Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

Answering Multi-Part Narrative Questions

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

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: VA-604 - Prince William County CoC

1A-2. Collaborative Applicant Name: Prince William County Department of Social Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Prince William County Dept. of Social Services

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

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

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

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	No	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

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

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

(limit 2,000 characters)

1) CoC invites & encourages diverse membership through multiple channels. The CoC Lead routinely targets outreach to community stakeholder orgs, persons with lived experience & to engage new members. CoC mtgs. are open to the public. Individuals or orgs. can join CoC at any time & are invited to participate in CoC comm's. 2) CoC ensures effective communication with individuals with disabilities through various orgs. that work with persons w/disabilities. Monthly mtgs notices are sent routinely and all persons w/disabilities are welcomed to attend all open mtgs. The CoC uses electronic invitations, has conference call & screen sharing capability, TTY, sign language, enlarged text & is developing alternative formats of communication for persons w/ disabilities. 3) Individuals may join the CoC at any time, & CORE Comm uses marketing efforts in all forms to engage homeless/formerly homeless persons. Info on CoC is available at the Drop-In Center, which has programs, resources & CES offices. Outreach Teams coordinate social media efforts & requests in person. Current formerly homeless CoC rep. became involved

through engaging with Outreach. The Unsheltered Homeless Coalition is a CoC member & offer CoC invitations in outreach to tent cities & campsites. 4) The CoC Lead. actively markets CoC mtgs. to community via the CoC webpage, calendar posting in county buildings, online, & other media. Individuals or orgs. that serve culturally specific homeless population are invited to join the CoC at any time. All mtg. schedules are posted on CoC webpage.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1) The Prince William Area (PWA) CoC holds open discussion & solicits opinions at each monthly mtg., receiving input from a variety of people interested in preventing & ending homelessness. Included are service & housing providers, local gov'ts, congregations, organizations serving diverse subpopulations, homeless/formerly homeless individuals, & advocacy groups. CoC At Large has members w/extensive knowledge of homelessness & interest in prevention. CoC's comm's with representation from various sections meet regularly during the yr.: Governance, Data & Needs Analysis; Program Analysis & Ranking and Service Continuum. 2) All CoC mtgs are open to community. CoC reviews data: HIC/PIT, SPM, federal priorities, best practices etc. All scheduled mtgs are listed on CoC's webpage & scheduled a yr. ahead. Agendas circulate via Comm. Listservs & open to all. CoC has over 57 active members from 44 orgs, includes formerly homeless person. Notes of each mtg are publicly posted. CoC utilizes mtgs to engage key stakeholders: 3 local Depts of Social Svcs., PW County (PWC) Community Svcs. Board, PWC Police Department, PWC School Liaisons, non-profit orgs, faith-based orgs, business community, MD providers & persons currently experiencing/formerly homeless. Additional regular work group mtgs are with: Providers & PWC Public Schools; Prison Re-Entry Cmte; Human Svcs. Coalition & Racial Equity. 3) Providers & individuals are encouraged to share CoC information with all interested in ending homelessness at public forums & with consumers. CoC considers input from stakeholders at all CoC mtgs. For ex., CoC decided how additional state funds for two RRH providers would be divided & decided to seek HUD funds for new PH options.

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

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;

2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

1) CoC Funding Solicitation & notices indicate that all eligible applicants may apply for funding consideration & that the process is open to CoC members & non-members. The Solicitation & notice are posted on CoC's website & communicated via email, social media, Drop-In center postings, calendar notices, schedules, & webpages. Funding Solicitation & notice are e-mailed to entire CoC address list, includes all CoC members, stakeholders & the surrounding jurisdictions. To maximize access to new potential grantees & entities that have not previously applied for CoC funds, email notices are sent by other community organizations, including Prison Re-Entry Comm, Human Services Coalition & Regional Council of Gov'ts-Washington DC. 2) The CoC does consider new projects. Proposed new projects are received via the CoC Community Application process from any eligible entity to include orgs that have not previously applied for HUD funding. 3) Solicitation instructs applicants that applications be submitted to CoC Lead in electronic format by the established due date. 4) Projects are scored by the Program Analysis and Ranking (PAR) Comm following CoC's policy for scoring & ranking process. Scoring factors intentionally do not include CoC renewal performance to remain open to new entities. The CoC's PAR Committee reviews proposals to ensure project fits the needs and priorities of CoC & that applicant understands required parameters (participation in CES, HMIS, Housing 1st; knowledge of population & service needs) & provides funding recommendations. Projects are selected for funding based on numeric score. Applicants can submit questions during application process for TA, to ensure accessible process for all, including those not previously CoC funded. FAQs are shared with all potential applicants. 5) The CoC ensures effective communication with persons w/disabilities by offering sign-language, enlarged text formats and tries to provide other communication forms as requested.

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

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	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)**	No
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT 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.		

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

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

(limit 2,000 characters)

CoC participates in planning and allocating ESG resources through yearly Consolidated Plan process. CoC representation resulted in additional $40,000 in CDBG transportation funding for CoC, strengthening CoC and ESG outcomes by assisting homeless households get to appointments, enter housing, get to school and employment. The PWC Office of Housing and Community Development (OHCD) organizes Consolidated Plan leadership group which includes CoC members. Four of 44 organizations. are ESG recipients. Leadership groups aid in developing and implementing all aspects of Consolidated Plan and include ESG. 2) CoC actively participates in the evaluation and performance review of ESG recipients and subrecipients. OHCD is CoC member and coordinates with CoC the planning, review, and allocation of funds, sends out info through CoC Listserv. CoC provided input to OHCD to determine ESG allocations, performance and evaluation of spending, including strategies to effectively manage spending. CoC implements ESG Report Card reviewed quarterly by DANA Committee. ESG performance evaluations are reported to CoC and Governance Committee. OHCD and DSS/CoC Lead have held a joint ESG training on 02/20/21 with ESG recipients on program performance, finance, outcome time frames. 3) The CoC consults with ESG recipients in the planning and allocation of ESG funds and participates in the Plan Consolidated jurisdictions process by providing PIT, HIC and LSA data to ensure local homelessness information is communicated and addressed in the Consolidated Plan updates. 4) OCHD hosts input sessions that provide ESG recipients, CoC, and other community partners the opportunity to discuss community needs. CoC has a designated member on the Housing Board which advises the OHCD Consolidated Plan Development and ESG program planning and evaluation. PWC DSS attends and represents CoC as well as ESG programs and reports back to the CoC/ESG on OHCD meeting agenda items.

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

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

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

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

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

(limit 2,000 characters)

CoC collaborates in multiple ways and with a variety of education providers: a) Youth education providers in Prince William County Public Schools, City of Manassas Public Schools and City of Manassas Park Public Schools. 2) CoC has formal partnerships to assure collaboration with education services: a) The Local Education Agency (LEA) which is Prince William County Public Schools (PWCPS) b) The LEA serves as a member of CoC and is annually trained by Virginia State Education Agency (SEA) which provides updates and/or changes specific to McKinney-Vento. 3) The SEA provides an annual training to CoC providers regarding McKinney-Vento updates. CoC members from emergency shelters also meet with the LEA twice a year to discuss topics transportation, free meals and school supplies for students. The liaisons, providers and school counselors have established protocols specific to McKinney-Vento to ensure that youth are not displaced due to their current homeless episode. c) PWA CoC collaborates with school districts including Prince William County Public Schools, City Manassas Public Schools and City of Manassas Park Public Schools. Collaboration includes meetings with school officials to discuss students, annual meetings to review McKinney-Vento and training updates with the CoC. 4) The formal partnership is with PWCPS system and the CoC will continue to obtain formalized partnerships with the districts: City of Manassas Public Schools and City of Manassas Park Public Schools. 5) CoC has also utilized CBDG funds to assist with travel planning to ensure students do not miss school while transportation services are being coordinated between provider locations and schools.6) CES coordinate and/ or partner with representatives from schools; in addition to Shelter case manager that will assist the household with getting connected to Mckinney Vento, as well connected to school districts within the CoC.

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

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

(limit 2,000 characters)

CoC's Policies and Procedures (P&P) include provisions to ensure that homeless households are informed of their eligibility for education services under the McKinney Vento Education Act. CoC reviews policies annually through Service Continuum Committee. Providers are trained by the CoC representatives on an annual as well as needed bases. The CoC Policies and Procedures were last reviewed and approved at large on July 1, 2021. Policies are reviewed annually by the CoC. These CoC Policies and Procedures cover Coordinated Entry (CES) reps as well as CoC providers. CoC Policies and Procedures indicate that CES reps are "responsible for coordinating with your local school district(s), charter school(s), and CES in the following ways: ensure that all families with children and young adults who qualify in your area are informed about their educational rights and their eligibility for educational services and they receive those services." For recipients/sub-recipients, CoC Policies and Procedures note, "The Program Director and/or designee is responsible for: ensuring that all families with children and young adults participating in this project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter." All agencies serving children and youth are required to have a staff person designated as a liaison to the local school districts. CoC has a host of policies outlining responsibilities for recipients/sub-recipients. All of the policies are written to ensure that participants are helped to understand their rights under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and more recently reauthorized by Every Student Succeeds Act; to ensure that children and young adults are immediately enrolled in school, as required by federal and State law, & to ensure that they are connected to transportation and educational services to help them succeed in school.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years		Yes
2.	Child Care and Development Fund		Yes
3.	Early Childhood Providers		Yes
4.	Early Head Start		Yes

5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**		Yes
6.	**Head Start**		Yes
7.	**Healthy Start**		Yes
8.	**Public Pre-K**		Yes
9.	**Tribal Home Visiting Program**		No
	Other (limit 150 characters)		
10.			

You must select a response for elements 1 through 9 in question 1C-4b.

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

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

(limit 2,000 characters)

1) ACTS serves as the key victim services provider & is an active participant in the CoC Board and processes and provides key training. CoC Project staff address HH safety by providing best practices training sessions that include trauma-informed care & using a victim-centered services. Additional services include linkage to other victim centered services that include court accompaniment, counseling services, filing protective orders and safety planning. The trainings are open to all CoC staff including Coordinated Entry System (CES). Upon availability, other community groups are also invited to attend the trainings. Annually, ACTS provides trainings specific to working with victims of domestic violence, dating violence, sexual violence, stalking & human trafficking via scheduled monthly case management meetings where in-service training occurs. 2) In FY22, CES staff receive monthly training dedicated to safety planning protocols & victim-centered services & trauma-informed care. In addition to participating in the Project Staff training, additional resources and training are provided on an ongoing basis to CES staff charged with completing the initial intake assessment to ensure the safety planning and choice for households fleeing DV. If a person is fleeing DV, CES staff are trained to account for their immediate safety first, before completing the assessment. The CES process requires that access to the victim assessment be limited to CES staff and the CES Supervisor. The CES Supervisor ensures the household's score, and basic information are included in the intake assessment with no identifying or situational information. Confidentiality is maintained when a referral is made, as the DV household can approve or decline sharing their contact information with the program before it may be released. ACTS accesses information on best practices from national resources through conferences, webinars, & in services, in turn makes information readily available to the CoC.

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

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

(limit 2,000 characters)

CoC uses a combination of de-identified data from three sources to assess the scope of community need in relation to domestic violence, dating violence, sexual assault, and stalking. The CoC's HMIS solution does ask a basic Yes/No question about DV history (which is completely voluntary to answer, on the part of the client) and can use that basic data to analyze past history of abuse. The CoC also uses protected, de-identified data from the CES process to determine the households seeking housing assistance that have a history of domestic violence. Finally, the CoC has a collaborative victim's service provider that can share deidentified data with the CoC on the populations they serve through their Emergency Shelter program, as well as additional services for this population. All information from the victim service provider is aggregated and is individually unidentifiable data and is used to assist with planning and service delivery. The data does provide the CoC with an opportunity to have a better understanding of which subpopulations present with DV (individuals, youth, families); data regarding demographics (race/ethnicity/age) to inform the ongoing needs for cultural competency trainings; and to identify service for families who may need counseling for adults and children. More importantly, the data provides a chance to examine the housing types, gaps in services, and work force needed for individuals and families that are survivors of DV, as well as assist the CoC at large with strategic planning, in regard to service delivery geared to assisting this subpopulation. Training on DV best practices around: sexual assault, cultural competency, and trauma informed care are facilitated or administered by the CoC and/ or designated consultant; at the system wide as well as committee level.

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

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

(limit 2,000 characters)

1) CES assess for safety using a victim -centered approach by asking safety assessment questions. CES can then warm transfer the caller to the DV hotline. PWA CoC's DV provider, ACTS, has experience in providing trauma-informed & victim-centered services to DV survivors. ACTS served 16 DV victim households in FY21 through court advocacy, individual & group support, safety planning, as well as law enforcement, hospital, & court accompaniment. 2) ACTS has been providing these services for nearly 40 years. CES and DV provider work in tandem at demonstrating its commitment to trauma-informed

care, all ACTS staff (not only CES but DV/Housing staff) are trained in trauma-informed care & victim-centered approaches. All clients, including those seeking food & utility assistance, are screened for DV by CES. ACTS Housing Department has Case Manager exclusively devoted to DV clients, providing information on the cycle of DV, safety planning, housing options, & referrals to ACTS DV Specialists for individual & group support for both victim & their children. All services are available in English & Spanish. ACTS is actively seeking funding to provide materials & translators in at least five other languages. All services provided regardless of gender or sexual orientation & delivered with low barrier & client choice model. All clients are assessed using Self-Sufficiency Matrix (SSM) on several life dimensions, including safety, housing, parenting, physical & behavioral health, & employment. Goals are mutually developed based on these dimensions using a strength-based approach. 3) The CES uses a unique identification number when working with DV clients for programs such as RRH. Both ACTS DV and CES staff have personal experience with DV, ensuring high level of respect and confidentiality for client experience & strengths required to seek help. Peer Support is a central component of all DV services.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Prince William Office of Housing & Community Development	0%	Yes-HCV	No

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

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

(limit 2,000 characters)

1) The Prince William Office of Housing and Community Development (OHCD) serves as the Housing Authority for the PWC. A homeless admission preference has been established since the last HUD application in 2019. OHCD's additional preferences include: households experiencing poverty, households with an adult with a disabling condition, and for those households fleeing domestic violence. The CoC works to assist households who qualify under these existing preferences. OCHD policy is to assist any households of families and individuals alike whose assistance was terminated from its HCV program due to insufficient program funding, and to assist families that qualify for local preferences stated above. The CoC actively works with the OHCD during the establishment of the Consolidated Plan and at every instance to insure homeless needs are addressed. A CoC representative is also a member of the OHCD Advisory Board. CoC concerns are presented at the monthly meetings and it is because of the continued mentioning of concerns that resulted in a homeless preference being established. Future discussion is will be specific to administering move-on strategy as options to serve the community's needs. 2) Not applicable.

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**	No
2.	**PHA**	No
3.	**Low Income Tax Credit (LIHTC) developments**	No
4.	**Local low-income housing programs**	No
	Other (limit 150 characters)	
5.		

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

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

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

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

(limit 2,000 characters)

Not applicable.

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

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

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

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

(limit 2,000 characters)

Not Applicable.

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

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

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

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

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

PHA
Prince William Co...
City of Manassas ...

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

Name of PHA: Prince William County Office of Housing & Community Development

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

Name of PHA: City of Manassas Department of Social Services

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	8
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

All projects were evaluated based upon on meeting established threshold criteria using the Housing First Model that included: a) serving only chronically homeless households for PSH and serving 100% of homeless households for RRH, b) adult participants with zero income at project entry, c) participants

entering from a place not meant for human habitation, d) adult participants who were chronically homeless at entry and e) bonus points for programs designed to serve HH with DV history at entry. Additional scoring criteria includes requiring the use of Housing First principles for all projects that commit to serving the most vulnerable populations. Prioritizing and the rapid placement and stabilization in permanent housing are giving preference regardless of the varying levels of client participation.
CoC ensures that households of families and individuals alike have equal access to services despite the following: having too little or little income, active or history of substance abuse, having criminal record with the acceptations of state mandated restrictions, and history of victimization.
The PAR committee utilizes objective an application & evaluation scoring tool to assess project effectiveness in working with the most vulnerable populations of CoC. Rapid Re-Housing projects were awarded a portion of points in cases where the program would serve 35% or greater proportion of HHs with high service needs.

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

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

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

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

(limit 2,000 characters)

1) The CoC uses several outreach methods to ensure all persons experiencing homelessness are identified & engaged, including outreach targeted to the unsheltered, youth and CH population. CoC provides street outreach, a Drop –In Center & weekly meal programs to engage the homeless population. Outreach services are provided daily to actively build rapport with homeless households with the goal of engagement into services. Outreach teams provide homeless households with information on housing & mainstream resources. The Drop–In Center offers basic needs to services to engage unsheltered & CH homeless persons into services. 2) The outreach teams cover the CoC's 100% of the geographic area. Campsites are geotagged through the PWA. Outreach teams engage households in the local Drop-In Center, streets, feeding programs, libraries, campsites, local malls and ES & DV shelters, covering 100% of CoC Area. 3) Outreach occurs daily, typically in the morning & evening. The outreach teams visit campsites throughout the weekdays & weekends. Outreach has become more challenging due to many encampments

being disbanded. HHs are becoming less likely to indicate new locations. 4) The PATH-outreach team's tailored street outreach focus is HHs experiencing chronic homelessness, including those least likely to seek services. The PATH team is comprised of skilled mental health professionals that are trained in engaging high barrier households. Services are also provided by Spanish speaking staff. Clients are screened for eligible services by a PATH outreach worker & referred to CES for housing services. PATH outreach worker assists the household in gaining access to mental health, substance abuse services, completion of SSI or SSD application process & GAP insurance services. Outreach providers also host weekly meal programs to engage homeless HHs least likely to engage mainstream homeless services.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	133	174

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes

2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		

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

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

(limit 2,000 characters)

1) The CoC keeps program staff up to date regarding mainstream resources by circulating benefit training opportunities via CoC listserv & CoC Committee announcements, workshop sessions to CoC members on new services (i.e. VA Medicaid expansion), and by providing electronic updates to CoC members on immediate changes that have been implemented at state or federal levels. 2) CoC works closely w/2 other DSS located in CoC's geography to provide training re: mainstream benefits application process. DSS updates providers on policies & procedures at CoC mtgs. Resources and program updates are exchanged during these meetings & via email distributions. 3) CoC works closely w/DSS to coordinate access to healthcare, Medicaid and other benefits. CoC works in tandem with local healthcare providers to assist participants in enrolling into healthcare benefits. The state of VA recently established Medicaid expansion, making many HHs newly eligible to receive healthcare. CoC provides multiple trainings each year & updates CoC on best methods to apply for services. The Prince William Health Department is also available to provide primary medical and specialty care to program participants in cases where they are waiting to be linked to Medicaid/Medicare and are not eligible for mainstream services in the meantime.

4) CoC assists HHs by assessing at entry to determine what benefits HHs may qualify for, providing application assistance, assistance w/required documents and assistance applying in person or through the internet.

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

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

(limit 2,000 characters)

1) The CoC covers 100% of the geographic area through outreach targeted to the unsheltered, youth and CH population. CoC provides street outreach, a Drop –In Center and weekly meal programs to engage the homeless population. Outreach services are provided daily to actively build rapport with homeless households with the goal of engagement into services. Outreach teams provide homeless households with information on housing and mainstream resources. The Drop–In Center offers basic needs to services to engage unsheltered & CH homeless persons into services. 2) The outreach teams cover the CoC's entire geographic area in the efforts to reach people unlikely or least likey to apply for assistance. Campsites are geotagged through the PWA. Outreach teams engage households in the local Drop-In Center, streets, feeding programs, libraries, campsites, local malls and ES and DV 3) Outreach occurs daily, typically in the morning and evening, prioritizing those most in need of assistance. Teams utilize the VI-SPDAT which assist in identifying & prioritizing households for RRH, PSH & other housing solutions. 4) The PATH-outreach team's focus is households experiencing chronic homelessness, including those least likely to seek services. The PATH team is comprised of skilled mental health professionals who are trained in engaging high barrier households. Services are also provided by Spanish speaking staff. Clients are screened for eligible services by a PATH outreach worker & referred to CES for housing services. PATH outreach worker assists the household in gaining access to mental health, substance abuse services, completing SSI/SSD application process & GAP insurance services. Outreach providers also host weekly meal programs to engage homeless households least likely to engage mainstream homeless services. To further engage households with services, the PATH team incentivizes participation with bus tokens to assist in attending appointments.

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

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

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

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

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	Yes
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	Yes
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	Yes

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

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

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

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	Yes
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	Yes
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	Yes
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes
8.	**The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	Yes
10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes
11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

The CoC has community wide policies to address anti-discrimination. The CoC CES policies adopted in 2018 address the needs of individuals & their families experiencing homelessness in publicly funded CoC programs. The policy requires that CoC grantees provide access to services regardless of Race,

Creed, Color, Sexual Orientation, Gender Identity & adhere to Equal Access to Housing rules. The CoC is a low barrier system & CoC policies require that all households are provided with services based on their identified needs. The CoC requires compliance with the federal civil rights as specified in 24 CFR 5.105(a) & includes Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the ADA. The CoC provides access to the webinars (e.g. HUD, state training, and other trainings circulated to the CoC) regarding all forms of discrimination. The CoC's Service Continuum committee routinely reviews best practice approaches for working with diverse populations. The CoC offered annual training on best practice methods for working with LGBTQIAPK population in April 2021. The CoC has additional diversity trainings planned for calendar year 2021, including working with communities that endure racial inequities to ensure providers in the CoC are aware of the unique struggles populations faces while seeking stable housing. The CoC is currently engaged in a 1-year COG collaboration with 9 other CoC's which will assess the racial equity throughout the CoC's service delivery system. The CoC has as an assigned Equity & Inclusion Officer, representation of persons with lived experience, and local non-profits, government, & law enforcement reps, all who serve on the Racial Equity Action Council. The CoC continues outreach to include other agencies, providers & advocacy groups to join the CoC and serve on committees that address race, equity and inclusion issues.

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

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

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

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

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

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	Yes
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	

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

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

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

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

(limit 2,000 characters)

1) The P&P implemented by the CoC during the COVID19 pandemic to address pers. unsheltered included: providing CDC standards to Street Outreach providers to ensure the safety of the clts & the staff, informing providers about the new progs. implemented during COVID19 that included a hotel for pers. w/ underlying conditions that could be exacerbated by the pandemic & information about the conversion of an overnight shelter program that was converted to a 24hr emerg. shelter. 2) CoC converted an overnight shelter to a 24hr emerg. shelter that allows 48 pers. to remain in safe space especially when the Gov. closed the state of VA. Due to COVID19, this prog. is now a permanent 24hr emerg. shelter. CoC implemented safety P&P for all emergency shelters. Involved CES staff asking health related COVID questions for pers. seeking emerg. shelter, staff & clts. were required to wear masks, increased cleaning of the shelters to include sanitizing, & checking clts. temps. upon entry/reentry. CoC assisted w/ coordination of covid-related supplies, offered collaboration for sharing purchasing power to provide masks, sanitary items, & other supplies directly/indirectly to clts. CoC contracted w/ a local motel provider & converted the location into a COVID19 Hotel/Shelter. CoC hired staff for 24hr cvge., identifying HH's w/ underlying conditions that could be exacerbated by COVID19 & providing housing for clts. that tested positive/ recently exposed to COVID19. As part of the COVID19 Hotel/Shelter prog, 10 rms. w/ direct outside access was identified for pers. exposed/positive. CoC held virtual weekly mtgs. w/ all emerg. shelter providers to discuss & address issues related to COVID19 & ensure that all providers are working from the latest P&P. 3) TH programs were provided info about COVID19 P&P to be shared w/ their staff & participants. TH providers didn't need added resources as they worked in sync

w/ CoC established P&P & were invited to engage in ongoing info sharing sessions.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

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

(limit 2,000 characters)

CoC has improved its readiness to deal w/future PH emergencies. Over the past year the CoC has strengthen partnerships w/local healthcare agencies throughout the county & the surrounding municipalities. This has been achieved through the established of P&P that will be implemented in the event of another PH emerg. The CoC has undergone a series of strategic planning sessions & implemented plans to include future PH emergencies on agenda, & help debriefing sessions w/community stakeholders/ homeless service providers, to engage in inclusion & informative system wide planning. The improvements are as follows:
•Improved Communication: CoC has set forth an initiative to meet with PH & emerg. shelter provider quarterly and as need to monitor & assess PH services. In the event of another health emerg., all emerg. & residential congregate providers will be contacted to establish a weekly meeting.
•Dissemination of Information: Through weekly mtgs. or as often as needed, the goal is to exchange the latest information, share concerns & ideas to address the issue or barrier , and ensure that federal & state recommendations are being implemented.
As of result of the weekly mtgs. that were established due to COVID19, the shelter providers have improved in the following ways:
•Identified the necessity to increase the level & frequency of cleaning within the congregate housing settings.
•Health Related Questions: Coordinated Entry System and providers are routinely asking health related questions that will center around the health emergency. These questions are routinely asked prior to entry to shelter & during the shelter stay.
•Ensuring Implementation of Protocols: All shelter providers are provided the latest information regarding congregate shelter requirements & recommendations based upon CDC & HUD guidance.
•Working closely w/the CoC Lead, Public Health Officials, & the Office of Emergency Management has now become standard protocol for congregate housing programs.

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

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

4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1) The CoC Lead coordinated with Prince William County's Department of Housing & Community Development (DHCD).ESG-CV funds were provided to all the emerg. shelter programs to assist in establishing routine cleaning, purchase of personal protection supplies and equipment for staff & clts. Some shelters worked to reduce the spread of COVID19 by purchasing hand sanitizer machines, stickers for the shelter floor encouraging 6ft social distancing, air purifiers or automatic dispensers for plastic ware to reduce spread of COVID through touching. Many of the shelters also increased the number of times that the emerg. shelter location was cleaned utilizing approved sanitizers & cleansers. 2) ESG-CV funds were secured from the DHCD & the State of VA. These funds were utilized to establish additional Rapid Re-housing (RRH programs that were used to move households out of the emerg. shelters, places not meant for human habitation & COVID-19 Hotel/Shelter Progs., into PH throughout the county. The funds were used to provide HH's with rental assistance & identify additional case management staff to assist in the transition from homelessness. The CoC also implemented 90-day housing plan which housed approximately 46 HH's. 3) The CoC Lead worked w/DHCD to ensure that households at risk of becoming homeless received funding. DHCD operated the COVID19 Emergency Mortgage & Utility Housing Assistance Program. These funds were used to assist with mortgage and utility assistance. Some households were also connected to the Virginia Emergency Rental Relief Program which assisted persons behind in their rent. 4) ESG-CV funds were utilized to facilitate the emerge. purchase personal protected equipment to include masks, gloves, & shields to help reduce spread. 5) Additionally, CoC & shelters collaborated to purchase supplies to help maintain and manage shortages of products & addressed the cleanliness of shelters. This included disinfectants, sanitizing supplies, for clients & staff.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1) The CoC coordinates with mainstream health care systems and programs to assist in minimizing the spread of COVID-19 amongst the homeless populations served in the Prince William Area. Prior to the establishment of the COVID-19 Hotel/Shelter Program, the CoC coordinated an agreement with the George Mason University's Mason and Partners (MAP) Clinic. The CoC homeless providers identified households with underlying risks that would be exacerbated they contracted COVID-19. The MAP Clinic agreed to work with Coordinated Entry System to conduct an additional assessment to determine the households most at risk based on underlying conditions. For the households identified most at risk, the MAP Clinic staff would verify those who needed to go to the COVID-19 Hotel/Shelter. For households who contracted COVID-19, the MAP Clinic

staff is responsible for identifying the length of time the household would need to quarantine at the hotel before they could return to emergency shelter. MAP staff were also responsible for daily check-ins via virtual meetings with the clients. The purpose was to ensure the household was managing symptoms and not in need of additional medical intervention. The CoC also worked with the Sentara Hospital to assist with clients who tested positive or were recently exposed to COVID-19. Sentara worked with the CES staff to coordinate the persons who needed to transfer from Shelter to the Hotel Program. 2) Emergency shelter programs worked with the Prince William County's Office of Emergency Management (OEM), the County's Health District and the MAP Clinic. OEM assisted with securing PPE equipment, while organizations could consult the Health District or the MAP clinic regarding positive cases or recent exposure in the shelter programs. All programs were consulted remotely to ensure social distancing, implementing mask mandates and shelter staff ensured that hand sanitizer was strategically placed in shelters.

1D-5.	**Communicating Information to Homeless Service Providers.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	**safety measures;**
2.	**changing local restrictions; and**
3.	**vaccine implementation.**

(limit 2,000 characters)

1) The CoC Lead took several steps to communication information to homeless providers related to COVID-19. A primary step was the establishment of weekly phone calls designed to share information (i.e. CDC guidance), clarify protocols, share concerns & address questions. Additionally, virtual meetings were used to provide up-dates to programs (i.e., COVID-19 Hotel/Shelter), ensure clients and staff are required to wear masks and to clarify protocols for transportation clients who have tested positive or were recently exposed to COVID. Conversations were held at the CoC level to include discussion of availability of resources, testing sites, CDC updates etc.) in the Service Continuum Committee which is responsible for ensuring coordination of services. Updated information was provided to the CoC members during the monthly scheduled CoC meetings. 2) As news and recommendations were released the Governor Ralph Northam's Office, this information was shared with the CoC via email and discussed in monthly or weekly meetings. The guidance was released as Executive Orders that provided information about restrictions, and which phase the state of the shoot down the Virginia was currently in. Additionally, the County Executive for Prince William County would often provide updates via email that indicated restrictions for Prince William County. This information was also shared in CoC meetings and via email. 3) When vaccinations became available to staff and clients, the County provided information about how persons could access vaccinations, typically in conjunction with Prince William County's Health District and contracted providers to administrator the vaccine. As the County provided opportunities for vaccination to key personnel, this information was provided to the CoC membership. The CoC Lead did also work with County officials to administer one of the COVID-19 vaccinations to all the street outreach, emergency shelter, rapid re-housing and permanent supportive

housing programs.

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

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

(limit 2,000 characters)

The CoC Lead worked closely with County officials to provide an opportunity to both program staff and program participants to obtain a COVID-19 vaccination. This opportunity was provided to programs providers that operated Street Outreach, Drop-In Centers, Emergency Shelter, Rapid Re-housing, and Permanent Supportive Housing Programs. The opportunity for vaccinations was communicated to program providers and coordinated via virtual meetings and conference calls with the medical vendor responsible for managing the process. Organizations provided this information to staff, clients currently experiencing homeless as well as clients housed in Rapid Re-Housing or Permanent Supportive Housing. All clients were provided flyers and given the opportunity to sign up for the vaccination clinics that would occur on site of each provider. Each organization provided a final list of persons wanting the vaccination and the medical provider assured that the number of vaccinations would match the request. Vaccinations occurred first in March 2020 and then again in April 2020.
The CoC partners with George Mason University MAP Clinic & PWC Health District to administer vaccinations to clients newly entering the homelessness system. In addition, clients entering the homeless system are provided with resources with detailed instructions to testing centers and clinics throughout the continuum. The CoC coordinates with GMU MAP Clinic which conducts vaccination clinics once per month and travel on site to emergency shelters site twice per week to meet with clients. George Mason University MAP Clinic, PWC Health District, and the CoC work together to assess data on identified persons affected directly and indirectly by the COVID19 pandemic.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

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

(limit 2,000 characters)

The CoC received an increase in domestic violence calls due requirements to stay home and increased unemployment as a result of the COVID-19 pandemic. To address the increase in calls, the CoC did two things via the local domestic violence provider and the via the Prince William County, Division of Protective Services. The domestic violence provider did convert an empty program, originally designed for permanent supportive housing into a second

Safe House program due to the increase in calls. This allowed the provider to serve additional families and single persons in need of a domestic violence shelter. The served were able to receive all services to include but not limited to court assistance, safety planning, and housing focused case management services to quickly identify a permanent housing solution. The Division of Protective Services which includes Child Protective Services and Adult Services experienced increases in domestic violence calls also. In instances where safety for the children and/or the adult abused, Protective Services will coordinate with DV services and emergency shelters to determine availability. If there was no availability, Protective Services will use hotel services coupled with case management services to protect the clients. The DV provider and Protective Services were able to access permanent housing solutions that include additional Rapid Re-Housing funds provided by state and federal agencies as well as the Emergency Housing Voucher to get singles and families out of domestic violence and hotel programs.

1D-8.	**Adjusting Centralized or Coordinated Entry System.**	
	NOFO Section VII.B.1.n.	

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

(limit 2,000 characters)

The CoC adjusted some of the roles and responsibilities that Coordinated Entry Services (CES) staff were responsible for during the pandemic. As the pandemic spread, CES was tasked with asking COVID-19 Health questions for persons seeking access to emergency shelter in addition the standard assessment. For clients that tested positive for COVID-19 or were recently exposed to COVID-19 and did have underlying health condition, the CES staff did coordinate these cases with the George Mason University MAP clinic to determine which clients were most at risk and should be admitted to the COVID-19 Hotel/Shelter program. The CES Staff worked closely with the COVDI-19 Hotel staff to ensure food, health service check-ins, case management services, and housing plans are developed for all households in the COVID-19 hotel. CES staff also conducted a 90-day housing challenge during the months of October through December of 2020 to move as many households as possible out of emergency shelters and the COVID-19 Hotel/Shelter. A prioritization emphasis was placed on households with underlying health conditions that could be complicated by COVID-19.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	07/16/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	07/19/2021

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

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

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

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

	NOFO Section VII.B.2.d.

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

(limit 2,000 characters)

1) All projects were evaluated based upon on meeting established threshold criteria that included:
a) serving only chronically homeless households for PSH and serving 100% of homeless households for RRH, b) adult participants with zero income at project entry, c) participants entering from a place not meant for human habitation, d) adult participants who were chronically homeless at entry and e) bonus points for programs designed to serve DV HH with history at entry. Additional scoring criteria includes the use of Housing First for all projects and serving the most vulnerable populations.
2) The PAR committee utilizes objective application & evaluation scoring tool to assess project effectiveness in working with the most vulnerable or hardest to serve populations throughout all geographical areas of CoC. Projects were awarded a portion of points where 35% or greater of the HHs served are high need HHs.

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

	Describe in the field below how your CoC:
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

The PWA CoC utilized Racial Equity Tool as it referenced it's rating factors process: Continuing to build on last year's efforts, the CoC utilized the Racial Equity Tool provided by the National Alliance to End Homelessness to conduct further analysis of race and access to homeless services in the jurisdiction in conjunction with reports run by the HMIS.

2. The PWA CoC used HMIS data as a reference point to begin evaluating data on the homelessness response system. The data indicates the number of people living below the poverty line are mainly minority races which constitutes an over representation in the homeless population. The PWA CoC conducted the following research with PAR representation of races over represented to determine if racial disparity is a concern for the CoC. The methods included the following:

HMIS data was reviewed and it was rediscovered that African Americans represent a large portion of the homeless population served, despite being only 13% of the general population in each of the respective jurisdictions.
3. The PWA CoC rated and ranked projects in parallel with how each projects promotes racial equality and equal access to services. The CoC is currently engaged in a 1-year COG collaboration with 9 other CoC's which will assess the racial equity throughout the CoC's service delivery system where individuals and families of different races are over-represented.

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

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

(limit 2,000 characters)

1.The PWA CoC utilized Racial Equity Tool as it referenced its rating factors process. Continuing to build on last year's efforts, the CoC utilized the Racial Equity Tool provided by the National Alliance to End Homelessness to conduct further analysis of race and access to homeless services in the jurisdiction in conjunction with reports run by the HMIS.
2. The PWA CoC used HMIS data as a reference point to begin evaluating data on the homelessness response system. The data indicates the number of people living below the poverty line are mainly minority races which constitutes an over representation in the homeless population. The PWA CoC conducted the following research with PAR representation of races overrepresented to determine if racial disparity is a concern for the CoC. The methods included the following:
HMIS data was reviewed, and it was rediscovered that African Americans represent a large portion of the homeless population served, despite being only 13% of the general population in each of the respective jurisdictions. African American female present a higher level of recidivism when looking at homeless services in PWC area.
3. The PWA CoC rated and ranked projects in parallel with how each project promotes racial equality and equal access to services. The CoC is currently engaged in a 1-year COG collaboration with 9 other CoC's which will assess the racial equity throughout the CoC's service delivery system where individuals and families of different races are over-represented in the homelessness response system, relative to the overall population.

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

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

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

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/15/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/15/2021

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

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/08/2021

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky (Service Point)

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1) The CoC and the only Domestic Violence provider have taken a few actions to secure a comparable database that collects the same data elements required in the HUD-publication. The HMIS lead is working closely with the HMIS provider and the DV provider to secure the cost for establishing an HMIS system that will be solely owned and operated by the DV Provider. The HMIS Lead would not have access to the system but will provide technical assistance related to data requirements, data entry, checks and balances and running reports. The CoC will work with the DV provider to identify funds at the local, state and federal levels that will allow payment for a sperate HMIS system or comparable database. 2) At this time the CoC does not have a comparable database that allows the DV provider to report de-identified aggregated system performance measures at this time.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	277	23	190	74.80%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	33	0	33	100.00%
4. Rapid Re-Housing (RRH) beds	174	0	148	85.06%
5. Permanent Supportive Housing	75	0	41	54.67%
6. Other Permanent Housing (OPH)	9	0	9	100.00%

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

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

(limit 2,000 characters)

1) Emergency Shelter: 64 of our total shelter beds were seasonal hypothermia shelter beds. These were hotel/motel beds that were locally funded and therefore not required to use HMIS. The CoC decided to track these services outside of HMIS, however, clients in these beds the night of PIT were entered as an initial step towards more robust data entry for hypothermia services. This year the CoC is working with two agencies to provide hypothermia services during the winter season. The CoC Lead is requiring both providers to complete data entry (at minimum the HUD UDE's) as part of their state and local agreements. Permanent Supportive Housing: 34 of our total PSH beds are for the HUD/VASH program, which is strongly encouraged to utilize HMIS, but is not required. This is a significant increase from last year's HIC as the provider

only reported 11 beds, which also leads to the decreased coverage rate (our "regular" PSH bed count decreased by 5 beds). The CoC has 100% HMIS coverage of PSH beds without the VASH beds included. The CoC has begun conversations to improve data sharing with the VASH provider and plans to continue these conversations in FY22. "Double data entry" is often a concern for veteran providers since they utilize other systems. The CoC is researching how we can complete data transfers between systems. This would also include identifying funding sources to pay for such services through the HMIS vendor. 2) Emergency Shelter: The CoC is currently in conversation with the hypothermia shelter providers to implement this year's plan by 11/1/21. Our next step is to meet one-on-one with the providers to answer questions, develop and/or confirm policies and procedures, and schedule any necessary staff training. Permanent Supportive Housing: The CoC will renew efforts to begin conversations with the VASH provider in FY22 on how to best share data on those they serve and will also provide research on the possibility of data transfers between our systems.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	0.00%

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

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

(limit 2,000 characters)

1) The CoC Lead & HMIS Administrator are closely working with the one DV provider in the Prince William Area CoC over the net 12 months to increase the bed coverage rate from 0% to over 85%. The CoC Lead will jointly work with the DV provider to:

1.Work with the CoC vendor, WellSky to determine if a separate stand-alone system can be established with the DV Provider.
2.Identify additional HMIS vendors to determine if a stand-alone system can be owned and operated by the DV Provider. The CoC Lead would not have access to data other than aggregated data.
3.Research comparable database products should HMIS vendors not be an option.
4.Concluding research, the CoC Lead & HMIS Administrator will work closely with the DV provider to secure quotes from existing HMIS system & comparable databases.
5.Once the quotes are received, a costs analysis will be conducted to select an information system provider.

2) Regardless of the system selected, the CoC Lead & HMIS Administrator will

work closely with the DV Provider to:

1.Participate in trainings with the selected vendor to include system, agency and end user training.
2.Ensure the HMIS database is set up correctly to enter data.
3.Identify a start date to enter data into the data base.
4.Conduct follow up for at 90 days from start date to review data entered to reduce data entry errors. This would include pulling established reports.

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

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

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

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

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

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

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

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	No

2C. System Performance

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

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

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

(limit 2,000 characters)

1) PWA CoC identifies risk factors for first time homelessness from data gathered through CES system & community experience & knowledge. Risk factors are identified by CoC's CES process that includes assessing households at risk & those experiencing homelessness to identify risk factors common among households experiencing homelessness for the first time: high CES assessment score, DV status, veteran status, Youth, participants with disabilities, and low/no income. On average calls to CES are for at risk households. Other risk factors identified by CES: high cost of living, high unemployment rates & lower wage jobs for households in CoC geographic region. 2) CoC key strategies to address households at risk: 2 FTE Housing Locators provide housing retention & tenancy education; prevention case management mediates with landlords, connects to rental assistance & prevention funds through state & local funding; assistance with employment; enrollment in mainstream benefits; landlord trainings; legal assistance; & evaluation of CES outcomes. CoC provides eviction prevention services through state prevention funds: $188,675 & local prevention funds: $350,000. Both funds are used to ensure that households at imminent risk of homelessness do not enter homelessness. CoC leverages private funds for one-time rental/utility assistance. In FY21, CoC dedicated $175,000 of Emergency Food Shelter Program funds for onetime rental assistance and for eviction prevention & utilities. CoC actively evaluates CES prevention & diversion data via the quarterly CoC Report Card. CoC policy requires shelters to continue diversion activities with those in shelter. 3) CoC Lead Agency is PWC Dept. of Social Services, Homeless Services Division; responsible for CES & overseeing CoC's strategy to address households at risks of experiencing first time homelessness.

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

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

(limit 2,000 characters)

1) To reduce LOTH, CoC strategies are that the CoC: creates RRH & PSH through CoC Bonus & Reallocation, based on community need/priorities; dedicates 100% of PSH beds to CH; adopted HUD standards re: prioritizing PSH based on LOTH; requires commitment to Housing First approach for 100% of projects; continued operation of RRH by utilizing State RRH funds; dedicates all PSH for CH thru bonus and/or reallocation each yr; CES prioritizes households with longest LOTH for both PSH & RRH; awarded RRH renewal to a new subrecipient to improve outcomes; dedicates state funds to 2 FTE Housing Locators; & requires shelters to use Housing First & develop Housing Plans using Progressive Engagement. Longest LOTH is used in CES prioritization for PSH and RRH. 2) CoC uses a By-Name List (BNL) & CES-HMIS data to ID the individuals & families with the longest LOTH, who are then prioritized for referral to PH options. BNL tracks LOTH, vulnerability, entries & exits. RRH & PSH Admissions Cmtes. routinely works with outreach teams & ensures rapid admission to PH programs & services as units become available. Households are prioritized by both assessment score, LOTH & date of assessment. Referrals for Veteran specific housing resources & RRH are reviewed monthly by Service Continuum Comm. to ensure households are assessed & offered housing/services quickly. Referrals are tracked in HMIS. 3) CoC Lead Agency is PWC Department of Social Services, Homeless Services Division; responsible for overseeing CoC strategy to reduce households' LOTH.

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

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	**emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and**
2.	**permanent housing projects retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

1) CoC utilizes housing locations services to ID new landlords & ID sustainable units for RRH HHs. CoC follows best practices to aid in the success of exits to PH: using VI-SPDAT as interim assessment for Progressive Engagement when HHs are connected to services; low barrier model for ES; continued diversion & remediation strategies; requirement of Housing 1st model for all CoC programs; Progressive Engagement used for RRH, providing individualized financial assistance & case management; focus on increasing HH income via

employment services and/or training to increase sustain housing; the CoC assesses HH needs to provide housing/services to meet those needs so the HH can become stable and more likely to exit to a PH destination. 2) To increase retention rate, CoC leverages over $543,535 of state & local government funds for PSH & Prevention services. CM Services are offered to all HHs after exiting to PH. Housing Locators mediate landlord/tenant issues to preserve PH. HHs are offered services through CoC's SkillSource Center for job training & placement. CoC recognizes that mainstream benefits are vital for maintaining housing. CoC coordinates with Virginia SOAR Coordinator for SOAR certifications to CoC providers. CoC providers partner with local Departments of Social Services to connect households to mainstream benefits TANF, VIEW & SNAPET. The CoC's lobbying of the County has resulted in the adoption of a homeless preference in the Administrative Plan by the County's Housing Department.

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

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

(limit 2,000 characters)

1) The Services Continuum Comm. comprised of homeless service Providers, actively reviews & identifies common factors for households of individuals/families returning to homelessness. The Services Continuum Comm. reviews CES data from HMIS regarding the household request for services to determine commonalities & develop an action plan that addresses common factors to reduce returns to homelessness. Service Continuum Comm. has identified that ongoing case management is needed for HHs exited to PH. Continued support services identified as needed to prevent recidivism for HHs exiting to permanent housing include connection w/mainstream benefits, employment services & case management. The Data & Needs Analysis (DANA) Comm. also reviews data to assess common factors for returns to homelessness through CoC Report Card & tracks performance outcomes for returns to CoC. 2) CoC strategies to reduce returns include: CoC identifies returns of HHs through CES, assesses reasons why placement failed & tailors interventions; CoC requires follow up w/exited participants to ensure housing stability; CoC monitors project performance outcomes that support PH stability e.g. increasing income & access to benefits/employment - & has established performance targets to minimize returns to homelessness. Corrective action plan including TA is developed for programs that do not meet outcome goals. To increase HH financial stability: SkillSource Center offers job training & placement to homeless households; CoC works w/state SOAR Coordinator to provide SOAR trainings to CoC providers; & CoC's providers actively partner w/local Departments of Social Services to connect HHs to TANF, VIEW and SNAPET. 3) CoC Lead Agency is PWC Dept. of Social Services, Homeless Services Division; responsible for CoC's Service Continuum; DANA Committee monitors service delivery, performance & strategy to reduce the rate of returns to homelessness.

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

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

(limit 2,000 characters)

1) To increase employment income, CoC's strategy is to work with mainstream employment organizations to increase access to job readiness & job training, skills building & employment programs and opportunities. CM services focus on Service Plan development w/goals focused on employment & training using a strength-based model on how disabled HHs can participate in employment w/out loss of benefits. 2) The CoC's strategy to increase access to employment includes providing training to case managers re: employment access to service providers, researching best practice training opportunities, ensuring circulation of job fairs and training opportunities for HHs, helping HHs gain access to transportation assistance and/or childcare. The Virginia Employment Commission (VEC) is a member of the PWA CoC. The VEC's Workforce Services Representative from the Prince William SkillSource Center works closely with CoC providers to offer employment services (e.g., job placement, resume writing assistance, & job assistance for families & individuals. CoC's SAVED Hands and CHOICES programs also provide onsite employment services at ES programs and Bill Mehr Drop-In Center (DIC). Courses include resume writing and interviewing skills. 3) CoC Lead Agency is PWC Department of Social Services, Homeless Services Division; responsible for overseeing strategy, CoC's Service Continuum & coordination with Workforce Service representative.

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

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

(limit 2,000 characters)

1) To promote partnerships and access to employment opportunities with private employers and private employment organizations, the CoC engages in the following strategies: monthly planning review with the CoC-At-Large and the Service Continuum Committee regarding employment & training opportunities, trends in employment careers most prevalent in PWC. These opportunities are discuss & circulated to the entire CoC. For example, Virginia Employment Commission (VEC) has announced several workshops for clients as well as job

fairs that include on the spot interviewing and hiring. This has been helpful during the pandemic since many persons were unemployed or underemployed. Training and employment opportunities that are offered to emergency sheltered HHs are provided to PH program participants. 2) The Virginia Employment Commission (VEC) is a member of the PWA CoC. The VEC's Workforce Services Representative from the Prince William SkillSource Center works closely with CoC providers to offer employment services (e.g. job placement, resume writing assistance, and job search assistance). CoC's SAVED Hands and CHOICES programs also provide onsite employment services at the ES programs and the Bill Mehr Drop-In Center (DIC). The courses include resume writing and interviewing skills. The VEC's Workforce Service representative to the CoC connects homeless households with mainstream employment organizations for job opportunities. The VEC has connections with mainstream employment organizations throughout the PWA CoC geographic region and the State of Virginia. Annually, PSH programs review participant enrollment to determine which HHs may be able to further their recovery through employment opportunities.

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

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

(limit 2,000 characters)

1) CoC strategies to increase non-employment cash income include case management staff shelter, street outreach, & RRH assessing HHs for their needs, identify and prioritize those needs and providing information to HHs regarding non-cash benefits that they may qualify to access. HHs can be referred to SNAP, TANF, VIEW, Medicaid, Child Care Assistance, Emergency Assistance and State General Relief. Outreach workers and Case managers will provide education about a benefit, provide necessary referral information to apply for services, including SOAR resources, and may assist HHs in understanding questions required as part of the application process. 2) CoC's strategy to increase access to non- employment cash income includes providing training to staff with monthly case management meetings for front-line staff, monitoring program performance as a CoC outcome specific to non-cash benefit sources and program manager reviewing outcome measures quarterly and annually to identify ways in which CoC can become more proficient with HHs access to non-employment cash benefits. CoC also works w/state SOAR Coordinator to provide SOAR trainings to CoC providers; & CoC members actively partner w/local Departments of Social Services to connect HHs to TANF, VIEW and SNAP. 3) CoC Lead Agency is PWC Department of Social Services, Homeless Services Division; responsible for overseeing strategy and monitoring of CoC's progress to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
DV Bonus	RRH	9	Healthcare
PSH Bonus	PSH	8	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? DV Bonus

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 9

4. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? PSH Bonus

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 8

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

(limit 2,000 characters)

N/A

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

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

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

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

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

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

(limit 2,000 characters)

N/A

4A. DV Bonus Application

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

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

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

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

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

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

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

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

1.	**Enter the number of survivors that need housing or services:**	48
2.	**Enter the number of survivors your CoC is currently serving:**	16
3.	**Unmet Need:**	32

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

Describe in the field below:

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

(limit 2,000 characters)

1) ACTS is the sole provider of domestic violence (DV) services in Prince William County (PWC). The program includes court advocacy, adult and children's programs, a DV Hotline, and two safe houses, each house accommodating five households (HH) at a time, who stay an average of two months each (VADATA).
5 HH served at 2 Safe Houses for an average of 2 Months each = 60 DV HH served per year. Approximately 80% of the DV HH (48) in the safe houses require Rapid Re-housing (RRH) assistance according to ACTS records.

2)ACTS has four RRH Case Managers with a maximum caseload of 12 HH at any given time. Of those, the Continuum of Care (CoC) recommends no more than three be high-barrier (plus six medium and three low-barrier), and the CoC recognizes all DV HH as high-barrier. ACTS RRH Case Managers currently work with two DV HH each (8 total). According to HMIS, high-barrier clients normally take an average of six months to be stabilized in permanent housing. Thus, ACTS RRH Case Managers can accommodate 16 high-barrier HH per year, leaving an unmet need of 32 HH.

3)This unmet need is due to only having a single domestic violence provider, which also serves as one of two RRH providers. Domestic violence cases have increased (as much as 72% according to ACTS internal database); COVID-related factors have increased the length of time DV HH remain in shelter (client and staff surveys); and there are not enough RRH Case Managers with DV experience to address the need.

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

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

Applicant Name
Prince William Co...

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

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

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

1.	**Applicant Name**	Prince William County Government
2.	**Rate of Housing Placement of DV Survivors–Percentage**	40.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	100.00%

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

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

(limit 1,000 characters)

ACTS documents each household's destination upon exit from one of its Domestic Violence Safe Houses. Looking at the five years from FY16-FY21, an average of 40% of the households leaving shelter entered permanent housing. The most successful year for placement in permanent housing was FY19 with 50%, and the lowest years were the two most recent, which were impacted by COVID. (FY20 with 30% and FY21 with 33%. ACTS Case Managers generally follow-up on households for at least 90 days after placement. In the five years referenced above, there were no instances of a household returning to shelter.

These statistics are tracked monthly on ACTS agency-wide Levels of Services spreadsheet. Data for the spreadsheet related to this topic is generated from PWC's HMIS reports and the Virginia Department of Social Services' VADATA report.

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

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;**

2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

DV survivors experiencing homelessness have three avenues to enter ACTS safe houses and then transition into safe affordable housing via RRH.
1.Survivors can call the Coordinated Entry System and be screened for DV history. All survivors in imminent risk for violence are referred directly to ACTS safe houses.
2.Survivors are screened by police on scene to determine their current risk of further violence. Officers assessing survivors as high-risk call ACTS dedicated DV Hotline 24hrs/day and provide transport to an ACTS safe house.
3.Survivors may call the Hotline 24hr/day and speak with safe house staff, who will assess their immediate threat of violence and arrange admittance to the safe house, if appropriate.

Survivors residing in ACTS safe houses are assessed to determine their housing needs. The 80% needing RRH are referred to the CoC's by-names-list to await assignment to a RRH Case Manager based on their SPDAT score (DV survivors receive priority points).

CoC protocol is for all DV survivors qualifying for RRH to be referred exclusively to ACTS RRH Case Managers, due to ACTS specialized experience dealing with this population. However, this often means DV survivors wait on the by-names-list longer than would otherwise be necessary if they were not DV survivors. While awaiting assignment, all DV survivors have access to ACTS DV Services, which include an ACTS DV Specialist for individual or group support, as well as other basic case management needs.

Once survivors in the RRH program are permanently housed, they not only have continued access to their RRH Case Manager for up to two years, they continue to have access to ACTS DV specialists for individual and group support for themselves and their children. All survivors also have access to ACTS DV Court Program for assistance with the legal process, such as accessing pro bono attorneys, court advocacy, and assistance with obtaining protective orders.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**

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

(limit 5,000 characters)

1.All ACTS housing staff are required to take at least the eight-hour training developed specifically for them by ACTS Domestic Violence Services and delivered by ACTS DV Community Educator. Among other topics, they receive detailed training on safety planning, which is reviewed with all survivors, whether they are residing in an ACTS safe house or calling the DV Hotline. Safe House Resident Assistants answer the DV Hotline from 6pm – 8am during the week and on weekends (the Hotline rings in ACTS DV Services office during the day), so they are able to use what they learned about safety planning nearly every shift, and sometimes multiple times during a shift. Notes from all calls are reviewed daily by the Safe House Supervisor or DV Director, and follow-up training is provided when necessary.
2.The DV Hotline is answered in a private room by the Helpline staff, Resident Assistants' offices in the safe houses, or the DV Services offices. Intakes are conducted in person in the Resident Assistants' offices in the safe houses.
3.Though couples rarely present together, they are interviewed separately when they do. ACTS normally does not work with the abuser at all, but there are instances when the relationship is so volatile that the primary abuser may be difficult to determine without careful interviews of both parties in private.
4.As with all RRH clients, homeless DV survivors are encouraged to choose their own residence with support from their RRH Case Manager. DV survivors are considered high-barrier clients due to the unique circumstances related to their abuse and automatically qualify for housing location services. For example, while a basement apartment may be desirable for a regular client, a DV survivor may be afraid to live on a lower level or in a place they must enter from the back yard. Due to the relationships their abuser has in the community, certain otherwise ideal neighborhoods also may be dangerous options for DV survivors.
5.ACTS two safe houses are very well-maintained homes in quiet residential neighborhoods. As such, no bars are installed on the windows, which might prevent egress in an emergency or draw unnecessary attention to the houses. However, both houses are covered by live cameras inside and out, except in residents' private rooms. Cameras are viewed from the Resident Assistants' desks. Resident Assistants are also required to make rounds of the entire property inside and out every two hours. While they are away from their desks, they take the DV Hotline phone with them (all residents have ready access to the number), so they are always in reach of a resident in need.
6.The locations of ACTS safe houses are kept confidential and only shared on a need-to-know basis. Thus, most of ACTS staff does not know their locations. Residents are forbidden from disclosing the location of the safe houses (revealing the address can be cause for immediate dismissal from the program). Thus, they can only be picked up or dropped off at predetermined locations next to bus stops within walking distance to the houses. The only exception is when residents take a cab provided by ACTS staff. In these cases, ACTS utilizes only a single cab company with which it has a relationship and which agrees only to send their most trusted drivers. Drivers are instructed that if they break the confidentiality of the safe houses they may be dismissed from their jobs.

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

NOFO Section II.B.11.

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

(limit 2,000 characters)

ACTS has provided DV services to residents of PWC since 1980 and is recognized regionally as the expert in domestic violence. ACTS even provides training on DV to PWC's judges, law enforcement officers, and district attorney's office.

•Safe Houses have been evaluated as safe for DV survivors as follows:
oInternally – ACTS safe houses are staffed 24 hours per day and covered by live cameras. Supervisors are on site two to three days per week, and maintenance is on site at least once a week.
oExternally - ACTS safe houses are partially funded by the Virginia Department of Criminal Justice Services and are therefore required to be inspected to ensure all policies and protocols meet state standards. Local law enforcement also drive by the safe houses as part of their nightly patrols.

•Permanent housing options identified through the RRH program are evaluated as safe for DV survivors as follows:
oIn addition to the site visit inspections all potential properties undergo, ACTS RRH Case Managers have been trained in the issues domestic violence survivors face and are particularly sensitive to possible safety issues or environmental triggers. The RRH Case Managers work closely with the DV Case Manager and residents to ensure the most appropriate housing options are explored.
oThe program directors for ACTS DV and Housing Services meet regularly to ensure survivors' housing needs are met both in regard to their RRH supports and DV case management. RRH Case Managers also meet directly with the DV Case Manager to review survivors' current situations and potential needs.

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

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

7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1.Whereas residents in ACTS emergency shelter are required to have housing as their primary goal upon admission, DV survivors in ACTS safe houses do not set this their primary goal until they have been in the program for a week. This allows survivors time to begin dealing with their trauma, navigating the process of getting protective orders, going to court, and just being left to choose how to spend their day (something they are unable to do with their abusers). Once referred to the CoC's by-names-list, they are given priority placement with the next ACTS RRH Case Manager with an opening in their caseload. They also have immediate access to ACTS Housing Locators, who have pre-identified options appropriate for DV survivors.
2.ACTS staff utilize a peer support model (which prioritizes client choice) rather than a clinical approach (which can be more directive), and all Resident Assistants receive eight hours of training on dealing appropriately with survivors before they are assigned to the safe houses. One topic addressed is the difference between enforcing rules and chores in the emergency shelter and the safe houses. They are taught that too much structure will resemble the controlling atmosphere survivors just escaped and may cause re-traumatization. Dismissal from the safe house is reserved for only the most serious violations that put other residents at risk. Even then, DV survivors may continue to receive services from their RRH Case Manager and DV Specialists.
3.All ACTS staff from thrift store clerks to the finance team are trained in trauma-informed approaches, as well as Darkness to Light's "Stewards of our Children" program. Every department has information on domestic violence on display for clients and the public alike. It is critical that everyone with a DV history (whether they identify as such or not) know that at ACTS they will not be judged, because what happened to them was not their fault, and ACTS is available to help them on their journey to healing.
4.ACTS uses a strengths-based approach with all client interventions, but especially with trauma survivors. When Case Managers first meet with survivors, they may only see themselves as victims. However, Case Managers immediately point out that they have engaged in services to improve their situations. This opens the door to assist the survivor with identifying the strengths, coping skills, and resources they had employed to get them to where they are today. The first four questions on a survivor's Housing Stabilization Plan allow them to identify their primary concern, a related goal statement, their strengths and social resources that will help them reach their goal, and finally the Case Manager's referrals and suggested activities that will take advantage of the survivor's strengths and support the survivor's self-identified goal.
5.ACTS staff sign a non-discrimination pledge during onboarding and are required to take cultural competency training annually. As more than a third of ACTS DV clients are Hispanic, ACTS employs bi-lingual staff in all positions working with survivors. Recognized for their expertise, ACTS DV Specialists and Case Managers are regular guests on the Panorama Latina TV program, where they are interviewed in Spanish about trauma, domestic violence, housing, and related resources. When assisting clients who speak other languages, ACTS has a contract with a trauma-fluent interpreter service.
6.The Peer Support model underpins all ACTS trauma programs. As such, ACTS prioritizes hiring staff with lived experience, so most of the DV staff are in long-term recovery from their own trauma. ACTS also normally learns over time that a significant number of its Housing Services Team also experienced personal violence in their pasts. When clinical intervention is appropriate,

survivors are referred to George Mason University's behavioral health clinic, with which ACTS has an MOU for free services. In the safe houses, house meetings occur weekly. DV Specialists also facilitate weekly psycho-educational support groups open to residents of the safe houses and DV graduates of the RRH program. It is not uncommon for survivors to form long-lasting relationships with each other, which further reinforces the peer support model. 7.While adults are in group (English and Spanish are available), ACTS offers simultaneous children's groups for three age levels (elementary, middle, and high school). The youth learn to process the trauma they have experienced, the violence they witnessed, and the recovery their parent is undertaking with age-appropriate activities and discussion topics. Meanwhile, parents not only learn about what they have experienced, but also what their children have experienced. Special attention is given to helping the parents understand how to interact with their children in healthy ways. Additionally, ACTS has an MOU with Cooperative Extension Services to deliver evidence-based parenting training.

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

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

(limit 5,000 characters)

In addition to the educational presentations and individual and group support sessions provided by their DV Case Managers while in the safe houses and upon acquisition of permanent housing, DV survivors simultaneously receive wrap-around services from their RRH Case Manager.

Specific supportive services provided to survivors include (but are not limited to) the following:

•DV Specialists provide Court advocacy, connection with free legal representation, assistance with divorce or residency issues, and transportation to and from court, as appropriate and requested.
•The RRH Case Managers and Housing Locators taking special care to educate survivors on issues to consider and what to look for in safe housing.
•The RRH Case Managers and Housing Locators educate landlords not only about the RRH program, but also on the specific challenges faced by DV survivors (without identifying whether a particular potential tenant is a DV survivor or not). The potential challenges could include poor or no credit history, evictions or utility disconnections, poor or no job history, lack of transportation, or even arrests as a result of the control and manipulation used by abusers to keep victims dependent.
•Even before survivors are housed, ACTS Case Managers begin working with the school system to ensure children's learning is not interrupted, and school counselors are aware of the situation (with parental permission). This encourages teachers to be more tolerant of emotional behavior, tardiness, missed assignments, or poor grades.

•Each safe house has a computer room for students to do homework and for survivors to look for jobs and housing.
•Employment services are frequently necessary for DV survivors, so volunteer professionals are brought in to assist with resumes, job searches, interview skills, and what to expect and how to interact in the work environment. Though both safe houses are located within one block of public transportation, Case Managers can transport survivors to job interviews, medical appointments, or even the grocery store in the company-owned van or provide cab fare.
•Many survivors need and qualify for public benefits, at least until they become fully self-sufficient. ACTS Case Managers are trained to provide assistance with filing for these benefits, as well as replacing social security cards, driver's licenses, and other important documents, which may have been lost when they fled their abuser.
•ACTS Case Managers also work with survivors to address educational and vocational needs. This may include identifying scholarships, applications for school, English as a second language classes, and vocational training.
•Budgeting and banking skills are taught by local banks, who volunteer their time.
•Finally, ACTS Case Managers ensure survivors have the physical essentials for self-sufficiency, which could include anything from a voucher to our thrift store for work clothes to new furniture for their new living arrangements.

ACTS domestic violence and housing services teams work closely together to give DV survivors every opportunity and resource to succeed. With the addition of RRH Case Managers dedicated solely to this population, not only will more survivors achieve safe and stable housing they can maintain, they will do so more efficiently, minimizing the length of time they are homeless.

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

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

(limit 5,000 characters)

1. Though there is no fixed time limit a household may remain in ACTS Safe Houses, they are designed for those in imminent threat of violence. The longer they stay, the less imminent the threat becomes, so sixty days is the target, if not sooner. This length of stay is roughly twice as long as households in the "regular" Emergency Shelter, due to the need to address acute trauma prior to and during the search for housing. By the end of the first week, households meet with their Case Manager to determine where they wish to live, what is most important to have in their new place, and the rental cost and unit size appropriate based on their current and/or projected income. Staff housing locators provide lists of rental units/landlords and assist in housing search, landlord negotiations, review of lease criteria, HQS inspections, visual lead inspection, rent reasonableness, and move-in planning.

2. The handbook for the Resident Assistant (RA) staff in the Safe Houses was rewritten in 2021 to further integrate the evolving best practices regarding trauma-informed care. An example of a recent change is ACTS medication policy. Until this summer, residents of the Safe Houses were required to turn over all medications to staff upon admission. When they wanted to take their meds, they had to ask the RA on duty to unlock the medication cabinet, and they were required to take their medications in the presence of the RA. This policy has changed to allow residents the autonomy of handling their own medications. This removed a clear expression of power differential. A change made to reduce punitive interventions was the discharge policy. Households are now only exited from the program for safety violations that put either staff or other residents in danger, and unless the police are called, no resident is to be dismissed after normal business hours or without appropriate referrals to other housing options.

3. All staff working with domestic violence households are required to receive at least forty hours of continuing education annually, to include at least eight hours related to trauma-informed care. Relying on residents to define their trauma is a cornerstone philosophy. Only they can truly identify how the events in their life have affected them. To assist residents with understanding their own trauma, each Safe House has a reading room, which includes self-help books related to trauma and computers with links to trauma-related podcasts and videos, which can be reviewed later with their Case Manager.

4. The PWC CoC's standard intake form is built around a strength's based paradigm. In fact, clients' strengths are explicitly listed and reviewed regularly. ACTS Domestic Violence Services forms start from the perspective that the DV victim is a survivor. By coming to the Safe House, they have already showed fortitude, self-care, and devotion to their children. ACTS Self-sufficiency Matrix is predicated on the goal of assisting all clients on their journey toward self-sufficiency. The fact that it is THEIR JOURNEY is stressed, and ACTS role is simply to provide resources and support.

5. ACTS has a contract with Alboum Translation Services for Nonprofits, which provides 24-hour live phone and video translation services, as well as in-person services during the day. Several years ago, ACTS committed to bilingual English/Spanish staff members in every program. Alboum allows ACTS to provide services in over 100 languages. Since language capability is not enough for effective service, all staff receive annual training on cultural competence, internal bias, and nondiscrimination. Supervisors receive additional training on these subjects to enable them to provide additional

guidance during supervision.

6. ACTS DV Services are based on the peer support model, so most of the staff have experienced DV themselves or in their families of origin. Each has a minimum of five years' healing behind them before being hired. Even those staff without DV backgrounds emphasize that the residents are embarking on their own healing journey. ACTS staff walk with them, not in front of them. All residents (and those housed after graduating) are invited to participate in non-clinical group support sessions weekly. When quiet time is preferred, each Safe House has a meditation garden to allow residents to pause and reflect on where they are spiritually.

7. ACTS does not provide direct childcare or parenting services. However, George Mason's Cooperative Extension Services has a grant to provide free parenting classes to organizations such as ACTS. Pre-COVID, they would provide parent groups weekly on site. Since in-person meetings are not yet the norm again, each Safe House has been equipped with a 65-inch video screen with built-in camera, microphone, and speakers to allow the classes and groups to continue. Once housed, these services are also available in ACTS Family Services Center in Dumfries and its Manassas satellite office.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/02/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/02/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/02/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/02/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting- P...	11/02/2021
1E-5a. Public Posting–Projects Accepted	Yes	Projects Accepted...	11/02/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting- Projects Rejected- Reduced

Attachment Details

Document Description: Projects Accepted- Public Posting

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/13/2021
1B. Inclusive Structure	11/04/2021
1C. Coordination	Please Complete
1C. Coordination continued	11/04/2021
1D. Addressing COVID-19	11/05/2021
1E. Project Review/Ranking	11/05/2021
2A. HMIS Implementation	11/05/2021
2B. Point-in-Time (PIT) Count	11/05/2021
2C. System Performance	11/05/2021
3A. Housing/Healthcare Bonus Points	11/05/2021
3B. Rehabilitation/New Construction Costs	09/15/2021

3C. Serving Homeless Under Other Federal Statutes	09/15/2021
4A. DV Bonus Application	11/08/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

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1C-14. CE Assessment Tool

Table of Contents:

- PWA CoC Permanent Housing Referral Summary Sheet
- PWA CoC Housing Targeting Assessment Tool

PWA CoC Permanent Housing Referral Summary Sheet

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PWA CoC Permanent Housing Referral Summary Sheet

Client Information:	
Head of household HMIS #:	**Date of Referral:**
Head of household name:	
Household Size:	**Unit Size Requested:**
Combined Score from RRH Prioritization Tool & VI-SPDAT: *(RRH Referrals ONLY; PSH currently only uses the VI-SPDAT scoring tool)*	**Prioritization Score:** ☐ **High: 15+ points** ☐ **Medium: 8 to 14 points** ☐ **Low: 0 to 7 points**
Type of Referral(s) Requested: *Check all that apply*	
Rapid Rehousing (RRH)	☐
Housing Location Services (HLS)	☐
Permanent Supportive House (PSH)	☐

Case manager completing form:	
Contact Number:	
Email:	

Summary Checklist for PH Projects: *Items with an "*" means they should already be completed in HMIS prior to submitting the referral. All other items on the list will be uploaded to HMIS at the time the referral is made. HMIS ROIs are for the HMIS project where the client is currently residing & should have been completed at that project's intake. Projects that do not utilize HMIS will only complete the "third-party" consent form and will submit referrals outside of HMIS (typically by email). Domestic Violence providers will not submit referrals through HMIS.*

PSH Referrals	RRH Referrals
PWA PH Referral Summary Sheet - **upload in HMIS**	PWA PH Referral Summary Sheet - **upload in HMIS**
PWA CoC Intake Form - **upload first three pages ONLY**	PWA CoC Intake Form **- upload first three pages ONLY**
Housing Targeting Assessment Tool – **upload in HMIS**	Housing Targeting Assessment Tool - **upload in HMIS**
*HMIS ROI for current project	*HMIS ROI for current project
Consent for the Release of Confidential Information ("third-party" consent) – **upload in HMIS**	Consent for the Release of Confidential Information ("third-party" consent") - **upload in HMIS**
***VI-SPDAT Score:**_____ Date of assessment:_____ *(must be within the past 12 months)*	***VI-SPDAT Score:**_____ Date of assessment:_____ *(must be within the past 12 months)*
PWC CSB Authorization to Release and Obtain Confidential Information - **CSB ONLY - upload in HMIS**	***Rapid Rehousing Prioritization Tool (Part 1):** *Select category with the most points if more than one applies to the household (HH)* ☐ 1st Priority: HH w/children in greatest need (4 pts) ☐ 2nd Priority: Aging & disabled HH (3 pts) ☐ 3rd Priority: Youth HH (adults age 18-24)(2 pts) ☐ 4th priority: HH w/o income (1 point) ☐ Not applicable: (0 pts)
Chronic Homelessness Documentation Checklist - **upload in HMIS; inc. attachments** a. Part 1-Current Housing Status b. Part 2-Housing History c. Part 3-Disability Status d. Part 4-Staff and Client Certifications	***Rapid Rehousing Prioritization Tool (Part 2):** Is the household currently fleeing a domestic violence (DV) situation? *(i.e., is this episode of homelessness due to a DV experience)?* ☐Yes ☐No ☐Client Doesn't Know/Client Refused If yes, add **2 additional points** to prioritization score: ☐2 pts ☐0 pts
PSH Admission Committee Questionnaire – **upload in HMIS**	***Total RRH Prioritization Score (VI-SPDAT + Part 1 + Part 2):** _____
PWA CoC PSH Admission Committee Disposition Form – **uploaded by HSD**	

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PWA CoC Permanent Housing Referral Summary Sheet

Type of Assistance: *Please check the appropriate box and provide justification for the length of assistance requested*	
Short-term (up to 3 months)	☐
Medium-term (up to 6 months)	☐
Medium - Long (up to 9 months)	☐
Long-term (12-18 months)	☐
Long - Maximum (18-24 months)	☐
PSH Only: Long-term (Permanent)	☐
Justification for length of assistance:	
_____ _____ _____ _____ _____	

Rental Subsidy Type (RRH ONLY): *Check the appropriate box*	
Income Based (HH pays 30%, 40%, 50% of income on a monthly basis)	☐
Graduate/Declining Subsidy (Subsidy declines for the HH based on a fixed timeline)	☐
Bridge Subsidy (Temporary assistance for the HH to obtain long-term housing with a subsidy such as HCV)	☐
Housing Location Services: *Check the appropriate box*	
Housing Barrier Assessment Score (15+): _____	☐
Household needing ADA Accommodation	☐
Household with 6 or more individuals	☐
Household with criminal history that prevents them from obtaining housing	☐
Household does not meet any of the above criteria but has applied for housing on their own and has been denied at least twice in the past 6 months	☐
Justification for request for Housing Location Services:	
_____ _____ _____ _____ _____	

Signatures:

_____ _____

Referring Case Manager Date

_____ _____

Program Manager Date

PWA CoC Housing Targeting Assessment Tool

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PWA CoC Housing Targeting Assessment Tool

Head of Household Name: _____ **HMIS ID#:** _____

Staff Completing: _____ **Date:** _____

	5	3	2	1	0	SCORE
HOUSING/RENT HISTORY	1+ Foreclosure	2+ Evictions	0-1 eviction	No housing History	No evictions	
	Lost Housing Choice Voucher	Lost Debt Assistance (HPRP, etc)	1 negative reference	No landlord references	1 or more landlord references	
	Utility and rent arrearage $2500+	Utility and rent arrearage less than $2500	Rent arrearage	Utility arrearage	No utility or rent arrearage	
EDUCATION	Did not complete HS or GED	GED	High School Diploma	Completed Vocational	College Diploma	
	Cannot read, write, and speak in English	Cannot read or write in English	N/A	N/A	No literacy issues	
EMPLOYMENT	Extremely low income (30% AMI)	N/A	Very low income (50% AMI)	Low income (80%AMI)	Market rate income	
	No work history and no resume	No work history	Irregular work history	1 – 2 episodes of unemployment	Regular work history	
	Not employed within last 30 days	Not working	Less than 20 hrs. weekly or periodically	Part time/ 20 to 35 hrs wkly	Full time/ 40 hrs. weekly	
	Client has a documented disability	Client receives SSI/SSDI	Client not engaging in treatment	Client active in treatment	No documented disability	
DEBT / INCOME\ FINANCES	Bankruptcy-active or discharged w/in 3 years	Debt of $5000+	Debt of $1500 to $3000	Minimal debt $0-$1500	No debt	
	2 months behind on payments	1 Month behind on payments	Sending only minimum payment required	Regular with payments	No payments required	
	More than 2 Judgments and/or Liens within last five years	N/A	2 Judgments or Liens within last three years	1 Judgement or Lien within last year	No Judgments or Liens	
CRIMINAL	Sex Offender	Violent Felonies	Nonviolent felonies	Misdemeanors	No criminal history	
	Pending Charges	N/A	Convictions w/in 7 years	Conviction w/in 8 to 10 years	No new charges or convictions	
TRANSPORTATION	No transportation or means to transportation	N/A	Unreliable transportation	Means to reliable transportation (Able to access bus)	Reliable Transportation (own vehicle/ convenient bus)	

PWA CoC Housing Targeting Assessment Tool

Housing Counselor's Guidance: *This tool is designed to assist in determining participant barriers and the type of intervention needed. Additionally, the housing needed may not be the housing available. This tool, as well as the Housing Barriers Assessment and the Housing Sustainability Worksheet should all be completed and assessed to determine the intervention necessary.*

** The housing types are suggestions.*

Please Mark Total Score w/ X	Total Score	Type of Housing	Type of support that may be needed
	15 or below	Market Rate	Rent/Security Deposit
	16-18	Market Rate	0-3 Months
	18-20	Transitional Housing	3-6 Months
	20+	Permanent Supportive Housing	6+ Months

Additional Case Notes:

_____

_____

_____

_____

_____

_____

_____

_____

Supervisor Signature and Date:

_____

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CoC Continuum of Care

1C-7. PHA Homeless Preference

Table of Contents:

- Excerpt of the OHCD Admin Plan – December 3, 2020, 4-III.C. SELECTION METHOD

Excerpt of the OHCD Admin Plan – December 3, 2020,

4-III.C. SELECTION METHOD

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4-III.C. SELECTION METHOD

The PHA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that OHCD will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

The PHA is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

OHCD Policy

OHCD will assist any family terminated from its HCV program due to insufficient program funding and then assist families that qualify for local preferences.

The OHCD has the following system to apply local preferences:

Preference 1. Families who live, work, or have been hired to work in the jurisdiction who are:

- Elderly (Elderly family means a family whose head or spouse or sole member is a person who is at least 62 years of age.), or
- Disabled (A disabled family is a family whose head, spouse, or sole member is a person with disabilities as defined by HUD), or
- Non-elderly person with disabilities who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, currently experiencing homeless, previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project, or those at risk of experiencing homelessness, or
- Homeless (HUD Final Rule Defining Homeless 76 FR 75994 [12-5-11]), or
- Graduates of Transitional Housing Program (as certified by local service provider or appropriate agency), or
- Victim(s) of Domestic Violence. Families that have been subjected to or victimized by a member of the family or household within the past 6 months. OHCD will require evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if there is proof that the family is currently living in a situation where they are being subjected to or victimized by violence in the home. The following criteria are used to establish a family's eligibility for this preference:
    - Actual or threatened physical violence directed against the applicant or the applicant's family by spouse or other household member who lives

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in the unit with the family,
- The actual or threatened violence must have occurred within the past 120 days or be of a continuing nature,
- An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced,
- To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless OHCD gives prior written approval.
    - Approval is only granted if the abuser has received therapy or counseling that appears to minimize the recurrence of violent behavior or a counselor, therapist or other appropriate professional recommends in writing that the individual be allowed to reside with the family. If the abuser returns to the family without OHCD approval OHCD will deny or terminate assistance

Preference 2. Applicants who live or work in the County of Prince William.
Preference 3. Applicants who live or work in the Commonwealth of Virginia.
Preference 4. Applicants who do not qualify for Preference 1, 2 or 3.

Order of Selection

Among applicants with equal preference status all applicants on the waiting list will be organized by date and time of applicant. When selecting applicants from the waiting list the selection order will be:

1. Calendar Year;
2. Preference Level; and
3. Date and Time

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during OHCD's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

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1E-1. Local Competition Announcement

Table of Contents:

- Email Notification New Project Application Announcement
- Screenshot Application and Instructions Posted on Website
- Application Instructions- Threshold and Selection Criteria
- Email Notification Renewal Project Scoring Tool

Email Notification New Project Application Announcement

VA 604 - Prince William Area Continuum of Care

Carey, Dana

From: Cayetano, Duanchy
Sent: Friday, July 16, 2021 3:12 PM
To: Andrea Eck; Bassette, Angela; Ann Rychlik; April Ballard (april@orhfoundation.org); Athena Lemus; B. Mcnealey; Becki O'Loughlin (boloughlin@comcast.net); Biller, Samantha L.; Brenda Via; Brendan Rempert; Brittany Jones; Brown, Bibi Z.; Carey, Dana; Cayetano, Duanchy; Cheyl Reid; Cory Perkins; Tierney, Courtney S.; Crystal Pitt; Darlene Robinson; David Carr; David Farajollahi ; Watkins, David C.; Dianne Anderson (danderson@sacredheartmanassas.org); Dori Cook (d_cook@earthlink.net); Elizabeth Funes (gshf_admin@goodshepherdhousing.org); Frances Robin; gtibbs@thestreetlight.org; Gala Crum (brighteyes232011@hotmail.com); George Davies; Giddens, Rozlyn B.; Glenda Blake; Glenn Sheffield, MSN RN; Golden, Tonya; Gravette, Jeanine M.; Harman, Dawn M.; Idris O"Connor; James Davis; Duckett, Joan S.; Johnson, Elijah T.; Harris, Joy L.; Joyce Entremonnt; Julie Mullen; Karen DeVito (karensd1 @outlook.com); Katherine Skerl (Katherine@orhfoundation.org); Katrina Soto; Kofi Djanphie (Kofi.Djanphie@dss.virginia.gov); Kyla Payne; Lakia Graham; LaPatra, Alicia; Leon, Marjorie N.; Lewis Arnette; LIsa Chill; Lotoya Eddie; Fritts, Lynn M.; M. Suzuki; Madlin Edmonds; Mandy North; Burgos, Maria; Maria Wells; Maria Wells (TheChurch-GodsAssembly@comcast.net); Mary Lopez (mlopez@ieccil.org); Michael-Sean Adams (madams@nvfs.org); Michele Childs; Michele Gehr; Michelle Halcombe (mhalcombe@pathwayhomes.org); Perez, Mark; Mychal Tamillow; Pamela Wright (savedhandsinc.2008@yahoo.com); Patricia Johanson (gshf_execdir@goodshepherdhousing.org); Patricia Profit (electladieshome@gmail.com); Randi Knights (Randi.Knights@dss.virginia.gov); Reid, Oliver T.; Rhoda Boateng; Roberta McEachern (rmceachern@ieccil.org); Robin Robinson; Rose Powers; Samantha Barber; Samual Adams; Sara Brown; Serena Bermudez (serena.bermudez@vec.virginia.gov); Sherry Meyers (smeyers@pathwayhomes.org); Shriner, Jason; Tamara F. Eppolite; Taylor, Luke; Teresa Belcher (belchermt@hotmail.com); Thacker, Paige E.; Tiesa Johnson; Tina Fisher; Turnage, Tony D.; Troy Hatcher; Veronica Roth (Veronica.Roth@ccda.net); Victoria Graham; W. Atkins; William Harris
Subject: : 2021 HUD Community Application for Permanent Supportive Housing

Good Afternoon CoC Members,

Sent on behalf of Oliver Reid, Human Services Program Management Manager..

Good Day PWA Partners,

The Department of Housing and Urban Development, Continuum of Care Program (CoC Program) (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, state and local governments to quickly re-house the homeless while minimizing the trauma and dislocation caused by homelessness; to promote access and to effectively utilize mainstream programs by the homeless; and to optimize self-sufficiency among those experiencing homelessness. The CoC Program funding process is administered under the CoC Program interim rule and covers the application and award process for CoC Program funds.

The **Prince William County (VA-604) Continuum of Care** is soliciting Community Applications from agencies interested in applying for new projects to be submitted as part of the FY2021 Continuum of Care (CoC) HUD Application that has yet to be released. Currently, the CoC is possibly eligible to apply for:

- **Permanent Supportive Housing (PSH) Project:** Up to **$290,360** in new project bonus funding to create a new PSH project for chronically homeless individuals (CoC Priority).

Funding is not guaranteed to the organization(s) selected through this RFP. Funding may be made available by HUD, based on the performance of the Prince William County CoC in the 2021 Continuum of Care competition.

Eligible program types are limited to:

- Permanent Supportive Housing Projects serving Chronically Homeless Individuals and/or Families.

These will initially be 1-year grants with the expectation that they will be eligible for renewal in future CoC applications. However, future funding will be dependent on the availability of funding from HUD and program performance.

To indicate your interest in a new project, **please submit a Community Applications by 12:00 p.m. on August 3, 2021 to DSS (also reference instructions and application for more details)**. To download the application and instructions please use the following link that is on the County's webpage:

- 2021 Community Application – HUD

Submission is both the electronically via email by the due date and time **(12:00 p.m. on August 3, 2021 to DSS).** Applications will be scored out of a 100 points. Applications scoring below 75 points will not be consider for funding. Late submission will not be accepted.

On July 21, 2021, the Department of Social Services/Homeless Services Division will hold a 'How to Apply' workshop to answer any technical questions.

Please contact **Oliver Reid** for questions regarding this process via email at **OReid@pwcgov.org**. Please use the e-mail subject line: Community Application 2021 HUD – Prince William County CoC.

Best Regards,
Oliver

Oliver T. Reid, PHD, QMHP
Human Services Program Management Manager (COC & Contracts)
T:703.792.7549|**C**: 571.264.5874 |**F**: 703.792.7516| **Mail Stop # EA730**
oreid@pwcgov.org

Prince William County Government
Department of Social Services
14716 Potomac Mills Road
Woodbridge, VA 22192

Screenshot Application and Instructions Posted on Website

VA 604 - Prince William Area Continuum of Care

Continuum of Care Funding

Funding information

Continuum of Care program Grant (COC)

Continuum of Care Program Background:

The Department of Housing and Urban Development Continuum of Care Program (COC Program) (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, state, and local governments to quickly re-house the homeless while minimizing the trauma and dislocation caused by homelessness; to promote access and to effectively utilize mainstream programs by the homeless; and to optimize self-sufficiency among those experiencing homelessness. The COC Program funding process is administered under the COC Program interim rule and covers the application and award process for COC Program funds.

2021 HUD Continuum of Care Program Competition Community Application

HUD Bonus Project Community Application (Posted July 16, 2021)

HUD Bonus Project Community Application Instructions (Posted July 16, 2021)

Application Instructions- Threshold and Selection Criteria

VA 604 - Prince William Area Continuum of Care

- Applicants will be expected to participate in PWA CoC meetings. Awarded organization(s) must attend 80% of CoC meetings and actively participate/attend 80%of at least one (1) CoC committee meeting.

- You will be expected to have the capacity to operate your program in accordance with HUD/CoC requirements including:
  - Submitting your Annual Progress Report (APR) on time in the HUD SAGE system;
  - Submitting APRs for the CoC Report Card; (Quarterly);
  - Completing monthly Quality Data checks in HMIS;
  - Following Coordinated Entry Policy and Procedures;
  - Following the HMIS Policy and Procedures;
  - Following CoC By-Laws;
  - Drawing down funds **MONTHLY**; and
  - Expend all of your grant funds within the 12-month grant period.

How will projects be selected for submission to HUD? All Community Applications will be reviewed by the PWA PAR Committee based on the below criteria. Those that are selected for submission will be notified no later than **August 17, 2021**.

- Threshold: For an applicant to be considered, the application must meet the following:
  - Score 75 points or higher
  - Using a Housing First approach;
  - Provide program participants with assistance with Mainstream Benefits Experience working with the population to be served;
  - Conduct at least monthly face to face case management appointments in the program participant's home;
  - Participate in the PWA CoC Coordinated Entry System to include the PWA PSH Admissions Committee;
  - Follow the CoC's written standards for providing assistance and all CoC policies;
  - Enter data into HMIS or HMIS-comparable DV database;
  - Participate in the PWA CoC;
  - Be cost effective, compared to similar projects; and
  - Ensure that service delivery is client-centered and culturally competent.

- Selection Criteria: Projects will be scored by the PAR Committee based on several factors. To be considered for 2021 funding, applicants must score 75 points or higher. Projects will be scored on the following criteria:

  - Targeting a priority population: Chronically Homeless or Families;
  - Ability to provide outreach in order to engage individuals currently living in unsheltered situations;
  - Organizational capacity will be evaluated to ensure successful program operation. This includes new organizations not currently receiving CoC-funding, as well as organizations already receiving funds;

- Administrative capacity to manage HUD funding and meet HUD grant management requirements and implementation of HUD policy priorities such as housing first;
- Approach to providing supportive services, to mainstream benefits (i.e. Medicaid, TANF, SSI) through the proposed CoC-funded project and leveraged services from community providers;
- Ability to provide housing search and location services, using either staff funded through the proposed CoC-funded project or leveraged services; and
- Cost effectiveness of approach, as compared to similar projects within the geographic area.

What is my project budget? The anticipated total amount of new project funding available is the Permanent Housing Bonus $290,360. While a budget is requested in the Community Application, if your project is selected, you may be approved for an amount other than the exact budget submitted.

If my project is selected for submission, what is the next step? You will be notified no later than **August 17, 2021** if your project has been selected for submission to HUD and the amount of funding that you can request. At that time, you will receive instructions for submission.

If I have questions about this who should I contact? Send an e-mail to OReid@pwcgov.org and Oliver Reid will get back to you as quickly as possible.

Email Notification Renewal Project Scoring

VA 604 - Prince William Area Continuum of Care

Carey, Dana

From: LaPatra, Alicia
Sent: Monday, July 19, 2021 3:03 PM
To: Jessica Acuna; Ashley Taylor; Steve Liga; Vicente Garcia; Samuel Mbir; Elizabeth Funes; Pat Johanson; dalpezzos@comcast.net; Lauren Leventhal; Sherry Meyers (smeyers@pathwayhomes.org); kmccullough@pathwayshomes.org; gtibbs@thestreetlight.org; Lula Kelly; Rose Powers; Jenny Tran
Cc: Reid, Oliver T.; Cayetano, Duanchy; Carey, Dana; Turnage, Tony D.
Subject: HUD CoC Program Workshop Follow-up
Attachments: PWA CoC - FY2021 Evaluation Scoring Tool - FINAL.xlsx

Importance: High

Good afternoon everyone,

I hope you all enjoyed your weekend. I am writing to follow-up on our recent program workshop for the HUD CoC Program and provide information for next steps. In order to complete the program scoring tool, we will need the following documentation from providers by **COB, Monday, 7/26/2021**:

- Copy of the HUD CoC APR from HMIS for the **1/1/2020 – 12/31/2020** report period for each project (must be free of errors)
- Copy of the eLOCCS summary page for each project
- Copy of documentation supporting the amount and source(s) of the match from the provider's internal tracking system

**With the exception of the APR report from HMIS, documentation is based on the most recent operating year that has ended (for most projects this will be 6/30/2020)*

Also attached is the final scoring tool for your records - The PAR Committee approved the recommendation to automatically award 3 points to all projects for measure #14.

Please copy the following DSS staff when submitting the above documents and let me know if there are any questions:

- Oliver Reid – oreid@pwcgov.org
- Dana Carey – dcarey@pwcgov.org
- Alicia La Patra – alapatra@pwcgov.org

Thank you,

Alicia M. La Patra
Senior Business Systems Analyst
Homeless Management Information System (HMIS)
Office: 703.792.8791 | Mobile: 571.264.9771
alapatra@pwcgov.org

Prince William County Government
Department of Social Services | Homeless Services Division
14716 Potomac Mills RD, Woodbridge, VA 22192
Mail Stop EA730
Click Here for Our Website

FY 2021

VA-604 – Prince William Area

CoC Continuum of Care

1E-2. Project Review and Selection Process

Table of Contents:

- PWA 2021 Objective Rating Measures Tool-New Projects
- PWA 2021 Renewal Project Evaluation Standards
- VA0369 Pathway Homes Scored Project Application Form
- Final Project Scores

PWA 2021 Objective Rating Measures Tool-New Projects

VA 604 - Prince William Area Continuum of Care

Program Name: _____ Evaluator: _____

2021 Continuum of Care New Bonus
Objective Rating Measures Tool-New Projects

	Relationships with Landlords/Single Site **5 Points**		
	Relationship with Landlords /Single Site – Q6 • Does the organization appear to have established relationships with landlords or have a site dedicated to the project? • Does the project have a plan to connect clients to housing location services? Or Does the project have a plan maintain or obtain single site project.	**Initial Score**	**Final Score**
	Comments		**Total**

Program Name: _____ Evaluator: _____

2021 Continuum of Care New Bonus
Objective Rating Measures Tool-New Projects

	Provider Experience/Organization Capacity/Targeted Priority & Need **Total 30 Points**			
	Provider Experience (10 points) – Question #7a • Did the organization describe their experience experiencing homelessness, and in particular with the subpopulation you identified? This should include any experience using a housing first model. • If proposing a Permanent Supportive Housing project, did the organization successfully describe their experience working with households that meet HUD's definition of chronically homeless and/or a highly vulnerable populations? • If proposing a Rapid Re-Housing project or Joint TH/RRH project, did the organization describe their experience working to quickly move households from homelessness to permanent housing?	**Initial Score**	**Final Score**	
	Organizational Capacity (10 points) – Question #7b • Did the organization provide a clear project plan for addressing the identified housing and supportive service needs, including any agencies that you plan to partner/coordinate with to provide additional expertise? • Clearly projected project outcomes? • Project provides client-centered and culturally competent services? • The organization described specific community partners and the ways they will work together to meet the needs of households served through the proposed project?	**Initial Score**	**Final Score**	
	Targeting A Priority Population/Need (10 points) – Question #7c • Did the organization clearly descript the community needs? Applicants are encouraged to provide data beyond the data reported through the annual PIT count. • Is the target population(s) to be served clearly identified? • Was an estimated number of households to be served at a point in time identified? • Estimated number of households to be served annually • The reason why CoC Program support is required	**Initial Score**	**Final Score**	
	Comments:			**Total**

Program Name: _____ Evaluator: _____

2021 Continuum of Care New Bonus
Objective Rating Measures Tool-New Projects

	Experience Conducting Outreach/Engaging Individuals and Families (unsheltered) **5 Points**			
	Conducting Outreach – Q8 • Does the organization have a history of conducting outreach? • Did the organization clearly out plan to engage unsheltered homeless households? • Does the project have the capacity to conduct outreach? • Do they have plan to partner?	**Initial Score**	**Final Score**	
	Comments			**Total**

Program Name: _____ Evaluator: _____

2021 Continuum of Care New Bonus
Project Matrix Rating Assessment

	Approach to Provide Services **20 points (Q9, Q10, Q11a, Q11b, Q11c, Q11c, & Q11d)**			
	Project Type Intervention/Commitment Requirements – Q9 & Q10 (10 points) • Clearly described why the project type is the best intervention. • Will utilize a Housing First Approach? • Does it link participants to mainstream benefits? • Enter Data in HMIS? • Participate in Coordinated Entry? • Participate in PWA CoC?	**Initial Score**	**Final Score**	
	Case Management Services – Q11{a, b, c, d} (10 points) • What level of FTE is being provided? • Does the level of FTE appear to meet the numbers of households to be served at a given point in time? • Is the Case Management Client to Staff ration feasible based upon the proposed budget?	**Initial Score**	**Final Score**	
	Comments:			**Total**

Program Name: _____ Evaluator: _____

2021 Continuum of Care New Bonus
Objective Rating Measures Tool-New Projects

	Administrative Capacity **20 points**			
	Administrative Capacity – Q12 • Does the organization demonstrate experience of effectively utilizing federal funds and performing the described services within given funding and time limitations? • Does the organization have experience leveraging other federal, state, local and/or private sector funding? • Did the organization clearly describe the program management and financial account system that will be used to administer the grant? • Does the organization have any unresolved monitoring or audit findings from HUD, the Office of the Inspector General, other?	**Initial Score**	**Final Score**	
	Comments:			**Total**

Program Name: _____ Evaluator: _____

2021 Continuum of Care New Bonus
Objective Rating Measures Tool-New Projects

	Proposed Budget **20 Points**			
a)	**Proposed Budget – Q13a, Q13b, Q13c, Q13b, Q13e, Q13f, & 14** • Does the budget maximize leasing funds of at least 60% of the total request? • Does supportive services budget appear to be reasonable? 40% or less is requested for services? • Does the organization provide a clear plan to provide the 25% match? • Does the project appear to be cost effective compared to other new projects seeking the same funding? • Did the organization ask for 5% of the Administrative Budget or ask for the maximum – 10%? • **NOTE:** Projects that are at 5% or less receive one (1) Bonus Point.	**Initial Score**	**Final Score**	
	Comments			**Total**

PWA 2021 Renewal Project Evaluation Standards

VA 604 - Prince William Area Continuum of Care

	PWA 2021 Renewal Project Evaluation Standards						
	The time period used for all data will be: 01/01/2020 - 12/31/2020						
	Evaluation Criteria	Data Source	2021 Benchmark		2021 Points	Scoring Intervals	
			PSH	RRH	ALL	PSH	RRH
	Performance						
	Efficient Use of Resources						
1	Spending on last fully completed HUD grant year: % of grant funds expended	eLOCCS report	95%		10	0.0% - 84.9% = score of 0; 85.0% - 94.9% = score of 5; 95.0% - 100.0% = score of 10	
2	Occupancy/Unit Utilization: Average utilization rate of project (using project utilization each quarter, as reported on APR)	HMIS APR, esnaps	95%		10	0.0% - 89.9% = score of 0; 90.0% - 94.9% = score of 5; 95.0% - 100.0% = score of 10	
	Eligibility						
3	% of persons with previous residence that indicates qualified literal homelessness	HMIS APR	100%		10	0.0% - 99.9% = score of 0; 100.0% = score of 10; HUD Standard: 100%	
4	PSH/Only: Percent of Households w/at least one or more CH member	HMIS APR	95%	N/A	6	0.0% - 84.9% = score of 0; 85.0% - 94.9% = score of 3; 95.0%- 100.0% = score of 6	
	Rapid Return To Permanent Housing						
5	Average length of time to housing (time between project start date and housing move in date)	HMIS APR	New - Not Scored in 2021. Data collected will be used to help establish benchmarks.				
	Participant Income/Resources						
6	Percentage of all adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers)	HMIS APR	20%	30%	10	0.0% - 4.9% = score of 0; 5.0% - 9.9% = score of 3; 10.0% - 19.9% = score of 6; 20.0% - 100.0% = score of 10	0.0% - 9.9% = score of 0; 10.0% - 19.9% = score of 3; 20.0% - 29.9% = score of 6; 30.0% - 100.0% = score of 10
7	Percentage of all adult participants who increased OTHER INCOME (NON- EARNED) from entry to exit/follow-up (leavers and stayers)	HMIS APR	55%	25%	10	0.0% - 14.9% = score of 0; 15.0% - 34.9% = score of 3; 35.0% - 54.9% = score of 6; 55.0% - 100.0% = score of 10	0.0% - 4.9% = score of 0; 5.0% - 14.9% = score of 3; 15.0% - 24.9% = score of 6; 25.0% - 100.0% = score of 10
8	Percentage of adult participants receiving at least one NON-CASH benefits (food stamps, WIC, etc)	HMIS APR	75%		10	0.0% - 54.9% = score of 0; 55.0% - 64.9% = score of 3; 65.0% - 74.9% = score of 6; 75.0% - 100.0% = score of 10	
	Length of Stay						
9	RRH Only: Percent of participants whose length of stay is 6 months or less	HMIS APR	N/A	35%	6	N/A	0.0% - 24.9% = score of 0; 25.0%- 34.9% = score of 3; 35.0% -100.0% = score of 6
	Housing Stability						
10	PSH Only: Percentage of all participants who remain in PSH or exited to permanent housing*	HMIS APR	95%	N/A	6	0.0% - 89.9% = score of 0; 90.0% - 94.9% = score of 3; 95.0% - 100.0% = score of 6	
11	RRH: Percentage of all leavers who exited to Permanent Housing*	HMIS APR	N/A	85%	6	0.0% - 69.9% = score of 0; 70.0% - 84.9% = score of 3; 85.0% - 100.0% = score of 6	
12	Percentage of all leavers who exited to shelter, streets or unknown	HMIS APR	Less than or equal to 5%		7	0.0% - 5% = score of 7; >5.0% = score of 0	
	Compliance						
13	Match equals or exceeds statutory requirement	HUD APR	25% excluding leasing		5	0.0% - 24.9% = score of 0; 25.0% - 100.0% = score of 5	
14	HUD Drawdowns Quarterly	Provider Report/eLOCCS	Minimum quarterly draws		5	No = Score of 0; Yes = Score of 5;	
	HUD/CoC Priorities						
15	Severity of Need: % of aduts with zero income at program entry	HMIS APR	40%		3	0.0% - 19.9% = score of 0; 20.0%-29.9% = 1 point; 30.0%-39.9% = 2 points; 40.0%-100% =3 points	
	DV Projects Only						
16	Increase in Household Safety: projects serving victims of domestc violence have policies, protocols and/or procedures in place at the project- level that are designed to improve the safety of clients served.	Provider Report/ Narrative	Yes		3	No = score of 0; Yes = score of 3	
	Total Maximum Points				Non-DV DV	95 98	95 98

Excludes deceased participants

Note: For any criterion indicating that the data source is HMIS APR, DV providers may provide data from a comparable data.

VA0369 Pathway Homes Scored Project Application Form

VA 604 - Prince William Area Continuum of Care

Prince William Area CoC 2021 Individual Project Evaluation Report - PSH Projects

Agency Name:	**Prince William County Department of Social Services**	**Grant Number:**	**VA0369L3G041800**	**Start Date:**	**1/1/2020**
Program Name:	**VA0369-PWA PSH Leasing FY19**	**Project Type:**	**PSH**	**End Date:**	**12/31/2020**

Total Persons Served:	**4**	**Total Persons Served Who Moved Into Housing:**	**4**
Total Households Served:	**4**	**Total Households Served Who Moved Into Housing:**	**4**

	Evaluation Criteria	2021 Benchmark/ Standard PSH	Actual Performance	Available Points	Awarded Points
	Performance				
	Efficient Use of Resources				
1	Spending on last fully completed HUD grant year: % of grant funds expended	95%	100.0%	10	10
2	Occupancy/Unit Utilization: Average utilization rate of project (using project utilization each quarter, as reported on APR)	95%	100.0%	10	10
	Eligibility				
3	% of persons with previous residence that indicates qualified literal homelessness	100%	100.0%	10	10
4	PSH/Only: Percent of Households w/at least one or more CH member	95%	100.0%	6	6
	Rapid Return To Permanent Housing				
5	Average length of time to housing (time between project start date and housing move in date)	New - 2021 data will be used to set benchmarks	8	New-Not Scored in 2021	
	Participant Income/Resources				
6	Percentage of all adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers)	20%	– No Leavers – No Stayers requiring Annual Assessment	0	0
7	Percentage of all adult participants who increased OTHER INCOME (NON-EARNED) from entry to exit/follow-up (leavers and stayers)	55%	– No Leavers – No Stayers requiring Annual Assessment	0	0
8	Percentage of adult participants receiving at least one NON-CASH benefits (food stamps, WIC, etc)	75%	– No Leavers – No Stayers requiring Annual Assessment	0	0
	Housing Stability				
10	PSH Only: Percentage of all participants who remain in PSH or exited to permanent housing	95%	100.0%	6	6
12	Percentage of all leavers who exited to shelter, streets or unknown	Less than or equal to 5%	No Leavers	0	0
	Performance total score			42	42
	Compliance				
13	Match equals or exceeds statutory requirement	25% excluding leasing	25.0%	5	5
14	HUD Drawdowns Quarterly	Minimum quarterly draws	Yes	5	5
	Compliance total score			10	10
	HUD/CoC Priorities				
15	Severity of Need: % of aduts with zero income at program entry	40%	50.0%	3	3
	HUD/CoC Priorities points total score			3	3
	DV Projects				
16	Increase in Household Safety: projects serving victims of domestic violence have policies, protocols and/or procedures in place at the project- level that are designed to improve the safety of clients served.	Yes	N/A	N/A	N/A
	DV Projects points total score			0	0
	SCORING SUMMARY				
	Subtotal Score			55	55.0
	Total Score, Pro-rated to 100	**Formula = (Points Awarded / Points Available for Scoring) * 100**			**100**

Final Project Scores

VA 604 - Prince William Area Continuum of Care

PWA CoC FY2021 HUD Applicants & Prioritization								
Grant #	**Project Type**	**Agency Name**	**Sub-Recipient Name**	**Amount Requested**	**Possible Points***	**Actual Points**	**Score**	**PAR Ranking**
TIER I PROJECTS								
VA0369	PSH	PWC DSS	Pathway Homes Incorporated (PHI)	$ 111,497.00	55	55	**100%**	**1**
VA0133	PSH	PWC DSS	Streetlight Community Outreach Ministries (SCOM)	$ 9,604.00	85	78	**92%**	**2**
VA0130	PSH	PWC DSS	Good Shepherd Housing Foundation (GSHF)	$ 168,134.00	85	71	**84%**	**3**
VA0324	RRH	PWC DSS	Action in Community Through Service (ACTS)	$ 204,668.00	92	68	**74%**	**4**
VA0127	PSH	PWC DSS	Streetlight Community Outreach Ministries (SCOM)	$ 157,159.00	92	67	**73%**	**5**
*VA0398 ** *	*PSH*	PWC DSS	*Pathway Homes Incorporated (PHI)*	$ 290,360.00	*N/A*	*N/A*	***N/A***	**6**
*VA0132 ** *	*HMIS*	*PWC DSS*	*Prince William County Dept. of Social Services (PWC DSS)*	$ 36,230.00	*N/A*	*N/A*	***N/A***	**7**
SUB-TOTAL				**$ 977,652.00**				
TIER II PROJECTS								
PH Bonus	PSH	PWC DSS	*New Creatures in Christ*	$116,169				**8**
SUB-TOTAL				**$116,169**				
PROJECTS NOT PRIORITIZED								
DV Bonus	RRH	PWC DSS	Action in Community Through Services (ACTS)	$ 348,501.00	N/A	N/A	**N/A**	**N/A**
VA0396**	CoC Planning	PWC DSS	Prince William County Dept. of Social Services (PWC DSS)	$ 69,700.00	N/A	N/A	**N/A**	**N/A**
SUB-TOTAL				**$ 418,201.00**				
GRAND TOTAL				**$ 1,512,022.00**				

** For some projects the number of "Possible Points" is reduced as the project did not have data to be scored for certain measures. This does not mean the provider did not submit data, it simply means the data does not exist. For example, some of the PSH projects did not have any exits during the reporting period therefore there's nothing to score for exit destination outcomes.*

*** Project "held harmless"*

FY 2021

VA-604 – Prince William Area

CoC Continuum of Care

1E-5. Public Posting- 15 Day Notification Outside e-Snaps—Projects Rejected or Reduced

Table of Contents:

- 2021 HUD Community Application Rejection Email – Carried to Full Term

2021 HUD Community Application Rejection Email – Carried to Full Term

VA 604 - Prince William Area Continuum of Care

From: Reid, Oliver T. <OReid@pwcgov.org>
Sent: Friday, October 15, 2021 2:25 PM
To: Frances Robin <carriedtofullterm@gmail.com>
Cc: Turnage, Tony D. <TTurnage@pwcgov.org>; Reid, Oliver T. <OReid@pwcgov.org>
Subject: HUD PWA FY1 21 PSH Bonus Project Results

Dear Ms. Robin,
I hope this email finds you. Please find a letter attached in response to your most recent HUD Community Grant Application.
Thanks for your time and consideration. In addition, we value the mission and all that your origination does for the most vulnerable populations within the Prince William Area. As the PWA CoC Lead, please give me a call should you have questions.

Best Regards,
Oliver

Oliver T. Reid, PHD, QMHP
Human Services Program Management Manager (COC & Contracts)
T:703.792.7549**|C**: 571.264.5874 **|F**: 703.792.7516| **Mail Stop # EA730**
oreid@pwcgov.org

Prince William County Government
Department of Social Services
14716 Potomac Mills Road
Woodbridge, VA 22192

Date: 10/15/21

Frances Robin
Carried To Full Term
6740 Fayette St.
Haymarket, VA 20169

Dear Ms. Robin,

I am writing as the CoC Lead to inform you that your recent Community Application will not be part of the 2021 HUD application that is submitted on behalf of the Prince William Area Continuum of Care (PWA CoC). The Program Evaluation and Ranking (PAR) Committee was responsible for reviewing and determining if your application would be part of the HUD application. With that said, you can request to see the information and comments provided by the PAR Committee with respect to your Community Application. As the PWA CoC Lead, please give me a call should you have questions.

We welcome you to participate in future PWA Grant Competitions. Thanks for your time and consideration. In addition, we value the mission and all that your origination does for the most vulnerable populations within the Prince William Area.

Sincerely,

Oliver T. Reid

Oliver T. Reid, PHD, QMHP
Human Services Program Management Manager (COC & Contracts)
T:703.792.7549**|C**: 571.264.5874 **|F**: 703.792.7516| **Mail Stop # EA730**
oreid@pwcgov.org

Prince William County Government
Department of Social Services
14716 Potomac Mills Road
Woodbridge, VA 22192

FY 2021

VA-604 – Prince William Area

CoC Continuum of Care

1E-5A. Projects Accepted- Public Posting

Table of Contents:

- New Project 2021 HUD Community Application Acceptance Email – New Creatures in Christ
- 2021 HUD Application Project Listings Email Notification
- New and Renewal Project Listings Website Posting

New Project 2021 HUD Community Application Acceptance Email – NCIC

VA 604 - Prince William Area Continuum of Care

From: Reid, Oliver T.
Sent: Friday, October 15, 2021 7:03 PM
To: Madlin Edmonds <newcreatures13327@gmail.com>
Cc: Turnage, Tony D. <TTurnage@pwcgov.org>; Reid, Oliver T. <OReid@pwcgov.org>
Subject: HUD PWA FY21 COMMUNITY APPLICATION RESULTS

Dear Pastor Madlin,

I hope this email finds you. Please find a letter attached in response to your most recent HUD Community Grant Application.
Thanks for your time and consideration. In addition, we value the mission and all that your origination does for the most vulnerable populations within the Prince William Area. As the PWA CoC Lead, please give me a call should you have questions.

Best Regards,
Oliver

Oliver T. Reid, PHD, QMHP
Human Services Program Management Manager (COC & Contracts)
T:703.792.7549**|C**: 571.264.5874 **|F**: 703.792.7516| **Mail Stop # EA730**
oreid@pwcgov.org

Prince William County Government
Department of Social Services
14716 Potomac Mills Road
Woodbridge, VA 22192

Date: 10/15/21

Pastor Madlin Evans
New Creatures In Christ Ministries
1327 Prince Woodbridge St.
Woodbridge, VA 22191

Dear Pastor Madlin,

I am writing as the CoC Lead to inform you that your recent Renewal or New Project Application will be part of the 2021 HUD application that will be submitted on behalf of the Prince William Area Continuum of Care (PWA CoC). I want to congratulate you and thank you for your willingness to operate a HUD funded project on behalf of the PWA CoC. Your New Project or Renewal Project will be ranked in the application as follows:

PSH- Bonus Project	$116,169

Thanks for your time and consideration. In addition, we value the mission and all that your origination does for the most vulnerable populations within the Prince William Area. Please reach out to me if you have any further questions or concerns.

Sincerely,

Oliver T. Reid

Oliver T. Reid, PHD, QMHP
Human Services Program Management Manager (COC & Contracts)
T:703.792.7549**|C**: 571.264.5874 **|F**: 703.792.7516| **Mail Stop # EA730**
oreid@pwcgov.org

Prince William County Government
Department of Social Services
14716 Potomac Mills Road
Woodbridge, VA 22192

2021 HUD Application Project Listings Email Notification

VA 604 - Prince William Area Continuum of Care

From:	Carey, Dana
Bcc:	Andrea Eck; Angela Bassettee; Ann Rychlik; April Ballard (april@orhfoundation.org); Ashley Taylor; Athena Lemus; B. Mcnealey; Becki O"Loughlin (boloughlin@comcast.net); Biller, Samantha L.; Brenda Via; Bresier, Berley; Brittany Jones; Brown, Bibi Z.; Carey, Dana; Cayetano, Duanchy; Cheyl Reid; Courtney Tierney (ctierney@pwcgov.org); Crystal Pitt; David Carr; David Farajollahi ; David Watkins (dwatkins@pwcgov.org); Dianne Anderson (danderson@sacredheartmanassas.org); Dori Cook (d_cook@earthlink.net); Elizabeth Funes (gshf_admin@goodshepherdhousing.org); Frances Robin; Gabriele Tibbs (gtibbs@thestreetlight.org); Gala Crum (brighteyes232011@hotmail.com); George Davies; Giddens, Rozlyn B.; Glenda Blake; Golden, Tonya; Gravette, Jeanine M.; Harman, Dawn M.; Idris O"Connor; James Davis; Joan Duckett (jduckett@pwcgov.org); Johnson, Elijah T.; Joy Harris; Joyce Entremonnt; Julie Mullen; Karen DeVito (karensd1@outlook.com); Katrina Soto; Kobie Beal; Kofi Djanphie (Kofi.Djanphie@dss.virginia.gov); Kyla Payne; Lakia Graham; LaPatra, Alicia; Leon, Marjorie N.; Lewis Arnette; Linsay Miller; LIsa Chill; Lotoya Eddie; Lynn Fritts (lfritts@pwcgov.org); M. Suzuki; Madlin Edmonds; Mandy North; Maria Burgos; Maria Wells; Maria Wells (TheChurch-GodsAssembly@comcast.net); Mary Lopez (mlopez@ieccil.org); Michael Best; Michael-Sean Adams (madams@nvfs.org); Michele Gehr; Michelle Childs; Michelle Halcombe (mhalcombe@pathwayhomes.org); Mike Perez; Mychal Tamillow; Norman Beal; Pamela Wright (savedhandsinc.2008@yahoo.com); Patricia Johanson (gshf_execdir@goodshepherdhousing.org); Patricia Profit (electladieshome@gmail.com); Randi Knights (Randi.Knights@dss.virginia.gov); Reid, Oliver T.; Rhoda Boateng; Rob Goldsmith; Roberta McEachern (rmceachern@ieccil.org); Robin Robinson; Rose Moore; Rose Powers; Sam Adams; Samantha Barber; Sara Brown; Serena Bermudez (serena.bermudez@vec.virginia.gov); Sherry Meyers (smeyers@pathwayhomes.org); Shriner, Jason; Tamara F. Eppolite; Taylor, Luke; Teresa Belcher (belchermt@hotmail.com); Thacker, Paige E.; Tiesa Johnson; Tina Fisher; Tony Turnage (tturnage@pwcgov.org); Troy Hatcher; Veronica Roth (Veronica.Roth@ccda.net); Victoria Graham; W. Atkins; William Harris
Subject:	2021 HUD Project Application Prioritization
Date:	Tuesday, October 26, 2021 5:22:00 PM
Attachments:	PWA CoC - FY2021 Renewal Project Final Ranking - v2.pdf

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Dear Committee Members,

The following is the prioritization summary of the projects for the 2021 HUD Application on behalf of the Prince William Area (PWA) CoC that has been posted to the CoC website on Tuesday, October 26, 2021.

1. VA0369 PWA PSH Leasing (Renewal) $111,497
2. VA0133 PWA PSH House I (Renewal) $9,604
3. VA0130 PWA Leasing (Renewal) $168,134
4. VA0324 PWA RRH (Renewal) $204,668
5. VA0127 PWA PASS PSH (Renewal) $157,159
6. VA0398 PSH Bonus (held harmless) $290,360
7. VA0132 PWA HMIS (held harmless) $36,230
8. PSH Bonus (new project) $116,169

Projects Not Prioritized
DV Bonus $348,501
CoC Planning $69,700

Total Request: $1,512,022

Please find attached the document that was reviewed, voted on and approved during the CoC meeting that summarizes the prioritization listed above. If you would like to review these documents,

If you would like to review these documents, please click HERE ⇨: VA-604 2021 Competition Project Priority List with Scores or visit the website link below.

https://www.pwcva.gov/department/social-services/continuum-care-funding

The documents may be found on the website page directly under the “2021 HUD Application” header.

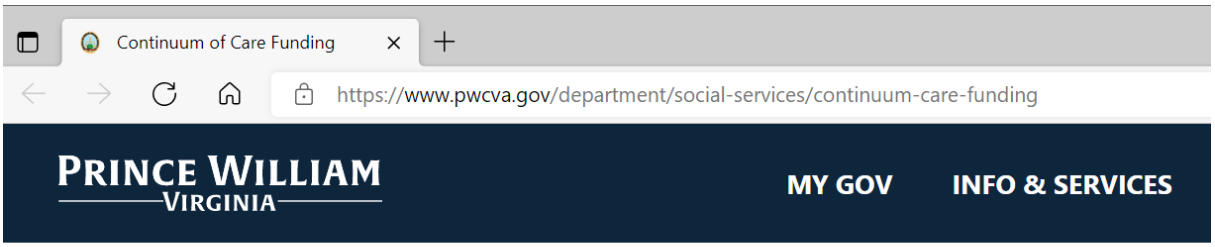
Homeless Services Division

T:703.792.8818 l Fax: 703.580.8556
homelessservices@pwcgov.org

Prince William County Government
Department of Social Services l Homeless Services Division
14716 Potomac Mills Road
Woodbridge, VA 22192

New and Renewal Project Listings Website Posting

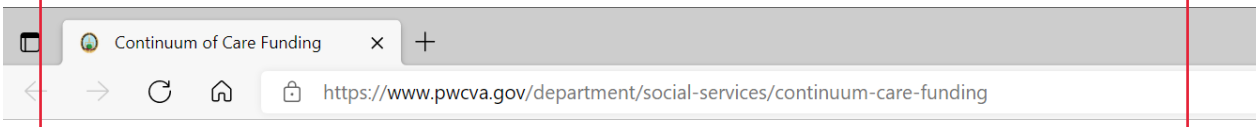
VA 604 - Prince William Area Continuum of Care



HUD Bonus Project Community Application Instructions (Posted July 16, 2021)

VA-604 Prince William Area CoC List of Project Applications 2021 (Posted October 26, 2021)

1. VA0369 PWA PSH Leasing
2. VA0133 PWA PSH House I
3. VA0130 PWA Leasing
4. VA0324 PWA RRH
5. VA0127 PWA PASS PSH
6. VA0398 PWA PSH Bonus (held harmless)
7. VA0132 PWA HMIS (held harmless)
8. PSH Bonus (new project)



Other Projects:

DV Bonus (new project)

VA-604 Prince William Area CoC Planning Application 2021(Posted October 26, 2021)

2021 CoC Planning Grant Application