit 2,500 characters)

ACCESS took numerous steps to ensure the safety and confidentiality of DV survivors experiencing homelessness. During the intake and interview process, the project ensured privacy and minimized potential coercion by conducting all interviews in private, secure spaces. Survivors were given autonomy throughout the process, and the intake team provided comprehensive information about their rights and available services, ensuring informed decision-making without external pressure.

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4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below the project applicant's experience in:	
	1. prioritizing placement and stabilization of survivors;	
	2. placing survivors in permanent housing;	
	3. placing and stabilizing survivors consistent with their preferences; and	
	4. placing and stabilizing survivors consistent with their stated needs.	

(limit 2,500 characters)

ACCESS has significant experience in prioritizing the placement and stabilization of survivors through a trauma-informed approach that focuses on meeting the unique needs of each individual. The project prioritizes survivors by using a CE system, where those experiencing immediate safety concerns are placed at the top of the prioritization list. This ensures that survivors in crisis are provided with rapid access to safe and stable housing. ACCESS also collaborates with the local CoC and utilizes the CoC's emergency transfer plan, which allows survivors to move to safer housing environments whenever their safety is at risk.

When placing survivors in permanent housing, ACCESS works with UWSM to facilitate access to RRH units or scattered-site apartments. The project utilizes a supportive and structured placement process, which is followed up by consistent case management to ensure each survivor successfully transitions into permanent housing. ACCESS connects survivors to community resources, healthcare services, and financial empowerment programs, ensuring that their housing placement is sustainable and secure.

ACCESS places and stabilizes survivors in a manner consistent with their preferences by giving them a voice in their housing decisions. During intake, case managers conduct assessments and create individualized service plans that prioritize survivors' preferences regarding the type and location of housing. Survivors are given options between non-congregate or scattered-site units, allowing them to choose the environment they feel most comfortable in. The individualized planning process helps survivors feel empowered and respected, contributing to their long-term stability.

Stabilizing survivors in alignment with their stated needs is central to ACCESS's approach. Case managers work closely with survivors to identify their specific needs, such as health services, financial support, and employment opportunities. Based on these needs, ACCESS provides tailored support, including access to healthcare, legal aid, and skill development programs. The After ACCESS initiative further supports survivors after they transition to permanent housing by offering continued case management, advocacy, and access to community resources that help address their ongoing needs. This comprehensive approach ensures that survivors receive the support required to sustain housing and rebuild their lives, addressing both immediate and long-term needs

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;

	5. providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

ACCESS utilizes trauma-informed, victim-centered approaches to effectively meet the needs of DV survivors by creating an environment that fosters agency and mutual respect. The organization avoids punitive interventions and strives to minimize power differentials between staff and survivors. Staff are trained to maintain equality in all interactions, ensuring that survivors are treated with respect and dignity. The intake process and ongoing service delivery are designed to give survivors autonomy, supporting their ability to make decisions about their own care and housing. This approach ensures that survivors feel empowered rather than controlled, contributing to a positive and supportive atmosphere.

ACCESS and Hope and Healing provides survivors with access to information on trauma and its effects, which helps them better understand their experiences and foster healing. Staff are trained in trauma-informed care, which includes providing survivors with educational materials and opportunities for discussion about trauma and its impact on mental and physical health. This training helps staff guide survivors through understanding their own reactions and coping mechanisms, contributing to greater resilience and self-awareness.

The project also emphasizes the strengths of survivors through strength-based coaching and individualized case plans. During intake, case managers use assessment tools that focus on the strengths of each survivor rather than their deficits. Survivors are actively involved in developing their case plans, which are tailored to work toward survivor-defined goals and aspirations. By focusing on strengths and achievements, the project helps survivors build self-esteem and feel motivated in their journey towards stability and independence.

Cultural responsiveness and inclusivity are key elements of ACCESS’s trauma-informed approach. The organization trains staff in cultural competence, nondiscrimination, and language access to ensure that all services are accessible and relevant to survivors from diverse backgrounds. Training sessions cover issues such as equal access, improving services to be culturally responsive, and creating an inclusive environment that respects all survivors regardless of their cultural or linguistic background. These efforts help ensure that survivors receive respectful, culturally appropriate care, which is crucial for building trust and safety.

ACCESS also offers a variety of opportunities for survivors to build meaningful connections. These include support groups, mentorship programs, peer-to-peer networks, and opportunities for spiritual support. These initiatives help survivors form a supportive community, which can be an essential part of the healing process. Survivors are encouraged to connect with others who have similar experiences, fostering a sense of belonging and reducing the isolation that often accompanies trauma.

Finally, ACCESS provides specific support for survivors who are also parents. This includes trauma-informed parenting classes that help survivors understand how to support their children while also managing their own trauma. The organization offers childcare to allow parents to attend meetings, classes, and work opportunities without added stress. Additionally, connections to legal services are provided to help survivors address any custody or legal issues that may arise, ensuring their children’s well-being and safety are supported alongside their own.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 5,000 characters)

ACCESS provided a comprehensive array of supportive services designed to help domestic violence survivors transition into stable, permanent housing while prioritizing their safety and well-being. The organization’s approach encompassed a range of individualized, trauma-informed services tailored to address each survivor’s unique needs and circumstances.

One cornerstone of ACCESS’s support was the dedicated case management offered to each survivor. Upon entering the program, each individual was assigned a case manager who provided consistent guidance throughout their journey to secure housing. The case manager conducted a thorough assessment to understand the survivor’s specific needs and potential barriers, such as safety concerns, health issues, or financial limitations. Using these assessments, ACCESS created individualized service plans, tailored to either transitional housing or rapid rehousing options. These plans enabled survivors to quickly transition to safe and stable housing, reinforcing ACCESS’s commitment to survivor-centered, efficient housing support.

Recognizing the lasting effects of trauma, ACCESS partnered with organizations like the Hope and Healing Survivor Resource Center and Cleveland Clinic Akron General to provide trauma-informed counseling. Survivors were given access to mental health counseling, addiction recovery support, and peer support groups, all focused on fostering emotional resilience and well-being. The collaborative approach ensured survivors could address both emotional and physical health needs. ACCESS also staffed a Health & Wellness Coordinator and collaborated with local healthcare providers to offer physical assessments, over-the-counter medications, and health education, further enhancing survivors’ holistic wellness.

Beyond immediate support, ACCESS worked to ensure survivors could maintain housing stability long-term. The Financial Empowerment Center at United Way of Summit and Medina delivered critical financial literacy training, covering budgeting, credit counseling, and income management to help survivors gain financial independence. Recognizing that financial stability is key to sustainable housing, these services were structured to help survivors build stable income sources and prepare for self-sufficiency once housing subsidies ended. ACCESS also offered skill development programs to boost survivors’ employability and self-confidence, supporting their transition toward a stable and self-sustained future.

To ensure the safety of survivors, ACCESS provided non-congregate or scattered site housing options, minimizing any risk of contact with potential abusers. Each survivor received a safety plan tailored to their personal risks, outlining steps to mitigate potential threats and securely access housing units. All interactions and services were delivered within a trauma-informed framework, placing survivors’ safety, autonomy, and emotional well-being at the center of ACCESS’s mission.

4A-3h.	Applicant’s Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;

2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

The project will prioritize the placement and stabilization of program participants by leveraging the CE system and utilizing a prioritization list to ensure those with the greatest need are given immediate assistance. Clients who are in crisis or face imminent safety threats will be prioritized for housing placements. The project also collaborates with the local CoC to use emergency transfer plans, allowing individuals to be quickly relocated to a safe housing environment whenever necessary. This approach helps to ensure that those in the most vulnerable situations are given priority, minimizing the risk of harm.

Participants will be placed into PH through rapid rehousing programs and scattered-site apartments. ACCESS works closely with the United Way of Summit and Medina to facilitate housing placements that match each participant's unique situation. By conducting a comprehensive assessment during intake, case managers can determine the most appropriate housing solution and work with participants to facilitate a smooth transition into PH. Supportive services are also provided alongside these placements to ensure that participants can successfully stabilize in their new homes.

To place and stabilize participants in alignment with their preferences, ACCESS emphasizes individualized care. During intake and throughout the housing process, case managers actively engage participants in decision-making. This includes allowing them to choose between available housing options, such as congregate or scattered-site units, and considering their preferences regarding location and housing type. By centering survivors' voices in these decisions, the project ensures that placements are not only safe but also consistent with what participants feel is best for themselves.

Stabilizing participants in alignment with their stated needs involves ongoing case management and tailored support. Each participant's needs are assessed during intake, and an individualized service plan is created to address those needs. Supportive services may include financial counseling, skill development classes, health and wellness services, and trauma-informed mental health support. ACCESS program further supports participants after they transition to permanent housing, ensuring they have access to the resources they need to maintain stability. By addressing both the stated needs and the underlying barriers to long-term stability, the project helps participants achieve lasting success.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below examples of how the new project(s) will:	
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;	
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	

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

(limit 5,000 characters)

ACCESS establishes and maintains an environment of agency and mutual respect by ensuring that all interactions among program participants and staff occur on an equal footing, fostering a sense of safety and empowerment. This commitment to a non-punitive, supportive atmosphere is vital for survivors, who are treated with dignity and compassion. Staff are trained specifically to minimize power differentials, ensuring that the environment feels inclusive and empowering. This trauma-informed approach not only prioritizes the autonomy of participants but also actively involves them in all decision-making processes concerning their care. Staff are encouraged to provide clear, transparent information and create spaces where participants can freely express their concerns, enhancing the collaborative nature of the program.

ACCESS recognizes the significance of educating both staff and participants about trauma. Staff training emphasizes the effects of trauma on mental and physical health, enabling them to share valuable educational resources with survivors. This educational focus includes facilitating discussions about trauma and guiding participants in understanding their personal experiences. By equipping participants with knowledge about how trauma can influence their behavior, ACCESS empowers them to develop coping strategies and pursue their healing journeys more effectively.

To underscore participants' strengths, ACCESS employs strength-based coaching and assessment tools that focus on individual positive attributes. During the intake process, case managers conduct comprehensive assessments that incorporate strength-based measures. This results in individualized case plans tailored to work toward goals and aspirations defined by the survivors themselves. By concentrating on participants' capabilities rather than their vulnerabilities, ACCESS not only fosters a sense of confidence but also encourages individuals to take meaningful steps toward achieving personal stability and growth.

Cultural responsiveness and inclusivity are cornerstones of ACCESS's approach. Staff receive extensive training in cultural competence, ensuring that services are accessible and equitable for all participants, regardless of their cultural or linguistic backgrounds. This training empowers staff to deliver culturally appropriate and trauma-informed care, creating an environment where every participant feels respected and valued. The emphasis on nondiscrimination and equal access fosters a sense of belonging, which is crucial for the healing process.

ACCESS also prioritizes the establishment of supportive connections among participants. This is achieved through a variety of programs, including support groups, peer-to-peer networks, mentorship opportunities, and access to spiritual support. These initiatives are designed to combat feelings of isolation and promote a sense of community, which plays a critical role in the healing journey. Participants have the opportunity to share their experiences, provide mutual support, and learn from one another, thereby enriching their recovery processes.

For participants who are parents, ACCESS offers targeted support through trauma-informed parenting classes, childcare services, and connections to legal resources. Parenting classes are designed to equip survivors with the skills needed to support their children effectively, while childcare services enable parents to attend essential meetings, work, or engage in activities that enhance

their overall well-being. Moreover, ACCESS connects participants with legal services to address issues related to custody or other family matters, ensuring that the needs of both survivors and their children are met comprehensively. This holistic approach not only supports the individual needs of participants but also strengthens familial bonds and promotes healthier family dynamics.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

The new project will actively involve survivors with a wide range of lived expertise by incorporating their input into every facet of program development and implementation. Survivors with diverse experiences—encompassing various forms of domestic violence, homelessness, and differing barriers to stability—will be recruited to participate in focus groups, advisory boards, and peer support initiatives. By drawing on their unique insights and perspectives, the project aims to shape program elements that are effectively tailored to meet the real needs of participants. Engaging survivors with lived expertise ensures that the policies and services developed are not only practical and relevant but also sensitive to the nuanced realities that survivors face in their everyday lives.

Survivors will be actively involved in policy and program development throughout the project's operation, with ongoing opportunities to provide input and feedback. ACCESS will establish a dedicated survivor advisory committee, where members will be encouraged to share their experiences and perspectives on current policies, suggest improvements, and evaluate service delivery. This committee will serve as a crucial platform for survivor voices, ensuring they are integrated into decision-making processes. Furthermore, regular surveys and interviews will be conducted to gather additional feedback from survivors. This data will be instrumental in modifying and enhancing program services, allowing for continuous improvement.

By creating structured opportunities for survivors to participate in decision-making, ACCESS will ensure that the project remains responsive and adaptive to the evolving needs of its participants over time. This collaborative approach not only enhances the quality of services provided but also fosters a sense of ownership among survivors, ultimately leading to better outcomes for all involved. The commitment to listening and responding to survivor feedback underscores ACCESS's dedication to building a program that truly reflects and addresses the complexities of survivor experiences, paving the way for more effective and empathetic support systems.

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.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/25/2024
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/25/2024
1D-10a. Lived Experience Support Letter	Yes		
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/25/2024
1E-2. Local Competition Scoring Tool	Yes	FY24 SCCoC Rankin...	10/25/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/25/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/25/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/25/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/25/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	OH-506_2024 Compe...	10/25/2024
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/25/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		



**ADMISSIONS AND CONTINUED
OCCUPANCY POLICY**

FOR

THE

**AKRON METROPOLITAN HOUSING
AUTHORITY**

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Revised : January 1, 2023

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 30 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 most recent month's cost of utilities owed by the family. If rent burden can not be determined by current utility cost, then 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;

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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, Homeless/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, see page 7-16 (Reference Admissions and Continued Occupancy Policy):

- 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 tenant 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 most recent month's cost of utilities owed by the family. If rent burden cannot be determined by current utility cost, then 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

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

- An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:
 - 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
 - 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
 - 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:
 - 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
 - Has no other residence; and
 - Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

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, or
- Contains a Head or Co-Head, ages 18 to 25 years, who is aging out of the Foster Care system.
- Have received notice from the PHA that they must relocate due to demolition, capital improvements, modernization, or rehabilitation of a PHA owned property.

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.

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.

The PHA shall have the discretion, at least annually, to exercise the "fungibility" provision of the QHWR. This provision allows the PHA to admit less than the minimum 40% of its extremely low-income families in a fiscal year to its public housing program to the extent that the PHA's admission of extremely low income families in the tenant-based assistance program exceeds 75% of all admissions during the fiscal year. If

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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.

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 30 participants across all programs).

Transitional/Homeless Non-Elderly Disabled Preference

For families that are composed of one or 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.

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).

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, 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



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



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or “Always”. Marking “Always” signifies full compliance for the standard.

	Standard	Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 3	Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants’ and owner’s choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 4	Participants receive education about their lease or occupancy agreement terms	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer

Leases 5	Measures are used to prevent eviction	<p>Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Leases 6	Providing stable housing is a priority	<p>Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Leases 7	Rent payment policies respond to tenants' needs (as applicable)	<p>While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer

SCCOC RACIAL EQUITY SURVEY

Name of Organization _____

Date _____

DEMOGRAPHICS

Please indicate if your organization meets any of the following regarding board or executive leadership (CIRCLE all that apply)

Woman Led

Veteran Led

Disabled Led

Please provide the racial make-up for your organization's executive leadership (in percentages).

Asian

Pacific Islander

American Indian or Alaska Native

African American

Hispanic, Latino or Spanish Origin

Middle Eastern

White

Some other race

Please provide the racial make-up of your organization's population served (in percentages)

Asian

Pacific Islander

American Indian or Alaska Native

Black or African American

Hispanic, Latino or Spanish Origin

Middle Eastern

White

Some other race

Does your organization serve a population that is differently abled?

Is your program physically accessible?

Please CIRCLE all disability categories that apply to the population served

Intellectual Disability

Spectrum Disorder

Deaf or Hearing Impaired

Brain Injury or Disorder

SURVEY COMPLETED BY: _____
Name Title

Referral Date	Ranking	Need Type	Referred By	Referred To	Referral Outcome
1/25/2023 15:45		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
2/2/2023 8:30		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
3/6/2023 15:46		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
3/22/2023 13:05	High	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
4/5/2023 9:45	Medium	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
4/10/2023 9:19	High	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
4/14/2023 15:46	Medium	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
5/3/2023 16:17		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
5/17/2023 12:29		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
5/25/2023 9:49		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Accepted
3/6/2023 15:40		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Canceled
3/6/2023 15:40		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Canceled
3/6/2023 15:40		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Canceled
4/21/2023 8:20		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Canceled
1/9/2023 8:36		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
1/9/2023 9:10		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined

1/25/2023 15:44		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
1/31/2023 15:38		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
1/31/2023 15:44		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
2/2/2023 8:34		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
2/13/2023 10:38		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
3/6/2023 15:37	Medium	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
3/6/2023 15:45		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
3/9/2023 12:51		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
3/27/2023 11:12		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
3/30/2023 9:15	High	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
4/14/2023 15:41	Medium	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
4/21/2023 8:23		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
4/24/2023 9:16	Low	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
4/26/2023 15:55		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
5/17/2023 11:43		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
5/24/2023 8:50	Medium	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Helping Hands HOPWA TBRA RRH (CANAPI)	Declined
2/8/2023 8:38		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted

3/30/2023 9:26	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
4/4/2023 14:55	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
4/21/2023 15:18	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
4/21/2023 15:18	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
4/28/2023 15:41	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
4/28/2023 15:41	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
5/9/2023 12:13	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
5/9/2023 12:13	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
5/9/2023 12:13	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
5/10/2023 9:45	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
5/18/2023 11:36	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
8/2/2023 8:19	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Accepted
2/27/2023 9:00	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Canceled
5/3/2023 16:32	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Canceled
5/3/2023 16:32	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Canceled
5/10/2023 8:32	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Canceled
5/10/2023 8:32	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Canceled

6/1/2023 14:41	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Canceled
4/12/2023 13:15	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	Declined
8/29/2023 14:59	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	
9/27/2023 15:48	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC RRH (CANAPI)	
3/8/2023 12:27	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
3/30/2023 8:20	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
4/21/2023 15:19	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
4/28/2023 15:32	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
5/18/2023 9:53	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
5/31/2023 8:33	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
5/31/2023 16:10	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
8/11/2023 8:10	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
10/16/2023 15:54	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
10/25/2023 13:46	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
10/30/2023 9:43	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Accepted
4/20/2023 8:42	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Declined
5/18/2023 9:17	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Declined

10/13/2023 13:07	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	Declined
10/26/2023 12:09	Transitional Housing/Shelter	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth CoC TH (CANAPI)	
1/11/2023 9:31	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
1/11/2023 9:31	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
1/11/2023 9:31	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
1/11/2023 9:31	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
1/11/2023 9:31	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
2/1/2023 10:38	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
2/13/2023 10:43	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
4/20/2023 15:34	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
5/10/2023 14:54	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
5/23/2023 15:38	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
6/26/2023 8:51	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
7/20/2023 10:30	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
8/28/2023 9:32	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
8/29/2023 8:35	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
9/27/2023 11:29	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted

10/4/2023 10:11		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
10/4/2023 10:11		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
10/4/2023 10:11		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
10/19/2023 15:02		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Accepted
3/9/2023 11:58		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Canceled
3/16/2023 11:18		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Declined
4/14/2023 15:44		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Declined
8/29/2023 8:40		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Declined
11/1/2023 12:02		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	Declined
8/29/2023 8:38		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth HCRP RRH (CANAPI)	
1/5/2023 10:52		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
2/22/2023 9:01		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
3/2/2023 8:48	Medium	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
3/7/2023 14:27		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
3/24/2023 9:21		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
3/30/2023 16:27		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
3/30/2023 16:27		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted

3/30/2023 16:27	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
4/6/2023 0:00	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
4/21/2023 8:33	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
5/5/2023 11:37	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
6/5/2023 11:23	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
6/7/2023 11:36	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
6/7/2023 11:36	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
7/5/2023 11:12	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
7/5/2023 11:12	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Accepted
1/23/2023 8:47	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Canceled
2/6/2023 13:40	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Canceled
2/13/2023 10:50	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Canceled
3/27/2023 10:25	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Canceled
1/11/2023 16:45	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
1/11/2023 16:45	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
3/2/2023 8:51	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
4/10/2023 9:21	Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined

4/10/2023 9:21		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
4/10/2023 9:21		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
5/4/2023 16:05		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
5/8/2023 8:58		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
6/6/2023 11:09		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
7/10/2023 14:37		Homelessness Prevention Programs	Central Intake CoC (UWSM)	Lavender Landing LGBTQ Youth ODH HP (CANAPI)	Declined
2/7/2023 12:54		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
3/6/2023 15:39		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
3/6/2023 15:39		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
3/21/2023 15:33		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
3/30/2023 9:17		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
3/30/2023 9:19	High	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
4/11/2023 9:21		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
6/21/2023 12:55		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
7/17/2023 12:32		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
7/21/2023 10:38		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
7/27/2023 13:42		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted

8/9/2023 0:00		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
9/11/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
9/11/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
9/11/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
9/11/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
9/11/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
9/11/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
9/11/2023 15:29		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
10/10/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
10/10/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
10/10/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
10/10/2023 14:53		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
10/11/2023 15:51		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
10/30/2023 9:09	High	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Accepted
2/27/2023 8:52		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled
9/26/2023 8:44		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled
9/27/2023 7:47		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled
10/2/2023 10:40		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled

10/3/2023 15:58		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled
10/4/2023 15:17		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled
10/4/2023 15:17		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled
10/4/2023 15:17		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled
10/4/2023 15:17		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Canceled
4/13/2023 8:07	High	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
4/14/2023 9:09	High	Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
5/3/2023 16:05		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
5/4/2023 15:59		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
6/13/2023 15:38		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
6/27/2023 10:38		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
8/2/2023 13:54		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
8/9/2023 8:20		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
8/14/2023 14:40		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
8/24/2023 12:35		Rapid Re-Housing Programs	Central Intake CoC (UWSM)	Micah Project CoC RRH (CANAPI)	Declined
3/17/2023 11:54		Homeless Permanent Supportive Housing	Central Intake CoC (UWSM)	Shelter Plus Care CANAPI I CoC PSH (CANAPI)	Declined
7/6/2023 13:01		Homeless Permanent Supportive Housing	Central Intake CoC (UWSM)	Shelter Plus Care Vouchers CoC PSH (AMHA)	Accepted

7/11/2023 9:23

Homeless Permanent Supportive
Housing

Central Intake CoC
(UWSM)

Shelter Plus Care Vouchers CoC PSH (AMHA)

Accepted



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!

2024 Review and Ranking Criteria Tool - Continuum of Care Applications

Agency Name: _____

Project Name: _____ Points _____

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

- MUST serve Category 1 Homeless population.
- MUST be Housing First
- MUST receive referrals from Central Intake
- MUST input data into HMIS

Application Review	Score:
<p>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:</p> <ol style="list-style-type: none"> (1) Q.2. HMIS or Q6a. SAGE Personally Identifiable Information (2) Q.3. HMIS or Q6b. SAGE Universal Data Elements (3) Q.4 HMIS or Q6c SAGE Income and Housing Data Quality (4) Q.5. HMIS or Q6d. SAGE Chronic Homelessness (5) Q.6 HMIS or Q6e. SAGE Timeliness <p>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.</p> <p>DV Providers are scored using the same data quality metrics and they utilize comparable database to collect data on DV clients.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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%</p> <p>Section 5) 2 pts. = 98% or < 0 pts. = 97.9% or ></p> </div>	<p>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.</p> <p>How Scores are calculated</p> <p>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.</p> <p>DQR's are scored from June 1st - May 31st.</p>



<p>B. Unit Utilization: PIT Actual Unit Utilization on last Wednesday of every Month.</p> <p>SOURCE: APR (Q.02 average of 4 quarters) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients.</p>	<p>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%</p>
<p>C. Exit Destination: Indicator- Exits to or Retention of Permanent Housing</p> <p>Calculation for PH: Number of participants who had a positive PH exit destination / total number of participants who exited the program.</p> <p>SOURCE: (Q23c) (Calculation Provided) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p><u>Permanent Supportive Housing Programs Only:</u> 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</p> <p><u>Transitional Housing & RRH Programs Only:</u> 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 0 pts. = below 80% of participants who left TH/RRH moved to PH</p>
<p>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</p> <p>SOURCE: APR (Q.19a2) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p>10 pts. = 30% or higher maintained or increased cash benefits</p>
<p>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</p> <p>SOURCE: APR (Q.20b) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p>10 pts. = 70% or higher non-cash benefits at exit 0 pts. = 69% or lower non-cash benefits at exit</p>
<p>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</p> <p>SOURCE: APR (Q.05a, Q21) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p>10 pts. = 70% or higher health ins benefits at exit 0 pts. = 69% or lower health ins benefits at exit</p>
<p>G. Meeting Attendance: Level of involvement in Continuum/Coalition committees and programming</p> <p>SOURCE: SCCoC meeting log (SCCoC MATRIX & Spreadsheet) DV Providers are scored using the same metrics and they utilize a comparable database to collect data on DV clients and complete a APR.</p>	<p>10 pts. = Attended more than 90% of meetings 0 pts. = Attended less than 90% of Meetings</p> <p>Meeting Attendance is scored from June 1st – May 31st.</p>
<p>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.</p>	<p>6 pts. = Total Possible Points 2pts. = ARP's 2 pts. = Budget/LOI/Pre-App for R&R 2 pts. = Annual Packet</p>



<p>SOURCE: Annual Packet & Spreadsheet DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	
<p><u>I. Project uses Housing First practices</u></p> <p>SOURCE: (HUD Housing First Tool & Central Intake Referral Tool) Attachment for Housing First Violations</p> <p>DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p>10 pts. = Yes 0 pts. = No</p>
<p><u>J. FY 2021-2022 Unspent Funds – less than 5% of unspent funds.</u> Excludes S+C, Rental assistance, and New Agencies until one full grant cycle is complete.</p> <p>SOURCE: HUD and APR (Q.28) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p>5 pts. = No 0 pts. = Yes</p>
<p><u>K. FY 2022-2023 Unspent Funds – less than 5% of unspent funds.</u> Excludes S+C, Rental assistance, and New Agencies until one full grant cycle is complete.</p> <p>SOURCE: HUD and APR (Q.28) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p>5 pts. = No 0 pts. = Yes</p>
<p><u>L. Length of Stay</u> – average length of stay (Leavers Only)</p> <p>SOURCE: (Q.22b) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p><u>Rapid Re-Housing Programs Only:</u> 5 pts. = 6 months or fewer 3 pts. = 7 months - 9 months 1 pt. = 10 months - 12 months 0 pts. = 13 months or greater</p> <p><u>Permanent Supportive Housing Programs Only:</u> 5 pts. = 13 months or greater 3 pts. = 10 months - 12 months 1 pt. = 7 months - 9 months 0 pts. = 6 months or fewer</p> <p><u>RRH Youth Housing Programs Only:</u> 5 pts. = 12 months or fewer 3 pts. = 13 months - 17 months 1 pt. = 18 months - 23 months 0 pts. = 24 months or greater</p> <p><u>ALL TH/RRH Programs Only:</u> 5 pts. = 6 months or fewer 3 pts. = 7 months - 9 months 1 pt. = 10 months - 12 months 0 pts. = 13 months or greater</p>
<p><u>M. Cost Effectiveness</u> – 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). Adjust number based on COL & FMR increases annually.</p> <p>SOURCE: (Q.05a, Q.28)</p>	<p><u>Cost per Exit or Retention to PH:</u> 5 pts. = less than or equal to \$10,000 2 pts. = \$10,001 – \$14,000 0 pts. = greater than or equal to \$14,001</p>



<p>DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	
<p>N. Recidivism – The number of program participants who exited from PSH, RRH, TH-RRH and returned to homelessness in a 24-month period.</p> <p>SOURCE: System Performance Measures 2 (HMIS Report) DV Providers are scored using the same metrics and they utilize comparable database to collect data on DV clients and complete a APR.</p>	<p>5 pts. = 5% Or less returns to homelessness 2 pts. = 5%-8% Returns to homelessness 0 pts. = 8% Or higher returns to Homelessness</p>
<p>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. Trainings attended for DEI, Implicit Bias, and Equal Access. Board membership includes a member with lived experience of homelessness and diversity.</p> <p>SOURCE: FY22 HUD Racial Equity Assessment Tool & HMIS FY23 Racial Equity Reports & CE Referral Report/Prioritization Report</p>	<p><u>Agency, Leadership, Governance, and Policies</u> <u>10 Pts. Total</u></p> <p>Pts. 5 = 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</p> <p><u>Program Participation Outcomes</u> Pts. 5 = Reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age</p>

TOTAL SCORE: _____/126

Review & Ranking Criteria

Scoring based on most recently closed APR

Agency Name: Legacy III Beginning of Operating Year: 1-1-2023
Project Name: Humble Beginnings End of Operating Year: 12-31-2023
Grant Amount/Number: \$130,556.00 OH037605E062109
Project Type: PSH

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

- Unit Utilization Rate 118.75 %

Q.19a2 Cash Benefits (Adult Leavers Only) (Max 10 pts) SCORE: 0

- Total Adults
- # With Maintained Income
- # With Increased Income
- # Had None and Gained Income
- 25 % Percentage

Q.20b Non-Cash Benefits (Adult Leavers Only) (Max 10 pts) SCORE: PH/RRH 0 TH

- 4 Total Adults
- 2 # With 1+ Sources
- 50 % Percentage

Q.05a, Q.21 Health Insurance Benefits (All Leavers) (Max 10 pts) SCORE: PH/RRH 10 TH

- 4 Total Leavers
- 0 # With More than 1 Source of Health Ins
- 4 # With 1 Source of Health Ins
- 100 % Percentage

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

- 741 Average Length in Days
- 24 Convert to Months (/ by 30.417)

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

- 100 % Percentage of Persons Exiting to Permanent Housing Destinations

Q.28 FY21-22 Unspent Funds (Max 5 pts) % SCORE: 5

FY22-23 Unspent Funds (Max 5 pts) % SCORE: 5

Q.05, Q.28 Cost Effectiveness (Max 5 pts) SCORE: 2

- \$130,556.00 Total Budget (Exp Req Match)
- \$118,816.00 Subtract Admin Costs
- 11 Total # of Participants Served
- \$10,801.45 Total Cost Per Person Served

Scoring outside of the APR

System Performance Measures Report Recidivism (Max 5 pts) SCORE: 0

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

HMIS – DQRs (Max 10 pts) SCORE: 8

Timely Submission (Max 6pts) SCORE: 6

Meeting Attendance (Max 10 pts) SCORE: 9

Housing First (Max 10 pts) SCORE: 0

Racial Equity (Max 10 pts) SCORE: 10

Total Score: 90



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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!*

MEMORANDUM

DATE: September 9, 2024

TO: Teresa Stafford, Executive Director- Hope & Healing Survivor Resource Center

FROM: Mar-quetta Boddie, Executive Director

RE: FY 2024 Continuum of Care Competition

Dear Teresa Stafford,

On September 5th, 2024, the SCCoC Ranking and Review Committee reviewed your application for the **The Hope & Healing House TH-RRH (DV Bonus)**.

After careful consideration, we regret to inform you that your application was not selected for funding. While The Hope & Healing House TH-RRH (DV Bonus) program demonstrated potential, it did not meet the criteria necessary to advance in this round of funding.

Please note that funding is not guaranteed and is contingent upon the award decision by the United States Department of Housing and Urban Development. All final funding decisions will be determined by HUD and may be subject to change.

We acknowledge and appreciate your dedication to addressing homelessness and encourage you to continue pursuing your important work. Additionally, a Technical Assistance Committee will be available to assist you with any questions or further clarification you might need. Furthermore, the SCCoC will collaborate with the Technical Assistance Committee to provide guidance on how you can strengthen your application for future opportunities.

If you have any questions or concerns regarding your application, please contact Shana Miller at smiller@summitcoc.org or at 234-312-0833, ext. 104.
Thank you!

Best regards,

Mar-quetta Boddie

Mar-quetta Boddie, Executive Director
Summit County Continuum of Care
She/Her/Hers pronouns
23 S. Main St, Ste 302



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MEMORANDUM

DATE: September 9, 2024

TO: Georgann Mirgliotta, Executive Director- Hope Farm

FROM: Mar-quetta Boddie, Executive Director

RE: FY 2024 Continuum of Care Competition

Dear Georgann Mirgliotta,

On September 5th, 2024, the SCCoC Ranking and Review Committee reviewed your application for the **(New RRH) (CoC Bonus)**.

After careful consideration, we regret to inform you that your application was not selected for funding. While the (New RRH) (CoC Bonus) program demonstrated potential, it did not meet the criteria necessary to advance in this round of funding.

Please note that funding is not guaranteed and is contingent upon the award decision by the United States Department of Housing and Urban Development (HUD). All final funding decisions will be determined by HUD and may be subject to change.

We acknowledge and appreciate your dedication to addressing homelessness and encourage you to continue pursuing your important work. Additionally, a Technical Assistance Committee will be available to assist you with any questions or further clarification you might need. Furthermore, the SCCoC will collaborate with the Technical Assistance Committee to provide guidance on how you can strengthen your application for future opportunities.

If you have any questions or concerns regarding your application, please contact Shana Miller at smiller@summitcoc.org or at 234-312-0833, ext. 104.

Thank you!

Best regards,

Mar-quetta Boddie

Mar-quetta Boddie, Executive Director
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Akron, OH 44308



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MEMORANDUM

DATE: September 9, 2024

TO: Steve Arrington, Executive Director- Akron Aids Collaborative (AAC)

FROM: Mar-quetta Boddie, Executive Director

RE: FY 2024 Continuum of Care Competition

Dear Steve Arrington,

On September 5th, 2024, the SCCoC Ranking and Review Committee reviewed your application for the **Bayard Rustin Street Outreach Project**.

After careful consideration, we regret to inform you that your application was not selected for funding. While the Bayard Rustin Street Outreach Project program demonstrated potential, it did not meet the criteria necessary to advance in this round of funding.

Please note that funding is not guaranteed and is contingent upon the award decision by the United States Department of Housing and Urban Development. All final funding decisions will be determined by HUD and may be subject to change.

We acknowledge and appreciate your dedication to addressing homelessness and encourage you to continue pursuing your important work. Additionally, a Technical Assistance Committee will be available to assist you with any questions or further clarification you might need. Furthermore, the SCCoC will collaborate with the Technical Assistance Committee to provide guidance on how you can strengthen your application for future opportunities.

If you have any questions or concerns regarding your application, please contact Shana Miller at smiller@summitcoc.org or at 234-312-0833, ext. 104.
Thank you!

Best regards,

Mar-quetta Boddie

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MEMORANDUM

DATE: September 9, 2024

TO: Joe Tucker, Executive Director- South Street Ministries

FROM: Mar-quetta Boddie, Executive Director

RE: FY 2024 Continuum of Care Competition

Dear Joe Tucker,

On September 5th, 2024, the SCCoC Ranking and Review Committee reviewed your application for the **Restoration House (DV Bonus)**.

After careful consideration, we regret to inform you that your application was not selected for funding. While the Restoration House (DV Bonus) program demonstrated potential, it did not meet the criteria necessary to advance in this round of funding.

Please note that funding is not guaranteed and is contingent upon the award decision by the United States Department of Housing and Urban Development (HUD). All final funding decisions will be determined by HUD.

We acknowledge and appreciate your dedication to addressing homelessness and encourage you to continue pursuing your important work. Additionally, a Technical Assistance Committee will be available to assist you with any questions or further clarification you might need. Furthermore, the SCCoC will collaborate with the Technical Assistance Committee to provide guidance on how you can strengthen your application for future opportunities.

If you have any questions or concerns regarding your application, please contact Shana Miller at smiller@summitcoc.org or at 234-312-0833, ext. 104.

Thank you!

Best regards,

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MEMORANDUM

DATE: September 9, 2024

TO: Samantha Salamon, Chief Counsel – Asia Services in Action, Inc.

FROM: Mar-quetta Boddie, Executive Director

RE: FY 2024 Continuum of Care Competition

Dear Samantha Salamon,

On September 5th, 2024, the SCCoC Ranking and Review Committee accepted your application for the **New Trafficking TH-RRH (DV BONUS)**.

The New Trafficking TH-RRH (DV BONUS) program was recognized for its innovative approach, strong potential impact, and alignment with our mission to prevent and end homelessness.

Please note that funding is not guaranteed and is contingent upon the award decision by HUD. All final funding decisions will be determined by the United States Department of Housing and Urban Development and may be subject to change.

We commend your dedication to making a difference in the community and are enthusiastic about the positive outcomes your project promises. We are committed to supporting your efforts and ensuring that you have the resources needed to succeed.

If you have any questions or concerns regarding your application, please contact Shana Miller at smiller@summitcoc.org or at 234-312-0833, ext. 104.

Thank you!

Best regards,

Mar-quetta Boddie

Mar-quetta Boddie, Executive Director
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MEMORANDUM

DATE: September 9, 2024

TO: Melissa Massey-Flinn, Executive Director-OMCDC

FROM: Mar-quetta Boddie, Executive Director

RE: FY 2024 Continuum of Care Competition

Dear Melissa Massey-Flinn,

On September 5th, 2024, the SCCoC Ranking and Review Committee accepted your application for the **New Genesis Health Home (NEW Expansion) (CoC BONUS)**.

The New Genesis Health Home (NEW Expansion) (CoC BONUS) program was recognized for its innovative approach, strong potential impact, and alignment with our mission to prevent and end homelessness.

Please note that funding is not guaranteed and is contingent upon the award decision by the United States Department of Housing and Urban Development (HUD). All final funding decisions will be determined by HUD and may be subject to change.

We commend your dedication to making a difference in the community and are enthusiastic about the positive outcomes your project promises. We are committed to supporting your efforts and ensuring that you have the resources needed to succeed.

If you have any questions or concerns regarding your application, please contact Shana Miller at smiller@summitcoc.org or at 234-312-0833, ext. 104.

Thank you!

Best regards,

Mar-quetta Boddie

Mar-quetta Boddie, Executive Director
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MEMORANDUM

DATE: September 9, 2024

TO: Joe Scalise, Director of Housing- United Way Summit & Medina

FROM: Mar-quetta Boddie, Executive Director

RE: FY 2024 Continuum of Care Competition

Dear Joe Scalise,

On September 5th, 2024, the SCCoC Ranking and Review Committee accepted your application for the **Home Again Expansion (New RRH) (CoC BONUS)**.

The Home Again Expansion (New RRH) (CoC BONUS) program was recognized for its innovative approach, strong potential impact, and alignment with our mission to prevent and end homelessness.

Please note that funding is not guaranteed and is contingent upon the award decision by the United States Department of Housing and Urban Development (HUD). All final funding decisions will be determined by HUD and may be subject to change.

We commend your dedication to making a difference in the community and are enthusiastic about the positive outcomes your project promises. We are committed to supporting your efforts and ensuring that you have the resources needed to succeed.

If you have any questions or concerns regarding your application, please contact Shana Miller at smiller@summitcoc.org or at 234-312-0833, ext. 104.

Thank you!

Best regards,

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MEMORANDUM

DATE: September 9, 2024

TO: Jackie Hemsworth, Executive Director- Access Shelter

FROM: Mar-quetta Boddie, Executive Director

RE: FY 2024 Continuum of Care Competition

Dear Jackie Hemsworth,

On September 5th, 2024, the SCCoC Ranking and Review Committee accepted your application for the **Housing 4 Survivors TH-RRH (DV Expansion)**.

The Housing 4 Survivors TH-RRH (DV Expansion) program was recognized for its innovative approach, strong potential impact, and alignment with our mission to prevent and end homelessness.

Please note that funding is not guaranteed and is contingent upon the award decision by the United States Department of Housing and Urban Development (HUD). All final funding decisions will be determined by HUD and may be subject to change.

We commend your dedication to making a difference in the community and are enthusiastic about the positive outcomes your project promises. We are committed to supporting your efforts and ensuring that you have the resources needed to succeed.

If you have any questions or concerns regarding your application, please contact Shana Miller at smiller@summitcoc.org or at 234-312-0833, ext. 104.

Thank you!

Best regards,

Mar-quetta Boddie

Mar-quetta Boddie, Executive Director
Summit County Continuum of Care
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23 S. Main St, Ste 302
Akron, OH 44308

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHDP Renewal; and
- YHDP Replacement and Reallocation.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHDP Renewal Project Listing (All Rounds); and
- YHDP Replacement and Reallocation Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD’s website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: City of Akron

2. Reallocation

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects? Yes

Alert:

As stated in the FY 2024 - FY 2025 CoC Program Competition NOFO:

- CoCs may reallocate YHDPs project from any Round to create new YHDP projects, so long as the project eliminated or reduced has renewed during the CoC Program Competition at least once.

Reallocated YHDP funding can ONLY be used to create new YHDP projects.

- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who qualify under the definition of homeless at 24 CFR 578.3 or section 103(b) of the McKinney-Vento Homeless Assistance Act.

3. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC, DV Renewal or YHDP renewal project funds to create new project application(s) – as detailed in the FY 2024 - FY 2025 CoC Program Competition NOFO – may do so by eliminating one or more expiring eligible projects.

CoCs that are eliminating eligible CoC, YHDP and DV Renewal projects must identify the funding source for those projects on this form.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)				
\$121,649				
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)				
\$0				
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)				
\$0				
Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount
The Micah Program	OH0560L5E062307	PH-RRH	CoC Renewal	\$121,649

3. Reallocation - Grant(s) Eliminated Details

Instructions:

For guidance on completing this form, please reference the FY 2024 CoC Priority Listing Detailed Instructions and FY 2024 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

3-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process. Refer to the FY 2024 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: The Micah Program

Grant Number of Eliminated Project: OH0560L5E062307

Eliminated Project Component Type: PH-RRH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$121,649

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

The applicant CANAPI was notified on 10/2/2024 that the project would be reallocated due to poor program performance. The CoC ranking & review committee made a recommendation to the CoC Board to reallocate based on previous year's performance and underspending. The board voted and approved the reallocation of this program.

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications – as detailed in the FY 2024 - FY 2025 CoC Program Competition NOFO – may do so by reducing one or more expiring eligible renewal projects. CoCs reducing eligible renewal projects must identify the funding source for those projects on this form.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)							
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)							
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)							
Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project
This list contains no items							

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD’s website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC’s Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Realloc	Rank	PSH/RRH	Expansion
New Genesis Health...	2024-09-25 08:37:...	PH	CHC Addiction Ser...	\$48,000	1 Year	CoC Bonus	E30	PSH	Yes
ACCESS TH RRH	2024-10-02 14:08:...	Joint TH & PH-RRH	ACCESS, Inc.	\$430,175	1 Year	DV Bonus	D32		
Home Again Expansion	2024-10-08 13:18:...	PH	United Way of Sum...	\$352,299	1 Year	CoC Bonus	E34	RRH	Yes

Culturally Specif...	2024-10-10 14:37:...	Joint TH & PH-RRH	Asian Services in...	\$505,000	1 Year	DV Bonus	D31		
Family Promise Ra...	2024-10-10 12:28:...	PH	Family Promise	\$339,252	1 Year	CoC Bonus	33	RRH	
The Micah Project	2024-10-22 11:27:...	PH	Summit County Con...	\$121,649	1 Year	Reallocati on	28	RRH	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Centralized Intak...	2024-09-26 09:21:...	1 Year	United Way of Sum...	\$215,652	2		SSO		
Step III	2024-09-30 14:11:...	1 Year	Battered Women's ...	\$413,525	C22	RRH	PH	Survivor	
Akron/Summit Coun...	2024-09-27 08:07:...	1 Year	United Way of Sum...	\$260,442	1		HMIS		
Home Again	2024-09-26 09:40:...	1 Year	United Way of Sum...	\$72,120	E24	RRH	PH		Expansion
Lavender Landing	2024-09-30 13:13:...	1 Year	Community AIDS Ne...	\$217,394	29		Joint TH & PH-RRH		
Hope	2024-09-27 08:21:...	1 Year	United Way of Sum...	\$176,712	19	RRH	PH		
Brubaker Program ...	2024-09-30 17:15:...	1 Year	Legacy III	\$166,315	14	PSH	PH		
Humble Beginnings...	2024-09-30 17:12:...	1 Year	Legacy III	\$139,580	17	PSH	PH		
Transition to Ind...	2024-09-27 12:15:...	1 Year	Akron Harmony House	\$158,640	26		Joint TH & PH-RRH		
Peachtree Estates	2024-09-25 08:17:...	1 Year	CHC Addiction Ser...	\$259,367	10	PSH	PH		
New Genesis Health...	2024-09-25 08:30:...	1 Year	CHC Addiction Ser...	\$76,190	E7	PSH	PH		Expansion
Safe Way Home	2024-09-30 14:24:...	1 Year	Battered Women's ...	\$280,433	27	RRH	PH		
Blackbird Landing	2024-09-30 11:12:...	1 Year	Humility of Mary ...	\$226,718	9	PSH	PH		

Pathways to Freed...	2024-09-30 17:09:...	1 Year	Legacy III	\$319,536	25		Joint TH & PH-RRH		
Step III Expansion	2024-09-30 13:54:...	1 Year	Battered Women's ...	\$61,620	C6	RRH	PH	Individual	
HM Life Project B...	2024-09-30 11:55:...	1 Year	Humility of Mary ...	\$515,475	8	PSH	PH		
Akron Supportive ...	2024-09-27 15:40:...	1 Year	North Coast Commu..	\$56,480	15	PSH	PH		
Akron Supportive ...	2024-09-27 15:39:...	1 Year	North Coast Commu..	\$48,579	11	PSH	PH		
HM Life Scattered...	2024-09-30 11:38:...	1 Year	Humility of Mary ...	\$192,862	12	PSH	PH		
Project Beginnings I	2024-09-23 14:34:...	1 Year	Tarry House Inc.	\$17,558	16	PSH	PH		
Homes for Youth	2024-10-02 16:50:...	1 Year	Shelter Care, Inc.	\$155,752	21	RRH	PH		
Safe Haven	2024-10-03 14:58:...	1 Year	Community Support..	\$169,467	20		SH		
Commons at Madali...	2024-10-03 15:13:...	1 Year	Community Support..	\$272,220	13	PSH	PH		
Blue Herron	2024-10-03 15:09:...	1 Year	Community Support..	\$271,567	18	PSH	PH		
Homeless Outreach ...	2024-10-03 15:18:...	1 Year	Community Support..	\$109,270	5	RRH	PH		
Transition To Ind...	2024-10-04 12:23:...	1 Year	Akron Harmony House	\$525,545	4		Joint TH & PH-RRH		
Coordinated Entry...	2024-10-04 14:13:...	1 Year	Summit County Con...	\$150,000	3		SSO		
Shelter Plus Care...	2024-10-22 12:36:...	1 Year	Akron Metropolitan...	\$577,712	23	PSH	PH		

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
OH-506 CoC Planni...	2024-10-17 13:11:...	1 Year	City of Akron - D...	\$407,995	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
This list contains no items								

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD’s website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC’s Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Funding Type	Accepted?
This list contains no items							

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$6,106,731
New CoC Bonus and CoC Reallocation Amount	\$861,200
New DV Bonus Amount	\$935,175
New DV Reallocation Amount	\$0
CoC Planning Amount	\$407,995
YHDP Renewal and Replacement Amount	\$0
YHDP Reallocation Amount	
Rejected Amount	\$0
TOTAL CoC REQUEST	\$8,311,101

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Certificate of Co...	10/18/2024
Other	No	Certificate of Co...	10/21/2024
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: Certificate of Consistency Akron and Summit County

Attachment Details

Document Description: Certificate of Consistency Barberton and Cuyahoga Falls

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	09/10/2024
2. Reallocation	10/02/2024
3. Grant(s) Eliminated	10/02/2024
4. Grant(s) Reduced	No Input Required
5A. CoC New Project Listing	10/22/2024

Project Priority List FY2024	Page 19	10/25/2024
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5B. CoC Renewal Project Listing	10/22/2024
5D. CoC Planning Project Listing	10/17/2024
5E. YHDP Renewal Project Listing	No Input Required
5F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
Funding Summary	No Input Required
Attachments	10/21/2024
Submission Summary	No Input Required

Akron/Barberton/Summit County Continuum of Care OH-506

Review & Ranking Scoresheet - 2024

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 of Program Exit	H. 2021-2022 Unspent Funds	I. 2023 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 10 pts.	Max 10 pts.	Max 10 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 10 pts.	
RENEWAL PROJECTS																				
1	United Way	Akron/Summit County HMIS	\$260,442																	
2	United Way	Centralized Intake - Summit	\$215,652																	
3	Summit County Continuum of Care	Coordinated Entry for DV	\$150,000																	
4	Harmony House	Transitions to Independence 2 (DV Reallocation from Hope & Healing)	\$525,545																	
5	Community Support Services Inc.	Homeless Outreach RRH (NEW UNDER FY23)	\$109,270																	
6	Hope & Healing Survivor Resource Center (B)	Step III (Reallocation from Safe Way Home project)	\$61,620																	
7	Community Health Center	New Genesis Health Home (NEW UNDER FY22)	\$76,190																	
8	H. M. Life Opportunity Services	HM Life Project Based Sites for Families (Access Homes)	\$515,475	10	6	10	10	10	5	15	5	5	5	5	10	6	10	10	10	122
9	H. M. Life Opportunity Services	Blackbird Landing	\$226,718	10	6	10	10	10	5	15	5	5	5	5	10	6	10	10	10	122
10	Community Health Center	Peachtree Estates	\$259,367	9	10	10	10	0	5	15	5	5	5	5	10	6	10	10	10	115
11	North Coast Community Homes, Inc.	Akron Supportive Housing (South Street)	\$48,579	8	10	10	0	10	5	15	5	5	5	5	9	6	10	10	10	113
12	H. M. Life Opportunity Services	HM Life Scattered Sites for Families	\$192,862	10	8	10	0	10	5	15	0	5	5	5	10	6	10	10	10	109
13	Community Support Services Inc.	Commons at Madeline Park	\$272,220	8	4	10	10	10	5	0	5	5	5	5	10	6	10	10	10	103
14	Legacy III	Brubaker Program 2023	\$166,315	7	0	10	10	10	5	15	5	5	5	5	9	6	0	10	10	102
15	North Coast Community Homes, Inc.	Akron Supportive Housing (Waterloo)	\$56,480	10	8	0	0	10	5	15	0	5	5	5	9	6	10	10	10	98
16	Tarry House	Project Beginnings I	\$17,558	7	10	10	0	10	5	0	5	5	5	5	7	6	10	10	10	95
17	Legacy III	Humble Beginnings Program 2023	\$139,580	8	10	0	0	10	5	15	5	5	2	5	9	6	0	10	10	90
18	Community Support Services Inc.	Blue Herron	\$271,567	9	10	0	0	10	5	0	5	5	5	5	10	6	10	10	10	90
19	United Way	Hope	\$176,712	8	10	0	0	10	5	0	5	5	5	5	10	6	10	10	10	89
20	Community Support Services Inc.	Safe Haven	\$169,467	8	0	10	0	10	5	0	5	5	2	5	10	6	10	10	10	86
21	Shelter Care, Inc.	Homes For Youth	\$155,752	9	2	0	0	10	3	10	5	0	5	5	10	6	10	10	10	85
22	Hope & Healing Survivor Resource Center (B)	Step III	\$413,525	8	10	0	10	10	3	0	5	0	5	0	7	6	10	10	10	84
23	Akron Metropolitan Housing Authority	Shelter Plus Care	\$577,712	7	2	0	10	10	3	0	5	0	5	5	10	6	10	10	10	83
24	United Way	Home Again	\$72,120	8	4	0	0	10	5	0	5	5	5	5	10	6	10	10	10	83
25	Legacy III	Pathways to Freedom 2023	\$319,536	6	0	5	0	10	2.5	15	5	5	2.5	2	9	6	0	10	10	78
26	Harmony House	Transitions To Independence	\$158,640	7	7	5	0	0	3	7.5	0	5	2.5	5	9	6	10	10	10	77
27	Hope & Healing Survivor Resource Center (B)	Safeway Home	\$280,433	10	0	0	0	10	5	0	5	0	5	5	7	6	10	10	10	73
28	Community AIDS Network	The Micah Program (reallocated to the CoC)	\$121,649	6	0	0	0	10	1	0	5	0	5	5	10	6	10	10	10	68
29	Community AIDS Network	Lavendar Landing TH/RRH	\$217,394	6	0	5	0	5	5	0	5	0	0	5	10	6	10	10	10	67
NEW PROJECTS																				
30	Community Health Center	New Genesis Health Home (NEW Expansion) (CoC BONUS)	\$48,000																	
31	Asia Inc.	New Trafficking TH-RRH (DV BONUS)	\$505,000																	
32	ACCESS/Hope & Healing/United Way	Housing 4 Survivors TH-RRH (DV Expansion)	\$430,175																	
33	Family Promise	Survive to Thrive: Destination Homeownership (New RRH) (CoC BONUS)	\$339,252																	
34	United Way	Home Again Expansion (New RRH) (CoC BONUS)	\$352,299																	

\$7,903,106

SCCoC Avg Score	8	5	5	3	9	4	7	5	3	4	5	9	6	9	10	92
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First Draft 7/18/24 (PROJECTS IN YELLOW) ARA= \$6,228,380 (not including planning grant)
Second Draft 8/20/24
FINAL DRAFT 9/10/24 (RENEWALS ONLY) Tier 2= \$622,838 (difference in tier 1 and tier 2)
FINAL DRAFT 10/4/24 (RENEWALS & NEW) 90% of ARA= \$5,605,542 (tier 1 above red line is guaranteed funding)
FINAL 10/22/24 (RENEWALS & NEW)
 CoC Bonus up to 12% \$747,406
 DV Bonus up to 15% \$934,257
 Total Amount CoC can request \$8,318,038
 Planning Grant \$407,995

United Way of Summit and Medina and CareSource Memorandum of Understanding

A. Purpose

This Memorandum of Understanding (MOU) governs the duties, assignments, and responsibilities between the United Way of Summit and Medina (UWSM) and CareSource in administering the Housing Stability Fund to CareSource members in the Summit-Medina vicinity. The \$150,000 Housing Stability Fund is a flexible and accessible funding path for highly vulnerable households experiencing or at risk of experiencing homelessness, or who are experiencing a housing crisis. It is a CareSource pilot launching in partnership with UWSM, offering up to \$3,000 per eligible household per calendar year.

B. Terms

Housing Stability Fund:

- UWSM agrees to act as manager of the Housing Stability Fund. Uses of the fund may include:
 - Reimbursement to landlord/property owners for damages, repairs, or vacancy payments
 - Security Deposit
 - First month's rent
 - One-time move-in costs
 - Pet Deposits or one-time pet fees
 - Relocation when there is a confirmed housing opportunity
 - Rental Arrears in current household
 - Past eviction costs owed to previous landlord
 - Rental Increase due to renewal
 - Utility Assistance – Deposits and arrears when it impacts a participant's ability to establish a new service
 - Hotel and Motel Assistance (when no shelter bed is available and/or applicant has an acute medically-associated reason)
 - Other uses approved by CareSource prior to payment by UWSM
- Target population to receive funding are homeless or at-risk of homeless CareSource members who are identified by CareSource as high-risk/high need. High risk/high need may be defined as:
 - Six or more visits to the emergency department in prior six months
 - Three or more visits to inpatient unit in past six months
 - Individuals with intellectual or developmental disabilities
 - Individuals with serious mental illness or other significant behavioral health needs
 - Individuals with physical disabilities
 - Individuals with severe or complex conditions (HIV/AIDS, Traumatic Brain Injury) and those with multiple co-morbid conditions

- Pregnant women with children
- Older Adults (55+), especially those with disabilities and those in poor health
- UWSM agrees to collect all applicant documentation from each member and obtain approval from CareSource prior to administering funding.
 - Member target demographic information
 - Funding requested
 - Services received, if applicable (from CareSource and UWSM)
- UWSM agrees to utilize their established vendor partnerships to execute payments and may establish new partnerships as needed. Payments may not be issued directly to CareSource members under any circumstances.
- UWSM agrees to submit invoices monthly justifying payments made until funds are exhausted. Invoices will be received no later than the 15th.
- 15% administration fee will also be disbursed to UWSM to cover costs related to financial reporting, case reporting, distributing payment.

Data Sharing:

- CareSource agrees to set up secure Virtual Desktop Infrastructure (VDI) portal and provide access to authorized CareSource and UWSM staff.
- UWSM staff agree to provide member information to CareSource by means of entering data weekly via the secure VDI access portal. Report includes the consumers that have been assessed by OH-506 Centralized Intake (CI) and:
 1. Housing unstable
 2. First and last name
 3. Date of birth or last four digits of SSN
 4. A member of a CareSource health plan
 5. Member consent for the sharing of given contact information. Members have also been notified of outreach for the purpose of housing by their participating plan.
- A signed, UWSM consent form will be obtained for each member prior to sharing additional PHI beyond the above listed information, including at the time a member agrees to participate in the receipt of Housing Stability Funds.
- CareSource agrees to provide information regarding member eligibility for Housing Stability Fund to UWSM in a timely manner via the secure VDI access portal. No data shall be sent directly to UWSM.

Service Coordination:

- CareSource and UWSM agree to provide coordinated outreach to targeted members, explain the benefits of UWSM and CareSource services and the purpose of the Housing Stability Fund. UWSM will facilitate warm hand-off to CareSource if member agrees to participate in services.
- CareSource agrees to collaborate with UWSM with members who have received Housing Stability Funds to ensure continuity of care, as appropriate, until their crises have been resolved.

- UWSM agrees to assist with identifying eligible individuals within the Continuum, coordinate local services and partnerships and help to ensure Housing Stability Funds are allocated to target CareSource members.
- CareSource and UWSM agree to participate in monthly strategic planning meetings that will focus on increased member connection to healthcare services and expansion of data-sharing capacity.

Term and Termination: The rights and obligations of the Parties contained in this MOU shall expire 1 year from the Effective Date unless funds remain unspent. In that event, the MOU will automatically renew until all funds are spent. Either Party may terminate this MOU at any time with thirty (30) days' notice to the other Party. In the event of early termination, Contractor shall return unspent funds to CareSource within 30 days.

Governing Law: This MOU shall be governed by and construed in accordance with the internal laws of the state of Ohio, without giving effect to any choice or conflict of law provision or rule (whether of the state of Ohio or any other jurisdiction) that would cause the application of laws of any jurisdiction other than those of the state of Ohio. Proper venue for any claim brought under this MOU will be state or federal court in Montgomery County, Ohio.

No Third-Party Beneficiaries: Nothing herein is intended or shall be construed to confer upon any person or entity other than the Parties and their successors or assigns, any rights or remedies under or by reason of this MOU.

Assignment: All rights, obligations and restrictions arising under this MOU as to Contractor are personal in nature and may not be assigned or transferred by Contractor. This MOU may be assigned to all successors, assigns, affiliates or subsidiaries of CareSource, or to any corporation, other entity or individual that acquires (whether by purchase, merger, consolidation or otherwise) all or substantially all of the business and/or assets of CareSource, without need for any further action by Contractor or CareSource.

Business Associate Agreement: In the event CareSource determines the services provided by Contractor are those of a Business Associate as defined in the Health Insurance Portability and Accountability Act as amended, ("HIPAA"), Contractor will each execute and comply with the terms of a Business Associate Agreement ("BAA"), as prepared and approved by CareSource. Should Contractor fail to execute and return to CareSource a BAA within five (5) days after receipt of the same, CareSource will have the right to immediately terminate this MOU without further obligation to Contractor. Services provided by Contractor to CareSource as a Business Associate shall be subject to the terms of the BAA. All Services provided by the Business Associate are also subject to the requirements of this MOU for Security and Disaster Recovery. To the extent Services provided by Contractor are Services considered to be Services provided by them acting in the capacity of a Covered Entity, such Services are subject to HIPAA requirements regarding Covered Entities.

HIPAA Compliance: All Parties shall comply with HIPAA, the Privacy Rule, and Security Rule, and all other state and federal laws, rules and regulations regarding data confidentiality and privacy.

A. Contractor shall establish, maintain, and use appropriate safeguards to prevent use or disclosure of PHI other than as permitted herein and to implement administrative, physical, and technical safeguards in accordance with the Security Rule that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI.

B. If applicable, Each Party shall notify the other of any limitations in its notice of privacy practices in accordance with 45 CFR {164.520, to the extent that such limitations may affect the other Parties use or disclosure of PHI.

Data Security:

A. Access to CareSource IT Systems. While performing Services under this MOU, Contractor resources will be limited to accessing CareSource systems via Virtual Desktop Infrastructure (commonly referred to as "VDI"). All CareSource systems and associated data will be considered CareSource Confidential Information (PHI and PII) as those terms are defined above in the Agreement. At no time will CareSource Confidential Information be permitted to be downloaded or transmitted in any fashion outside of the CareSource VDI environment. CareSource endeavors to have required system access in effect after appropriate CareSource training for Contractor resources is validated by CareSource as completed. If CareSource provides access to de-identified data for Contractor resources, CareSource will de-identify the data in accordance with the requirements of 45 CFR 164.514. Contractor shall not transmit any PHI outside the United States.

B. Security Controls. If, under the terms of this MOU, Contractor has the custody of Protected Health Information (PHI), Personally Identifiable Information (PII), or other CareSource Confidential Information, Contractor or its applicable downstream Subcontractors shall implement effective controls based on an industry accepted security framework that provides reasonable protection of, and restricted access to, the information wherever it is stored, processed, or transferred within Contractor's or its applicable downstream Subcontractors' span of control.

C. Audits and Assessments. If an SSAE-18 (Statement on Standards for Attestation Engagements No. 18) SOC 1, SOC 2, ISO/IEC 27001 or HITRUST audit has been conducted with respect to Contractor and/or, as applicable, any Subcontractor, by a qualified third party to formally evaluate the effectiveness of Contractor's or the Subcontractor's data security controls, Contractor and Subcontractor will provide a copy of the audit report or reports to CareSource for review upon request.

D. Data Location. Contractor shall not store, transmit or process CareSource Data outside of the United States or in such location where it would be subject to foreign data protection laws.

E. Incidents. Contractor will disclose, without unreasonable delay and in no event more than three (3) business days following discovery of attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system. This includes potential instances of incidents involving Data that was encrypted. Attempted incidents are not intended to include port scans, ping sweeps, unsuccessful login attempts, or other low-severity attempts that do not pass-through Contractor's firewall, intrusion prevention system, or other external security protections. Contractor will maintain and test an incident management program and provide CareSource with evidence for review upon request.

F. Review by CareSource. CareSource reserves the right, at any time during the term of the MOU to review, assess, and evaluate Contractor's and/or any Subcontractor's security controls as they relate to CareSource. In the event of a data breach or a reportable security event, Contractor and Subcontractor will provide prompt and reasonable assistance to CareSource to visit, review, assess and evaluate Contractor or Subcontractor's security controls.

G. Minimum Security Controls:

(A) Contractor, and/or any Subcontractor's, will enforce, without exception, multi-factor authentication for webmail, corporate VPN and all external administrative access points for all users.


(B) All Contractor, and/or any Subcontractor, storage devices will be encrypted at rest.

(C) All laptops and desktops will require 256-bit full disk encryption without exception.

(D) Security logging and monitoring is required to be actively implemented to identify anomalies or suspicious activity and prompt action taken to address identified issues.

(E) Contractor will deploy antivirus software on all devices and ensure it is kept up to date.

CareSource Management Services LLC


By:  DocuSigned by:
1A8713CFFB084CC

Name: Jesse Reed

Title: Director, Life Services OH

Date: 4/16/2024

United Way of Summit & Medina County

By:  DocuSigned by:
54B888EF9E9C411

Name: Annie McFadden

Title: Chief of Staff, Impact & Communications

Date: 4/16/2024

Memorandum of Understanding
Between Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield and
CHC Addiction Services

This Memorandum of Understanding (“MOU”) is entered into as of _____, by and between Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield (“Company”) and CHC Addiction Services (“Organization”), a not-for-profit based in Akron, Ohio. Each Party named above shall be individually referred to in this MOU as “Party” or collectively, as “Parties.”

ARTICLE I – Obligations of Organization

1.1 **Overview of MOU.** Company will provide Organization with Funds, as defined in attached and incorporated “Exhibit A, Description of Program” (the “Exhibit”) for the program described in the Exhibit (the “Program”). Organization agrees as a condition of receipt of said Funds to adhere to the Terms and Conditions of this MOU including the Exhibit, as set forth below.

1.2 **Program Parameters and Non-Discrimination.**

a. Organization will be solely responsible for the identification of relevant requirements and parameters of eligibility for the Program.

b. In developing the parameters, Organization shall not discriminate against any person, applicant or participant of the Program on the basis of age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, handicap, health status, or any other unlawful basis. Organization will comply with all applicable laws prohibiting discrimination.

c. Organization acknowledges and agrees that the Program must be designed for a community benefit or need. Organization acknowledges and agrees that the Program cannot target or be designed solely for Company’s members.

1.3. **Use, Monitoring and Returning of Funds.**

a. Organization agrees that no more than 10% of the Funds may be used for administrative costs.

b. Organization will begin distributing the Funds as soon as possible and on an ongoing basis, Organization shall (i) monitor and track use of Funds and performance of services under Program, and (ii) comply with all applicable state and federal laws related to use of Funds and services performed under Program. Organization agrees to report to Company promptly any suspected misuse of Funds. Organization acknowledges and understands that should any misuse of Funds be determined; Organization will be required to return Funds to Company immediately.

c. In the event this MOU terminates for any reason and Funds have not been used for Program, Organization shall return all unused, unapplied or unassigned Funds remaining to Company within thirty (30) days of receiving or giving notice of a termination as provided herein.

1.4 **Reporting and Record Keeping.**

a. Any reporting requirements are set forth in the Exhibit.

b. Organization will participate in regular conference calls with Company during the Term hereof to discuss Program outcomes and progress.

c. Organization will keep systematic records of all expenditures relating to this MOU. Such records, including bills, invoices, canceled checks, and receipts, will be retained by Organization for five (5) years after this MOU terminates or expires and will be available for Company inspection during that period.

1.5 **Insurance.** Organization represents and warrants that throughout the Term it shall maintain commercially reasonable and sufficient insurance, including for indemnification, in respect of any potential liability for loss or damage under this MOU. For the purposes of this Section, the indemnification language in the insurance policies and endorsements of “per written contract” is sufficient and neither Party is required to list the other as an additional insured on their insurance policies.

ARTICLE II – Obligations of Both Parties

2.1 **No sharing of PHI.** Parties agree that there will be **no exchange** of Protected Health Information (“PHI”) or Personal Identifiable Information (“PII”) in the fulfillment of the Program described in this MOU and Exhibit. Any information that could include PHI or PII must be de-identified and/or aggregated prior to sharing.

2.2 **Use of Brands and Intellectual Property.** Each Party recognizes and acknowledges that the other Party owns or may own certain intellectual property that was not developed or funded specifically for the Program, but which may be used in connection with the services contemplated under this MOU, (“Independent Intellectual Property”), and agrees that all such Independent Intellectual Property shall, as between the Parties, remain the sole property of the originating Party. Each Party acknowledges and agrees that, except as required by this MOU, no Party is obtaining rights to any other Party's Independent Intellectual Property as a result of this MOU, unless expressly agreed to by the Party owning such Independent Intellectual Property.

2.3 **Information Uses; Communications; Publicity; Publication.** Subject to 2.1 above, The Parties agree that neither Party shall make any public statement or release that relates to this MOU or the Program described herein without the prior written approval of the other Party. All sponsorship or joint marketing activities arising under this MOU are subject to Company’s policies and procedures and applicable law. If applicable, the Parties will work together to provide key Program success stories, including public relations or media events promoting this Program.

Article III – Indemnification and Limitation of Liability

3.1 **Indemnification.** Organization agrees to indemnify, defend, and hold harmless Company and its officers, employees and agents from and against any and all liability, loss, claim, damage or expense, including defense costs and legal fees, incurred in connection with (i) Organization’s breach of any representation and warranty made by Organization in this MOU, and (ii) claims for damages of any nature whatsoever, including, but not limited to, bodily injury, death, personal injury or property damage arising from Organization delivery of Program services or Organization’s performance or failure to perform Organization's obligations hereunder.

3.2 **Limitation of Liability.** In no event will Company or any of its agents, officers, employees or affiliates be liable under or in connection with this MOU or its subject matter under any legal or equitable theory, including but not limited to breach of contract, tort (including negligence), warranty, strict liability, and otherwise, for any: (a) loss of production, use, business, revenue, or profit, or loss of data or diminution in value, or (b) consequential, incidental, indirect, exemplary, special, enhanced, or punitive damages, regardless of whether such persons were advised of the possibility of such losses or damages or such losses or damages were otherwise foreseeable, and notwithstanding the failure of any agreed or other remedy of its essential purpose. Moreover, in no event will the collective aggregate liability of Company and its agents, officers, employees, or affiliates under or in connection with this MOU or its subject matter, under any legal or equitable theory, including but not limited to breach of contract, tort (including negligence), warranty, strict liability, and otherwise, exceed the fees due and payable by Company under this MOU. The foregoing limitation applies notwithstanding the failure of any agreed or other remedy of its essential purpose. A party bringing a claim in connection with this MOU must do so within one (1) year of the date of the incident of the facts or event which gave rise to a claim or dispute.

Article IV - Term and Termination

4.1 **Term.** This MOU shall become effective as of the Program Start Date, as identified in the Exhibit (the “Effective Date”) and continue until Parties fulfill their obligations under this MOU (the “Term”) as described within the Exhibit.

4.2 **Termination Without Cause.** This MOU may be terminated during the Term by either Party acting in its sole discretion, and for any reason or no reason whatsoever. Notice of said termination stating the Party's intent to terminate and the effective date of such termination shall be delivered in writing to the other Party not less than thirty (30) days prior to the effective date of such termination.

Article V - General Provisions

5.1 **No Third-Party Rights.** This MOU is made solely for the benefit of the Parties and does not and shall not be construed to grant any rights or remedies to any other person or entity other than as expressly provided for in this MOU.

5.2 **Amendment.** Neither this MOU nor any of its provisions may be amended, supplemented, modified, or waived except by a writing duly executed by the duly authorized representative of each of the Parties.

5.3 **Governing Law.** This MOU, and all claims arising out of, relating to or in connection with this MOU, are governed by and construed in accordance with the laws of the State of Ohio, without regard to its provisions concerning the applicability of the laws of other jurisdictions.

5.4 **Waiver.** Either Party's waiver of any breach or violation of this MOU by the other Party shall not, nor shall it be construed to, constitute a waiver of any subsequent breach or violation of this MOU by the other party.

5.5 **Assignment.** No Party shall have the right to assign this MOU or any of its rights or obligations hereunder without the written consent of the other Party.

5.6 **Notices.** Except as otherwise expressly provided in the MOU, any notice required under this MOU shall be in writing and shall specifically refer to this MOU. Notices shall be sent via one of the following means and will be effective (a) on the date of delivery, if delivered in person; (b) on the date of receipt, if sent by a email (with delivery confirmed); or (c) on the date of receipt, if sent by private express courier or by first class certified mail, return receipt requested. **Notices shall be sent to the other Party at the addresses set forth in the Exhibit.** A Party may change its addresses for purposes of this Notice section by sending written notice to the other Party.

5.7 **Entire MOU.** This MOU (and all appendices and/or exhibits attached hereto, which are hereby incorporated by this reference) constitutes the entire understanding between the Parties and replaces and supersedes any and all prior agreements and understandings, whether oral or written, express or implied, between the Parties with respect to the subject matter hereof.

5.8 **Construction.** The Parties mutually acknowledge that they have participated in the negotiation and preparation of this MOU. Ambiguities, if any, in this MOU shall not be construed against any Party, irrespective of which Party may be deemed to have drafted the MOU or authorized the ambiguous provision.

5.9 **Compliance.** All Parties hereby expressly state that it is each Party's intent to expressly comply with state and federal law, and as amended, whether or not such law is specifically called out in this MOU. Organization and Company agree that this MOU is not intended to steer state or federal health care beneficiaries to join Company.

5.10 **Severability.** If any of the provisions of this MOU, including but not limited to structure of Program, distribution of Funds or otherwise, are held to be void or unenforceable, then such void or unenforceable provisions shall be replaced by valid and enforceable provisions that will achieve as far as possible the business intentions of the Parties, to the extent doing so is possible. Should such replacement not be possible, the Party's may terminate the MOU in accordance with the terms herein.

5.111 **Independent Parties.** Organization and its employees, agents, and representatives are independent parties and are not Company employees or agents.

CHC Addiction Services

Janet Wagner
Signature

Janet WAGNER
Printed Name

**Community Insurance Company
d/b/a Anthem Blue Cross and Blue
Shield**

Gregory A. LaManna
Signature

Gregory A. LaManna
Printed Name

CEO

Title

9/20/23

Date

President & CEO

Title

9/20/2023

Date

**Exhibit A
Description of Program**

Organization	Company
Contact Melissa Massey-Flinn	Contact Benjamin Sears
Address 838 Coburn St Akron, Ohio 44311 330-315-3730	Address 8940 Lyra Drive Columbus, OH 43240 419-460-4599
Email : melissa.massey-flinn@chcaddiction.org	Email: Ben.Sears@anthem.com
Program Start (“Effective Date”) Date: 10/1/2023	Program End Date: 12/31/2024

I. Description of Program:

- a. The mission of Organization is to treat, inspire, support and empower individuals and families impacted by the disease of addiction. The Organization is dedicated to addressing community needs through The New Genesis Health Home Project by housing homeless individuals with chronic health conditions identified as “overutilizers” of hospitals and nursing homes as a result of experiencing homelessness.

To help combat homelessness, shared housing is the concept of housing multiple people or families in one house. This Program will include the development and implementation of shared housing that will consist of six (6) permanent supportive housing units in a six (6) bedroom house managed by Organization. The Program will target individuals with chronic health conditions and prioritize referrals from hospital discharge and nursing homes. Each resident will receive intensive case management services with the goal of maintaining stable housing and achieving improved health outcomes.

To support Organization in their efforts, Company will provide Organization with the Funds described herein, to provide for the development and implementation of a shared housing program in Akron, Ohio (“Program”) including providing the following services.

- i. Employing and training staff to provide case management, life skills, and resident supports.
 - ii. Office and program space on site for staff and resident support programming.
 - iii. Ensuring the house is ready for occupancy by providing furnishings, moving support, and other needed household items.
 - iv. Resident supports to overcome SDOH barriers such as transportation, education, employment, and food.
 - v. In accordance with Section 1.2, Organization is fully responsible for the parameters of the Program.
- b. Organization is required to register with the Find Help website, a community resource link that connects individuals with no cost social service resources in their communities. In addition, Organization is required to attend trainings and meetings geared towards understanding the Find Help website. After registering, Organization will maintain accurate and up to date organizational information, specifically regarding services to “close the loop” for individuals served.
- c. Notwithstanding the foregoing, Organization shall not use any of the Funds described in this MOU for the purpose of funding rent or mortgage payments.

II. Funds Disbursement:

- a. Within (30) thirty days of the execution of this MOU, Company will provide Organization with a lump sum payment of Seventy-Five Thousand Dollars (\$75,000.00) (“Funds”) as a one-time payment to support the Program described above.

III. Reporting and Expected Outcomes:

- a. Organization will provide the following reporting to Company on a quarterly basis, including information such as: the progress of the Program, implementation milestones, people successfully housed and their length of stay, resident exit destination, change in employment status and income, change in education status, connection to community resources, and healthcare utilization and access. If available, the CBO will provide the demographics of individuals served, (age, race, disability, language spoken, gender, insurance plan), and any other mutually agreed upon metrics related to performance under this MOU. In addition, Organization at the end of the Term will provide Company with a final accounting and reporting of use of Funds. Any reporting shall be in compliance with the MOU terms and conditions, including but not limited to Section 2.1.
- b. The expected outcomes of the Program are to reduce homelessness by increasing accesses to affordable shared housing that is safe, cost effective and accessible.

IN-KIND SERVICES LETTER Amerihealth Caritas Ohio

September 15, 2023,

Marquetta Boddie, Executive Director

Summit County Continuum of Care

23 South Main Street, Suite 302

Akron, OH 44308

RE: Match for OH-506 CoC Planning Grant

Please accept this letter as certification that _____Amerihealth Caritas Ohio_____commits to providing the following otherwise non-obligated, eligible match support for the entire duration of the grant term for the following OH-506 CoC Planning Grant as part of the FY2023 HUD CoC Program Notice of Funding Availability. The delivery of services to project participants will be documented and agreed upon in the terms of a Memorandum of Understanding between the Summit County Continuum of Care and MCO for the OH-506 CoC Planning Grant TERM: December 1, 2024 - November 30, 2025, PROJECT APPLICANT: Summit County Continuum of Care

ELIGIBLE COC ACTIVITIES -Services- FUNDED BY INKIND Project Administration & General Management (supervision, planning, budgeting, trainings, direct program meetings, care coordination, utilization management, outreach and member services, housing coordination, Mission GED education services, transportation services,

Services will be provided by RN, BSN,LPN, MSW, LISW, LPC, LPCC, Trained Others, Bachelor Level associates. Estimated average cost is \$1,500 per member for Care Coordination.

5. Source: _____Government: Medicaid_____



Breakdown of Services:

- Housing Activities: 50,000
- Care Coordination: 15,000
- Transportation: 2,000
- Mission GED – 1,500
- Member Services – 2,500
- Utilization Management – 5000
- Total number of members served in a year: 10
- The above TOTAL amount commitment includes \$ ADD AMOUNT HERE MATCH and \$__76,000_____.

Sincerely,

[John E. Arnold](#)

AmeriHealth Caritas Ohio
John E Arnold, Director of Member Engagement





Buckeye Health Plan In Kind Service Letter

September 11, 2023

*Marquetta Boddie, Executive Director
Summit County Continuum of Care
23 South Main Street, Suite 302
Akron, OH 44308*

RE: Match for OH-506 CoC Planning Grant

Please accept this letter as certification that Buckeye Health Plan commits to providing the following otherwise non-obligated, eligible match support for the entire duration of the grant term for the following OH-506 CoC Planning Grant as part of the FY2023 HUD CoC Program Notice of Funding Availability. The delivery of services to project participants will be documented and agreed upon in the terms of a Memorandum of Understanding between the Summit County Continuum of Care and MCO for the OH-506 CoC Planning Grant TERM: December 1, 2024 - November 30, 2025, PROJECT APPLICANT: Summit County Continuum of Care

ELIGIBLE COC ACTIVITIES -Services- FUNDED BY INKIND Project Administration & General Management (supervision, planning, budgeting, trainings, direct program meetings, etc.)

Services will be provided by a Health Equity Coordinator II with an average hourly cost of \$30: Collection of member information, administrative support, strategic planning, meeting planning and preparation, stakeholder collaboration, and training.

*Source: Buckeye Health Plan
Government or Private: Private
Amount: \$5,760.00 6.*

TOTAL CASH AMOUNT: \$5760.00

The above TOTAL amount commitment includes \$5,760.00 an

Sincerely,

*Corazon Eaton, Health Equity Director
Buckeye Health Plan*

Corazon Eaton



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!*

Summit County Continuum of Care and Buckeye Health Plan Memorandum of Understanding

The Summit County Continuum of Care (SCCoC) is a membership-based organization comprised of a variety of stakeholders from service providers, government entities, research institutions, etc., who are committed to preventing and ending homelessness through the design and implementation of plans, which are consistent with local, state, and federal policies. In the spirit of collaboration, the SCCoC and Buckeye Health Plan have agreed to enter into this Memorandum of Understanding (MOU) to document each party's duties and responsibilities with regard to SCCoC Clients and to ensure that the same are successfully executed.

The parties commit to timely responses, open communication, and collaborative work strategies, in the completion of tasks necessary to ensure efficient and effective operations of the SCCoC and the HMIS Lead.

A. Purpose

This MOU governs the duties, assignments, and responsibilities of the SCCoC and Buckeye Health Plan outlined in Section C of this MOU.

B. Terms

Project Applicant can use the value of services reimbursed through Medicaid as match if the Medicaid services are contributed to the project directly (e.g., if the project has one or more staff persons who provide services to program participants and those services are funded through Medicaid). To count the value of such services as match the applicant must be able to demonstrate that the services are being contributed directly to the project. This can be done through a Memorandum of Understanding (MOU) or contract in place with a partner organization that provides services reimbursed through Medicaid to program participants. The Project Applicant should attach the MOU or commitment letter to application on Screen "7A. In-Kind MOU Attachment," if available at the time of project application.

C. Responsibilities



Both parties will participate in Monthly, strategic planning meetings that will focus on increased consumer connection to healthcare services and expansion of data-sharing capacity.

MCOs will designate a Point-Of-Contact (POC) to be the recipient of weekly report that identify consumers that have been assessed by OH-506 Centralized Intake (CI) as Housing unstable and a member of a specific insurance carrier. Consumers will give consent for the sharing of name and current contact information only.

OH-506 CI will send a weekly report listing consumers to the designated POC at any MCO with a signed MOU with the Summit County Continuum of Care.

Contact Information

YOUR CONTACT INFORMATION

Corazon Eaton
Corazon Eaton, Director of Health Equity

Date: 9-11-2023

Mar-quetta Boddie
NAME AND TITLE OF SIGNER

Date: 09/25/22



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Summit County Continuum of Care and AmeriHealth Caritas Ohio Memorandum of Understanding

The Summit County Continuum of Care (SCCoC) is a membership-based organization comprised of a variety of stakeholders from service providers, government entities, research institutions, etc., who are committed to preventing and ending homelessness through the design and implementation of plans, which are consistent with local, state, and federal policies. In the spirit of collaboration, the SCCoC and AmeriHealth Caritas Ohio have agreed to enter into this Memorandum of Understanding (MOU) to document each party's duties and responsibilities with regard to SCCoC Clients and to ensure that the same are successfully executed.

The parties commit to timely responses, open communication, and collaborative work strategies, in the completion of tasks necessary to ensure efficient and effective operations of the SCCoC and the HMIS Lead.

A. Purpose

This MOU governs the duties, assignments, and responsibilities of the SCCoC and AmeriHealth Caritas Ohio outlined in Section C of this MOU.

B. Terms

Project Applicant can use the value of services reimbursed through Medicaid as match if the Medicaid services are contributed to the project directly (e.g., if the project has one or more staff persons who provide services to program participants and those services are funded through Medicaid). To count the value of such services as match the applicant must be able to demonstrate that the services are being contributed directly to the project. This can be done through a Memorandum of Understanding (MOU) or contract in place with a partner organization that provides services reimbursed through Medicaid to program participants. The Project Applicant should attach the MOU or commitment letter to application on Screen "7A. In-Kind MOU Attachment," if available at the time of project application.

C. Responsibilities



Both parties will participate in Monthly, strategic planning meetings that will focus on increased consumer connection to healthcare services and expansion of data-sharing capacity.

MCOs will designate a Point-Of-Contact (POC) to be the recipient of weekly report that identify consumers that have been assessed by OH-506 Centralized Intake (CI) as Housing unstable and a member of a specific insurance carrier. Consumers will give consent for the sharing of name and current contact information only.

OH-506 CI will send a weekly report listing consumers to the designated POC at any MCO with a signed MOU with the Summit County Continuum of Care.

Contact Information

YOUR CONTACT INFORMATION

John E. Arnold
NAME AND TITLE OF SIGNER

Date: 08/31/2023

Marguetta Boddie
NAME AND TITLE OF SIGNER

Date: 09/22/23



IN-KIND SERVICES LETTER Anthem Blue Cross and Blue Shield

September 20, 2023,

Marquetta Boddie, Executive Director
Summit County Continuum of Care
23 South Main Street, Suite 302
Akron, OH 44308

RE: Match for OH-506 CoC Planning Grant

Please accept this letter as certification that Anthem Blue Cross and Blue Shield commits to providing the following otherwise non-obligated, eligible match support for the entire duration of the grant term for the following OH-506 CoC Planning Grant as part of the FY2023 HUD CoC Program Notice of Funding Availability. The delivery of services to project participants will be documented and agreed upon in the terms of a Memorandum of Understanding between the Summit County Continuum of Care and MCO for the OH-506 CoC Planning Grant TERM: December 1, 2024 - November 30, 2025, PROJECT APPLICANT: Summit County Continuum of Care

ELIGIBLE COC ACTIVITIES -Services- FUNDED BY INKIND Project Administration & General Management (supervision, planning, budgeting, trainings, direct program meetings, care coordination, utilization management, outreach and member services, housing coordination, employment and education coordination, and transportation services. Services will be provided by RN, BSN, LPN, MSW, LISW, LPC, LPCC, Trained Others, Bachelor Level. Estimated cost is \$1,500 per member for Care Coordination.

5. Source: Government: Medicaid Medicaid Breakdown of Services:

- Housing Activities: \$25,000
- Employment/workforce development: \$15,000
- Care Coordination: \$15,000
- Transportation: \$5,000
- Member Services – \$5,000
- Utilization Management – \$5,000
- Total number of members served in a year: 10
- The above TOTAL amount commitment includes \$70,000

Sincerely,

Gregory A. LaManna

Greg LaManna, MPH
Plan President
Anthem BCBS Ohio Medicaid
330-610-1312
Gregory.LaManna@Anthem.com



Summit County Continuum of Care (SCCoC)

a collaboration of agencies working together for the homeless

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Strong branches make
a strong community!*

Summit County Continuum of Care and Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield Medicaid Memorandum of Understanding

The Summit County Continuum of Care (SCCoC) is a membership-based organization comprised of a variety of stakeholders from service providers, government entities, research institutions, etc., who are committed to preventing and ending homelessness through the design and implementation of plans, which are consistent with local, state, and federal policies. In the spirit of collaboration, the SCCoC and Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield Medicaid have agreed to enter into this Memorandum of Understanding (MOU) to document each party's duties and responsibilities with regard to SCCoC Clients and to ensure that the same are successfully executed.

The parties commit to timely responses, open communication, and collaborative work strategies, in the completion of tasks necessary to ensure efficient and effective operations of the SCCoC and the HMIS Lead.

A. Purpose

This MOU governs the duties, assignments, and responsibilities of the SCCoC and Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield Medicaid outlined in Section C of this MOU.

B. Terms

Project Applicant can use the value of services reimbursed through Medicaid as match if the Medicaid services are contributed to the project directly (e.g., if the project has one or more staff persons who provide services to program participants and those services are funded through Medicaid). To count the value of such services as match the applicant must be able to demonstrate that the services are being contributed directly to the project. This can be done through a Memorandum of Understanding (MOU) or contract in place with a partner organization that provides services reimbursed through Medicaid to program participants. The Project Applicant should attach the MOU or commitment letter to application on Screen "7A. In-Kind MOU Attachment," if available at the time of project application.



C. Responsibilities

Both parties will participate in Monthly, strategic planning and oversight meetings that will focus on increased consumer connection to healthcare services and expansion of data-sharing capacity.

Anthem BCBS Medicaid will designate a Point-Of-Contact (POC) to be the recipient of a weekly report that identify consumers that have been assessed by OH-506 Centralized Intake (CI) as Housing unstable and a member of a specific insurance carrier. Consumers will give consent for the sharing of name and current contact information only. Anthem BCBS will participate in bi-directional data sharing when appropriate and referrals to community resources.

OH-506 CI will send a weekly report listing consumers to the designated POC at any MCO with a signed MOU with the Summit County Continuum of Care.

D. Funding

This MOU partnership does not include any exchange of funding for the terms of the contract.

Contact Information

YOUR CONTACT INFORMATION

Mar-quetta Boddie
NAME AND TITLE OF SIGNER

Date: 09/25/22

Gregory A. LaManna
Gregory LaManna
President and CEO Anthem BCBS of Ohio Medicaid

Date: 9/12/2023



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The parties commit to timely responses, open communication, and collaborative work strategies, in the completion of tasks necessary to ensure efficient and effective operations of the SCCoC and the HMIS Lead.

A. Purpose

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B. Terms

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Contact Information

YOUR CONTACT INFORMATION

Corazon Eaton
Corazon Eaton, Director of Health Equity

Date: 9-11-2023

Mar-quetta Boddie
NAME AND TITLE OF SIGNER

Date: 09/25/22

Memorandum of Understanding
Between Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield and
CHC Addiction Services

This Memorandum of Understanding ("MOU") is entered into as of — — — by and between Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield ("Company") and CHC Addiction Services ("Organization"), a not-for-profit based in Akron, Ohio. Each Party named above shall be individually referred to in this MOU as "Party" or collectively, as "Parties."

ARTICLE I- Obligations of Organization

1.1 **Overview of MOU.** Company will provide Organization with Funds, as defined in attached and incorporated "Exhibit A, Description of Program" (the "Exhibit") for the program described in the Exhibit (the "Program"). Organization agrees as a condition of receipt of said Funds to adhere to the Terms and Conditions of this MOU including the Exhibit, as set forth below.

1.2 **Program Parameters and Non-Discrimination.**

a. Organization will be solely responsible for the identification of relevant requirements and parameters of eligibility for the Program.

b. In developing the parameters, Organization shall not discriminate against any person, applicant or participant of the Program on the basis of age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, handicap, health status, or any other unlawful basis. Organization will comply with all applicable laws prohibiting discrimination.

c. Organization acknowledges and agrees that the Program must be designed for a community benefit or need. Organization acknowledges and agrees that the Program cannot target or be designed solely for Company's members.

1.3. **Use, Monitoring and Returning of Funds.**

a. Organization agrees that no more than 10% of the Funds may be used for administrative costs.

b. Organization will begin distributing the Funds as soon as possible and on an ongoing basis, Organization shall (i) monitor and track use of Funds and performance of services under Program, and (ii) comply with all applicable state and federal laws related to use of Funds and services performed under Program. Organization agrees to report to Company promptly any suspected misuse of Funds. Organization acknowledges and understands that should any misuse of Funds be determined; Organization will be required to return Funds to Company immediately.

c. In the event this MOU terminates for any reason and Funds have not been used for Program, Organization shall return all unused, unapplied or unassigned Funds remaining to Company within thirty (30) days of receiving or giving notice of a termination as provided herein.

1.4 **Reporting and Record Keeping.**

a. Any reporting requirements are set forth in the Exhibit.

b. Organization will participate in regular conference calls with Company during the Term hereof to discuss Program outcomes and progress.

c. Organization will keep systematic records of all expenditures relating to this MOU. Such records, including bills, invoices, canceled checks, and receipts, will be retained by Organization for five (5) years after this MOU terminates or expires and will be available for Company inspection during that period.

1.5 **Insurance.** Organization represents and warrants that throughout the Term it shall maintain commercially reasonable and sufficient insurance, including for indemnification, in respect of any potential liability for loss or damage under this MOU. For the purposes of this Section, the indemnification language in the insurance policies and endorsements of "per written contract" is sufficient and neither Party is required to list the other as an additional insured on their insurance policies.

ARTICLE II - Obligations of Both Parties

2.1 **No sharing of PHI.** Parties agree that there will be **no exchange** of Protected Health Information ("PHI") or Personal Identifiable Information ("PII") in the fulfillment of the Program described in this MOU and Exhibit. Any information that could include PHI or PII must be de-identified and/or aggregated prior to sharing.

2.2 **Use of Brands and Intellectual Property.** Each Party recognizes and acknowledges that the other Party owns or may own certain intellectual property that was not developed or funded specifically for the Program, but which may be used in connection with the services contemplated under this MOU, ("Independent Intellectual Property"), and agrees that all such Independent Intellectual Property shall, as between the Parties, remain the sole property of the originating Party. Each Party acknowledges and agrees that, except as required by this MOU, no Party is obtaining rights to any other Party's Independent Intellectual Property as a result of this MOU, unless expressly agreed to by the Party owning such Independent Intellectual Property.

2.3 **Information Uses: Communications: Publicity: Publication.** Subject to 2.1 above, The Parties agree that neither Party shall make any public statement or release that relates to this MOU or the Program described herein without the prior written approval of the other Party. All sponsorship or joint marketing activities arising under this MOU are subject to Company's policies and procedures and applicable law. If applicable, the Parties will work together to provide key Program success stories, including public relations or media events promoting this Program.

Article III - Indemnification and Limitation of Liability

3.1 **Indemnification.** Organization agrees to indemnify, defend, and hold harmless Company and its officers, employees and agents from and against any and all liability, loss, claim, damage or expense, including defense costs and legal fees, incurred in connection with (i) Organization's breach of any representation and warranty made by Organization in this MOU, and (ii) claims for damages of any nature whatsoever, including, but not limited to, bodily injury, death, personal injury or property damage arising from Organization delivery of Program services or Organization's performance or failure to perform Organization's obligations hereunder.

3.2 **Limitation of Liability.** In no event will Company or any of its agents, officers, employees or affiliates be liable under or in connection with this MOU or its subject matter under any legal or equitable theory, including but not limited to breach of contract, tort (including negligence), warranty, strict liability, and otherwise, for any: (a) loss of production, use, business, revenue, or profit, or loss of data or diminution in value, or (b) consequential, incidental, indirect, exemplary, special, enhanced, or punitive damages, regardless of whether such persons were advised of the possibility of such losses or damages or such losses or damages were otherwise foreseeable, and notwithstanding the failure of any agreed or other remedy of its essential purpose. Moreover, in no event will the collective aggregate liability of Company and its agents, officers, employees, or affiliates under or in connection with this MOU or its subject matter, under any legal or equitable theory, including but not limited to breach of contract, tort (including negligence), warranty, strict liability, and otherwise, exceed the fees due and payable by Company under this MOU. The foregoing limitation applies notwithstanding the failure of any agreed or other remedy of its essential purpose. A party bringing a claim in connection with this MOU must do so within one (1) year of the date of the incident of the facts or event which gave rise to a claim or dispute.

Article IV -Term and Termination

4.1 **Term.** This MOU shall become effective as of the Program Start Date, as identified in the Exhibit (the "Effective Date") and continue until Parties fulfill their obligations under this MOU (the "Term") as described within the Exhibit.

4.2 **Termination Without Cause.** This MOU may be terminated during the Term by either Party acting in its sole discretion, and for any reason or no reason whatsoever. Notice of said termination stating the Party's intent to terminate and the effective date of such termination shall be delivered in writing to the other Party not less than thirty (30) days prior to the effective date of such termination.

Article V - General Provisions

5.1 **No Third-Party Rights.** This MOU is made solely for the benefit of the Parties and does not and shall not be construed to grant any rights or remedies to any other person or entity other than as expressly provided for in this MOU.

5.2 **Amendment.** Neither this MOU nor any of its provisions may be amended, supplemented, modified, or waived except by a writing duly executed by the duly authorized representative of each of the Parties.

5.3 **Governing Law.** This MOU, and all claims arising out of, relating to or in connection with this MOU, are governed by and construed in accordance with the laws of the State of Ohio, without regard to its provisions concerning the applicability of the laws of other jurisdictions.

5.4 **Waiver.** Either Party's waiver of any breach or violation of this MOU by the other Party shall not, nor shall it be construed to, constitute a waiver of any subsequent breach or violation of this MOU by the other party.

5.5 **Assignment.** No Party shall have the right to assign this MOU or any of its rights or obligations hereunder without the written consent of the other Party.

5.6 **Notices.** Except as otherwise expressly provided in the MOU, any notice required under this MOU shall be in writing and shall specifically refer to this MOU. Notices shall be sent via one of the following means and will be effective (a) on the date of delivery, if delivered in person; (b) on the date of receipt, if sent by email (with delivery confirmed); or (c) on the date of receipt, if sent by private express courier or by first class certified mail, return receipt requested. **Notices shall be sent to the other Party at the addresses set forth in the Exhibit.** A Party may change its addresses for purposes of this Notice section by sending written notice to the other Party.

5.7 **Entire MOU.** This MOU (and all appendices and/or exhibits attached hereto, which are hereby incorporated by this reference) constitutes the entire understanding between the Parties and replaces and supersedes any and all prior agreements and understandings, whether oral or written, express or implied, between the Parties with respect to the subject matter hereof.

5.8 **Construction.** The Parties mutually acknowledge that they have participated in the negotiation and preparation of this MOU. Ambiguities, if any, in this MOU shall not be construed against any Party, irrespective of which Party may be deemed to have drafted the MOU or authorized the ambiguous provision.

5.9 **Compliance.** All Parties hereby expressly state that it is each Party's intent to expressly comply with state and federal law, and as amended, whether or not such law is specifically called out in this MOU. Organization and Company agree that this MOU is not intended to steer state or federal health care beneficiaries to join Company.

5.10 **Severability.** If any of the provisions of this MOU, including but not limited to structure of Program, distribution of Funds or otherwise, are held to be void or unenforceable, then such void or unenforceable provisions shall be replaced by valid and enforceable provisions that will achieve as far as possible the business intentions of the Parties, to the extent doing so is possible. Should such replacement not be possible, the Parties may terminate the MOU in accordance with the terms herein.

5.11 **Independent Parties.** Organization and its employees, agents, and representatives are independent parties and are not Company employees or agents.

CBC Addiction Services


Signatur


Printed Name

**Community Insurance Company
d/b/a Anthem Blue Cross and Blue
Shield**


Signature

Gregory A. LaManna
Printed Name

CEO

Title

9/20/23

Date

Title

Date

Exhibit A
Description of Program

Organization	Company
Contact Melissa Massey-Flinn	Contact Benjamin Sears
Address 838 Coburn St Akron, Ohio 44311 330-315-3730	Address 8940 Lyra Drive Columbus, OH 43240 419-460-4599
Email : melissa.massey-flinn@chcaddiction.org	Email : Ben.Sears@anthem.com
Program Start ("Effective Date") Date: 10/1/2023	Program End Date: 12/31/2024

I. Description of Program:

- a. The mission of Organization is to treat, inspire, support and empower individuals and families impacted by the disease of addiction. The Organization is dedicated to addressing community needs through The New Genesis Health Home Project by housing homeless individuals with chronic health conditions identified as "overutilizers" of hospitals and nursing homes as a result of experiencing homelessness.

To help combat homelessness, shared housing is the concept of housing multiple people or families in one house. This Program will include the development and implementation of shared housing that will consist of six (6) permanent supportive housing units in a six (6) bedroom house managed by Organization. The Program will target individuals with chronic health conditions and prioritize referrals from hospital discharge and nursing homes. Each resident will receive intensive case management services with the goal of maintaining stable housing and achieving improved health outcomes.

To support Organization in their efforts, Company will provide Organization with the Funds described herein, to provide for the development and implementation of a shared housing program in Akron, Ohio ("Program") including providing the following services.

1. Employing and training staff to provide case management, life skills, and resident supports.
 11. Office and program space on site for staff and resident support programming.
 111. Ensuring the house is ready for occupancy by providing furnishings, moving support, and other needed household items.
 - 1v. Resident supports to overcome SDOH barriers such as transportation, education, employment, and food.
 - v. In accordance with Section 1.2, Organization is fully responsible for the parameters of the Program.
- b. Organization is required to register with the Find Help website, a community resource link that connects individuals with no cost social service resources in their communities. In addition, Organization is required to attend trainings and meetings geared towards understanding the Find Help website. After registering, Organization will maintain accurate and up to date organizational information, specifically regarding services to "close the loop" for individuals served.
 - c. Notwithstanding the foregoing, Organization shall not use any of the Funds described in this MOU for the purpose of funding rent or mortgage payments.

II. Funds Disbursement:

- a. Within (30) thirty days of the execution of this MOU, Company will provide Organization with a lump sum payment of Seventy-Five Thousand Dollars (\$75,000.00) ("Funds") as a one-time payment to support the Program described above.

III. Reporting and Expected Outcomes:

- a. Organization will provide the following reporting to Company on a quarterly basis, including information such as: the progress of the Program, implementation milestones, people successfully housed and their length of stay, resident exit destination, change in employment status and income, change in education status, connection to community resources, and healthcare utilization and access. If available, the CBO will provide the demographics of individuals served, (age, race, disability, language spoken, gender, insurance plan), and any other mutually agreed upon metrics related to performance under this MOU. In addition, Organization at the end of the Term will provide Company with a final accounting and reporting of use of Funds. Any reporting shall be in compliance with the MOU terms and conditions, including but not limited to Section 2.1.
- b. The expected outcomes of the Program are to reduce homelessness by increasing accesses to affordable shared housing that is safe, cost effective and accessible.

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 its 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

Notices to Collaborator:

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

With copies to:

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

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:

Attn: Stacy Lome
Email: stacy_lome@uhc.com

Phone: 952-237-3311

Notices to Collaborator:

Attn: Melissa Massey-Flinn
Email: melissa.masseyflinn@chcaddic
on.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 be 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 of (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.

OHIO MULTI COUNTY DEVLEOPMENT CORPORATION

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

Name: Barb Avery
(Print or Type)

Title: Associate Director
(Print or Type)

By: Janet L. Wagner
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 l(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 I(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 (SO) 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.