

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: NY-602 - Newburgh, Middletown/Orange County CoC

1A-2. Collaborative Applicant Name: HONOR-ehg

1A-3. CoC Designation: CA

1A-4. HMIS Lead: CARES

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	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	No	No
13.	Law Enforcement	Yes	No	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)	Yes	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	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	Nonexistent	No	No
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)

The CoC's bylaws contain the policy to ensure community-wide commitment and participation. Annually, the CoC plans a public campaign to recruit new members, especially underrepresented stakeholders. The outreach target audience is informed by bi-annual evaluations of membership to identify gaps in expertise essential for supporting CoC policy priorities, strategies, and funding acquisition activities. The CoC Planning Coordinator (PC) extends invitations twice annually through public postings, e-mail "blasts", social media, phone calls and targeted visitations/talks. 2) In electronic communications (email, web, social media), the CoC PC follows best practices for accessibility, including use of descriptive subject lines, simplified/ high-contrast color schemes, responsive design techniques and font size. CoC messaging always prioritizes quality content for readers to ensure targeted, value-focused communications. 3) Special outreach ensures that CoC member representation includes persons with homelessness experience. Street outreach workers, shelter operators, CoC permanent supportive housing providers are all trained annually in engagement

techniques (such as motivational interviewing) to solicit participation from persons with a variety of experiences, including families, youth, LGBTQ, veterans and victims of DV/ fleeing/trafficking. Upon enrollment, new members are invited to present opinions and their experience at CoC meetings. 4) The CoC proactively networks with organizations that serve the cultural communities home to Orange County, which includes the Newburgh Housing Coalition. Through the CoC's meetings and active communication channels, the CoC PC actively solicits information about new and existing community cultural organizations that may be interested in CoC membership. Over our tenure as a CoC and an active community collaborator, we have garnered a positive reputation that supports inclusivity for underrepresented populations.

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 CoC's Strategic Planning & Development Committee releases community stakeholder and consumer surveys and holds regular meeting forums that include a broad array of organizations. These include all local homeless providers as well as local Dept. of Social Services and Office of Community Development and local organizations including Habitat for Humanity. The CoC is an inclusive and outcome-oriented community-wide planning/execution body, in which structure, operations and decision-making are codified in written policies/standards which are informed by an inclusive membership base. The CoC distributed a survey to community providers, local DSS, homeless population and general public to assess opinions on preventing homelessness and barriers to housing. Survey responses from nonHUD organizations informed strategies to complement and enhance existing HUD-funded services and avoid duplication. Examples of added services included rental assistance, security deposits, and prevention.

2) The CoC committees, subcommittees and workgroups are comprised of regional experts in homeless services and meet monthly to strategize on best practices; the CoC also facilitates bi-monthly public meetings. The CoC Planning Coordinator (PC) uses in-person distribution, electronic mail and social media to distribute new information materials to its members, local officials and private organizations.

3) The CoC PC, CoC Board and General Members review all information gathered in public meetings and forums and conduct proactive discussions with structured agendas to promote innovative strategies that prevent and end homelessness. Strategies are prioritized with defined action plans that include accountable stakeholders. Progress on these activities are monitored throughout the year by the CoC PC and reported to the Board and membership. The Collaborative Applicant is a local emergency shelter provider and has access to trainings, legislative forums, etc.

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)

1,2,3) On 8/18/21, CoC Planning Coordinator (PC) notified all CoC members that HUD had opened the FY 2021 CoC Program Competition. The CoC Board prepared a public notification letter containing the following information: the program competition is now open; the Board encourages all stakeholders who have not previously received CoC funding to consider submitting an application for a new project; the amount of available new project funding; HUD-allowable types of new projects and eligibility; how to access full information (HUD EX); recourse for non-inclusion; and the new project application with instructions application submission via electronic mail to the PC with contact information. On 10/1/21, the PC published the letter via email "blast lists" (private/public) and CoC membership list (most are non-HUD funded stakeholders). On 10/1/21 the CA published the RFP via public postings to the CA and CoC Facebook Pages.

4) For project selection, the CoC Board members acted as the scoring committee; members representing applicants were recused. Applicants were scored based on criteria including performance (resource use, participant income increase and benefits attainment, LOS), housing stability, consumer feedback and project need. Scores determined which applications the CoC will submit to HUD and the ranking order. Higher scores were prioritized. HUD makes final decisions regarding which applications are funded. The committee then selects and notifies the project in writing of acceptance/rejection.

5) The CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats. The CoC PC follows best practices for accessibility, including use of descriptive subject lines, simplified/ high-contrast color schemes, responsive design techniques and font size. The CoC collaborates with partner organizations to assist individuals with disabilities.

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

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

(limit 2,000 characters)

- 1) The Orange County Office of Community Development (OCCD) administers the HUD funded Community Development Block grant and is an active member of the CoC. HONOR, the only CoC member with ESG funding is also the CoC's Collaborative Applicant (CA). The Executive Director of HONOR has been an active participant in the ESG planning process on a state level and has introduced this resource to the planning for our Consortium. He also serves as the President of the Board of the CoC.
- 2) The CoC provides performance and outcome data for PSH, RRH through HMIS and PIT, HIC & CoC System Performance data for Consolidated Plan development (CP). Regular review of HMIS data supports timely identification of mainstream resources and gaps, reduction in service duplication, increased continuity of purpose & prioritization of resources on service provider goals. The CoC has reported data reliably and timely for the last 3 years.
- 3) The CoC has conducted the PIT count of homelessness (sheltered and unsheltered) in our geographic area annually since 2007. We have become adept at this process with increasing accuracy year by year. The count is always adheres to HUD requirements and is scheduled for one 24-hour period during the last week in January each year as prescribed.
- 4) CP local officials are CoC members. OCCD is on the CoC Board and participates in CoC planning. The CoC consults quarterly with the recipients to support priorities/outcomes/allocations. The CoC has 3 Plan CP jurisdictions and updates are submitted to the OCCD, the primary HUD conduit for our community as well as to the HUD offices in the cities of Middletown, Newburgh and Port Jervis. The Board conducts quarterly consultations (phone/face) with all 3 CPs to provide input on Action Plans/ CAPER and guide how CPs allocate HOME, CDGB, ESG, etc. resources to prevent, reduce and end homelessness.

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	Yes
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	not separated.	
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)

The CoC established a Homeless Youth Advisory Committee (HYAC) to create a forum for on-going collaboration with youth education providers. Members include youth, shelter and outreach providers, McKinney-Vento homeless liaisons, school personnel, and CoC youth service providers. Partnerships with youth education providers include Newburgh Head Start, Maternal Infant Services Network, Easter Seals of Port Jervis and Middletown ABCD (Head Start). Our CoC also partners with all 3 major LEAs in Port Jervis, Middletown and Newburgh; these have McKinney-Vento liaisons who actively participate in the CoC's Outreach Coalition. The COC has established protocols for working with local liaisons and marketing McKinney-Vento State Education Agency posters and brochures. These relationships enable provision of quarterly trainings for CoC's (Rights under M/V Act, how to ID eligible youth/ families, Mandated Reporting, Trauma Care, Human Trafficking), technical assistance, placement, and evaluation of needs of homeless youth. These existing partnerships serve as a foundation for the evolution of more formal arrangements around distribution of education materials and expansion of referral networks.

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

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

(limit 2,000 characters)

The CoC has implemented policies and procedures that require all providers to document informing households in projects of educational rights under the McKinney-Vento Act (M/V). These are distributed to new members upon acceptance to the CoC and are readily accessible on the CoC Facebook page. Projects are required to collaborate with M/V Liaisons so program participants have access to educational services. Homeless providers are required to post specific information and assign Case Managers who are responsible for informing homeless families of their rights under this act. The assigned Case Manager in each housing component is responsible for confirming school enrollment and informing homeless families of their rights under the M/V Act within 24 hours of program admission. Organizations capture signed acknowledgments of receipt of these rights from participants. The Case Manager assumes responsibility for contacting the homeless liaison for each homeless child to ensure that enrollment, transportation to schools of origin, and other appropriate supportive services are provided. The CoC provides annual trainings on the M/V Act and distributes educational materials to providers, parents, and students on their rights under this act. The CoC requires funded CoC and ESG programs to post and distribute literature which outlines the act and educational rights of homeless students.

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

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–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)

Fearless! Hudson Valley, Inc. (FHV, formerly known as Safe Homes of Orange County) is an active member of the CoC that provides services for individuals impacted by domestic violence, teen dating violence, human trafficking, stalking, sexual violence, and other types of crime victimization. Several CoC projects have existing linkage agreements with FHV that are renewed annually. As the sole provider of these specialized services in the CoC service region, FHV offers annual training to all CoC area projects and Coordinated Entry staff. Training covers dynamics of abuse and victimization, and safety & planning protocols adopted by the CoC. These include practices for privacy and confidentiality, conducting thorough and ongoing assessments around safety and risk, and safety planning, including how to handle crisis and emergencies and informing victims of their rights to choice, safety and confidentiality. CoC protocols ensure victims are provided the choice to access either FHV or the Homeless Resource Center. Trainings also include skill building for appropriate, person-centered, trauma-sensitive engagement with victims.

The Coordinated Entry Coordinator serves as the liaison between CoC area projects, CE staff, and FHV to schedule trainings. Trainings and information sharing include ongoing evaluation of intakes, policies, procedures and shelter screenings to ensure practices are trauma-informed, do not jeopardize safety, and allow victims to access all needed services.

The # of trainings provided, # of individuals who received training, training topics covered, and policies and procedures created are tracked and reported annually to CoC. The volume and comprehensiveness of our trainings ensures that all members of the CoC have up-to-date information on how to refer to FHV, services available, and programs within FHV to support and enhance case management for those survivors finding placement outside of a domestic violence shelter.

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)

Fearless! (FHV) is bound by Federal and State legislation to maintain the confidentiality of all victims who seek services. Additionally, they are prohibited from entering any client data into HMIS. FHV does, however, maintain and utilize a comparable data management application, EmpowerDB. This data program is highly secure and is used to collect all client information and demographics, as similarly reported by other CoC agencies into HMIS. EmpowerDB also has the capability to generate the CoC APR and ESG CAPER CSV files in a zipped file for the purposes of ensuring consistency in reporting

requirements and expectations for all CoC agencies. These reports do not include any personally identifying information. FHV is permitted to share aggregate data, general trends, and hypothetical case studies, and also participates in the annual Point-In-Time Count. The CoC includes SHOC data in annual PIT count results and aggregates data from HMIS to assess the scope of community needs.

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) Since 2004, individuals & families who are fleeing or attempting to flee DV situations have been able to access the Coordinated Entry System (CES) and emergency services 24 hours a day. The CoC's DV provider, Fearless! provides assessment, risk and safety planning, and placement for individuals identifying as victims. Protocols are sensitive to the lived experience of all people presenting for services and ensure the CoC is trauma-informed and preventing re-victimization. The agency works directly with survivors and never in the presence of their partner. Safety is continually evaluated in partnership with survivors and is prioritized when exploring housing & service options. Locations operated by Fearless! have security systems and alarm devices, including cameras, door intercoms, extra lighting, alarms on all windows and doors, and panic buttons to silently engage police assistance. 2) All CoC programs are strongly encouraged to participate in a county-wide WELCOME Orange initiative (majority have participated) that reinforces the importance of adopting a system of care that includes cultural competency, trauma-informed care, person-centered and warm hand-offs to meet the complex needs of individuals. If a victim in placement identifies safety concerns, CoC partners must follow the emergency transfer plan within the Orange County CES Policies and Procedures. 3) The location of the emergency shelter is maintained confidential as required by federal and state legislation. Safe and confidential locations are standard protocols for assessment, intake, and referrals. CoC programs inform victims that they have the right to refuse disclosure of their information in HMIS and may refuse to allow the CoC to share their information among providers, and that information is only shared with dated written consent. Providers are prohibited from denying assistance if the victim exercises these rights.

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
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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?
Newburgh Public Housing Authority	5%	Yes-Both	Yes
Village of Kiryas Joel Housing Authority	15%	Yes-Both	No

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

Describe in the field below:

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

(limit 2,000 characters)

During this past year the CoC Planning Coordinator has cultivated successful partnerships with two PHAs in Orange County. Our contract with Kiryas-Joel Housing Authority includes emergency housing vouchers and prevention services for individuals and families at-risk for homelessness. Our contract with New York State Homes and Community Renewal also includes emergency housing vouchers for individuals identified as homeless. Both have a homeless admission preference (see attached Homeless Preference letters from PHAs).

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

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

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

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

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

Our CoC has engaged with 2 PHAs in Orange County to support housing expansion opportunities through limited preference, i.e., distribution of EHV vouchers as part of our Coordinated Entry (CE) process and efforts to facilitate timely access to permanent housing. Our CoC used the CE process to pre-screen program participants for eligibility for PHA-funded units; our Vulnerability Index tool enabled us to prioritize needs efficiently. Upon announcement of availability of PHA-funded units, our CoC stood ready with pre-screened eligible applicants for those units to refer to NYS HCR. Our contract with New York State Home and Community Renewal specifies 10-15 vouchers per region for individuals identified as homeless. Presently, our CE process has referred 19 families and 15 individuals to NYS HCR for a total of 34. Our contract with Kiryas-Joel Housing Authority specifies 15-50 vouchers for individuals and families at risk for homelessness. Presently, our CE process has referred to KJHA 9 individuals and 23 families for a total of 32 referrals. Kiryas-Joel provides culturally specific services for the Orthodox Jewish population to address those at risk.

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

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

N/A

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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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
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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
Village of Kiryas...
New York State Ho...

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

Name of PHA: Village of Kiryas Joel Housing Authority

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

Name of PHA: New York State Homes & Community Renewal

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.	15
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	15
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, 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)

Through the CE process the CoC prioritizes project funding based on a Housing First approach getting individuals rapid placement into permanent housing, while at the same time avoiding requirements for service participation and other preconditions that could delay or inhibit a transition to permanent housing. Once

placed into housing, the CoC utilizes Case Management (CM) and other resources to address chronic homelessness history, income insufficiency, past criminal history, active substance use, psychiatric/physical disabilities, and other factors. The CoC's ranking and selection process prioritizes funding for projects serving specific vulnerabilities, particularly those with the highest vulnerability index scores. The CoC took the following actions to ensure consideration of these vulnerabilities during the review, rating and ranking process: projects were ranked and selected based on applicant experience/capacity to serve the chronically homeless, active substance users, people with criminal history and/or disabilities, and the unsheltered. Further, projects were ranked higher if demonstrating a clear outreach and supportive services plan existed to engage and serve the most vulnerable populations using the Housing First approach to prioritize shelter. Evaluation standards for renewal projects differ for PSH from RRH given the more acute needs in PSH (e.g., chronically homeless people with significant behavioral/physical health issues). Projects are scored objectively using these customized standards and ranking is based on evaluation scores.

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
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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 is located 45 miles NW of NYC, consisting of a 816 square mile area; which includes 3 cities and 42 municipalities. The CoC is both urban and rural. Most of the 383,000 population lives in and around the three cities (78%). The CoC has 3 FTE Street Outreach Workers (SOWs). SOW's are trained in engagement strategies, such as motivational interviewing to support trauma-informed, victim-centered, compassionate interactions with those they encounter. Over time, the CoC has increased outreach by cultivating Community Connectors (CC's) which consists of (store owners, churches, soup kitchens/food pantries, liquor stores, laundromats, school counselors, school bus drivers, taxi companies, fast food, carting, librarians, redemption centers etc.) who are regularly in contact with the public who may know of individuals experiencing homelessness. Community Connectors are trained by Street Outreach Workers to contact them when they encounter any homeless individual. 2) Outreach covers 100% of the CoC. 3) SOW's outreach 7 days

(combined) at different hours of the day in places that the unsheltered have been known to congregate. Street Outreach Workers are on-call to respond to Community Connectors to ensure that any individuals encountered are linked to services immediately. 4) The CoC's has tailored its outreach to engage those that are least likely (individuals with SUD, undocumented, doubled up/ couch-surfing, DV, trafficking victims, youth) to access services by relying heavily on Outreach Team and Community Connectors. SOWs ensure program participant safety; distribute "gateway" terms; give accurate information (palm cards); provide transportation and initiate contact through the Coordinated Entry System. A CoC Provider, MHA provides language line/deaf connections.

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."	16	39

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's case management cohort, which consists of case managers of all HUD & non HUD mainstream Case Management associates, support CoC-funded projects by linking program participants with resources, public/private, to facilitate stability. Case Managers are locally hired and participate in regular trainings and supervision that facilitate the most up-to-date resources for program participants. The Case Managers use the Coordinated Entry Assessment to capture participant needs and develop a support plan. Case Managers assist participants with connections to resources that include applications for food stamps, SSI, TANF, behavioral health treatment, transportation and advocacy support.

2)The CoC coordinator disseminates any new information of mainstream resources via email to all CoC members and organizations weekly.

3)The CoC members have developed ongoing relationships with the health plan liaisons at NYS Medicaid Managed Care Plans, such as Affinity, Wellcare and Fidelis, to ensure smooth processes for enrolling individuals and families into health plans. The CoC actively coordinates with liaisons to travel to CoC member sites to work with participants directly for enrollment activities.

4) The CoC members and funded projects have staff who support participant use of Medicaid and other benefits by setting up medical transportation and/or directly transporting clients to appointments, assisting with scheduling appointments, locating physicians and confirming insurance acceptance and establishing a PCP. The CoC also helps educate consumers on nutritional value and healthy meal choices to be purchased with their SNAP and WIC benefits to promote healthy living. Through regular project monitoring visits, the CoC Planning Coordinator audits participant benefit status and reports required actions to the CoC Board.

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;
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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 (NY-602) in Orange County covers 839 sq. miles of mostly rural landscape, including the cities of Middletown, Newburgh and Port Jervis (designated as a Metropolitan Statistical Areas) and 23 rural towns and villages. The Coordinated Entry Assessment System strategy has been codified into policies and procedures for all CoC members and covers the entire CoC geographic area. The Coordinated Entry (CE) System uses a multiple access point assessment and intake model. The CoC facilitates comprehensive participation at CE committee meetings from organizations across the region, which includes the Orange County Dept. of Social services, all housing and shelter providers, CDBG, HOME, and ESG programs, DV providers, mental health and substance abuse treatment providers, hospital, health, veterans and disability organizations, homeless liaisons from area school districts, early childhood providers, and local law enforcement. 2) The CE system relies on extensive street outreach to identify and provide services to youth, adults, and families living on the streets and utilizes a local 211 call center system to identify homeless in need of services. The call center is staffed with trauma-informed clinicians and provides direct entry to services for those in need. 3) The CE system uses a standardized vulnerability index tool to ensure prioritization of street and chronic homeless, ill, disabled, and homeless with safety concerns. This tool provides uniform decision criteria based upon vulnerability score. 4) Street outreach efforts and site access points follow the same assessment protocols. Access points are distributed throughout the region to facilitate timely access. All CoC members and private organizations have adopted the process for CE universally for all participants. The CoC Planning Coordinator reviews all CE assessments, which optimizes efficiency in ensuring that persons, especially those most vulnerable in need receive timely assistance.

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

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

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	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.	No
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)

Our CoC's Racial Disparity Assessment concluded that people of color in the CoC's region are more likely to experience homelessness, less likely to access permanent supportive housing (PSH), and less likely than the white population

to exit homeless assistance programs into positive housing destinations. While the CoC Board of the CoC requires all CoC members to have antidiscrimination policies within each agency, we also recognize the need to build more equity-based policies into day-to-day provider operations. This is a different journey for each of our member organizations and our CoC supports members with timely and reputable literature on equity strategies for homeless provider systems. The pandemic catalyzed efforts to disseminate materials and convene discussion forums that promote equity-driven decision-making and activities to our CoC members, as part of the homeless system response to COVID-19. The CoC and its members have acted to improve racial equity in the provision of homeless services, which include: a series of facilitated "Talking Sessions" by the Executive Director of the Orange County Human Rights Commission to discuss racial and social injustice; targeted staff recruitment and retention efforts to attract BIPOC candidates; dedicated funding to contract with the services of the Social Justice Humanistic Education Department at State University of NY New Paltz to assist with organizational objectives relating to racial equity and social justice; comprehensive review and revisions to organizational Cultural Equity Policies, with staff-wide re-dissemination; active engagement in DEI expertise for training and inclusion in strategic planning processes; active CoC Committee review of COVID-19 infection and vaccination disparities and development of strategies to support mitigation of these disparities.

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.	2	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	0
4.	Included in the decisionmaking processes related to addressing homelessness.	1	0
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	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)

The CoC implemented numerous safety protocols and policies in response to the COVID pandemic to protect people experiencing unsheltered, congregate emergency shelter, and transitional housing.

1) For unsheltered individuals, COVID kits were distributed with educational materials, hand sanitizers, and PPE. Priority was made to rapidly transition unsheltered individuals to motels and ES. These steps were strongly emphasized during outreach to unsheltered individuals, but also for ES and TH circumstances. CoC staff were mandated to wear masks and PPE at all times. 2&3) Congregate ES and TS capacity in dorm style areas was reduced to allow for 6 feet of distance between beds, all beds were repositioned head to toe to avoid risk of respiratory contamination, and plexiglass was installed in all dorm style locations as well as all intake areas. Signage was installed throughout all housing common areas, stairwells, and outdoor locations instructing social distancing guidelines. Handwashing reminders were posted extensively, elevator capacity was reduced, and the frequency of disinfecting and sanitizing was increased, environmental service schedules were staggered to provide more frequent cleaning throughout the day. Additionally, outside vendors were hired to decontaminate buildings on weekly basis. Quarantine protocols were implemented for any positive resident or anyone in contact with another positive resident, COVID testing was provided for any resident showing signs or symptoms of illness or who requested testing, and from March 2020 through July 2020 all newly homeless individuals and families were placed in hotels rather than congregate settings. After July 2020, any person being screened at intake that answered yes to any COVID screening question was automatically placed in a hotel rather than congregate setting. Residents were required to

clean restrooms after every use and a staggered schedule was implemented in all shelters to reduce crowding at mealtimes.

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)

The CoC developed policies and procedures for infection control readiness and preparation in response to the COVID-19 pandemic and these policies are permanent and will be reviewed and updated on an ongoing basis going forward to ensure the CoC is prepared in the event of other public health emergencies. Furthermore, an organizational Disaster Preparedness Plan was developed to address a future mass public health event following a directive from HUD. The CoC will implement the disaster plan following direction from the local Department of Health. Some examples of improved readiness include: flexible reduction in program capacity to allow for social distancing in a manner that is safe for clients and staff, yet works to remain responsive to the community's need for support, implementation of temporary physical plant changes to support safety for staff and clients, establishment of new policies and procedures for all programs to maintain hygiene and personal safety at necessary levels, purchase and installation of disinfection equipment across the CoC, and incorporation of additional infection control procedures for client screenings into the intake process. Development of public safety and infection control policies and procedures follows directives from the CDC and NYS Department of Health. Surplus PPE was acquired and stocked in storage and permanent supply vendor relationships were established for restocking. Virtual communication protocols were developed and implemented to ensure CoC membership and clients have effective methods of sharing information and operational continuity.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The CoC created a strategy and planning committee to coordinate the distribution of ESG-CV funding to address multiple COVID-19 pandemic impacts, including: eviction prevention, safety measures, healthcare and sanitary supplies, and the reconfiguration of congregate shelter for clients and

staff.

1) ESG-CV funding was awarded to HONOR, which was then spent on sanitizing efforts across the CoC, purchasing sanitizing devices, air scrubbers and filtration systems, the separation of semi-private rooms into individual rooms for residents to decrease risk of COVID exposure, and the installation of additional safety measures such as plexiglass shielding installed throughout buildings to reduce risk of airborne Covid exposure to clients and staff. Funding was also used to provide free WiFi access to clients to stay connected with family and friends; stay informed about the health crisis; file for unemployment; and have access to critical physical and mental telehealth resources. Additionally, virtual meetings were held routinely with CoC membership to review infection rate hot spots, discuss and update safety protocols, share information from the CDC, NYS Department of Health on Covid-19 updates, and provide local hospital bed availability information. Representatives from local and state Departments of health attended these information sessions.

2&3) Housing assistance and eviction prevention was provided through the CoC Planning Committee using funding from the Emergency Rental Assistance Program (ERAP) and ESG-CV.

4&5) ESG-CV funding was also used to acquire health supplies, including masks, gloves, gowns, face shields, and other PPE for residents and staff. Sanitary supplies including cleaning, infection control products, and chemicals were acquired for Honor and the CoC membership.

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 held routine weekly and monthly virtual meetings during COVID with mainstream healthcare organizations and representatives, including the NYS Department of Health, local Health Department, HUD representatives, and area healthcare organizations. Also attending CoC meetings were the Departments of Social Services, Mental Health/Behavior Health, Parks and Recreation, NYS Police, Middletown Police, Newburgh Police, and Port Jervis Police. Hospitals in attendance were Garnett Hospital, Bon Secours, and St. Luke's Cornwall. Lastly, the Cornerstone Family Healthcare group and the local Public Housing Authority attended sessions. Meeting time was spent reviewing infection rate hot spots, discussing CDC and NYS Department of Health safety protocols, sharing information from HUD, and providing local hospital bed availability information. Representatives from the Department of Health attended these sessions even prior to the COVID pandemic.

2) Additionally, the CoC would send the entire membership information and best infection control practices from the state, HUD COVID Office Hours and HONOR to decrease the spread of the COVID infection and assist in implementing safety measure best practices. All CoC employees were provided detailed instructions in COVID infection control protocols and were required to wear masks, follow social distancing protocols, and immediately self-quarantine if showing any signs or symptoms of illness. Questionnaire released to ES and

permanent housing organizations to get input and feedback.

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&2) The CoC held weekly and monthly virtual meetings during COVID with CoC membership to review infection rate hot spots, discuss and update CDC and NYS Department of Health safety protocols, share information from HUD, and provide local COVID restrictions and hospital bed availability information. Representatives from local and state Departments of health attended these information sessions, as well as local health care organizations when possible. Additionally, the CoC would send the entire membership (which consist of all homeless service providers) information and best infection control practices from the state, HUD COVID Office Hours and HONOR to decrease the spread of the COVID infection and assist in implementing safety measure best practices. All CoC employees were provided detailed instructions in Covid infection control protocols and were required to wear masks, follow social distancing protocols, and immediately self-quarantine if showing any signs or symptoms of illness.

3) The CoC issued weekly and monthly vaccine updates to provider membership detailed instructions, priority vaccination goals, and supply availability. Some CoC membership have mandated vaccination protocols since August 2021. Honor vaccination rates are currently 65% vaccinated and 65% of Honor residents are vaccinated. CoC is working in conjunction with local Department of Family Health Services (Cornerstone) and the Catholic Charities organization to use cash incentives with ESG-CV funding to provide incentives to all CoC staff and current residents to get vaccinated. As vaccinations were made available the CoC created a COVID vaccination campaign to education both staff and residents, and began making appointments for and assisting staff and residents to get their vaccinations. Gift cards were provided via ESG-CV funding to encourage vaccinations (\$50/shot). All these initiatives were communicated routinely to CoC members.

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)

As individuals experiencing homelessness often are at higher risk for exposure to communicable diseases and have limited access to health care and

treatment in their communities, the CoC prioritized processes to identify eligible homeless for vaccination, as well as encourage these individuals to get vaccinated. Those individuals with preexisting medical conditions and those over 65 years of age were screened, identified, and given vaccine priority. The CoC strived to get homeless individuals and families vaccinated through multiple incentives. Through ESG-CV funding we are able to pay cash incentives (\$50 gift cards per shot) to encourage individuals to get the COVID vaccines. CoC is also coordinating with Cornerstone Family Health Services and Catholic Charities to help identify and encourage the homeless population to get the vaccine. Some CoC members have mandated the vaccine for its staff and HONOR currently has 65% of staff vaccinated and 65% of residents vaccinated. As vaccinations were made available the CoC created a COVID vaccination campaign to education both staff and residents, and began making appointments for and assisting staff and residents to get their vaccinations.

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 actively participated in a collaborative regional effort to address increased incidents of domestic violence. The Fearless! Hudson Valley, Inc (FHV) domestic violence agency, in coordination with the Orange County Executive, gave a monthly teleconference call at the first of each month providing regional DV data updates and facilitated strategy implementation to address and alleviate the increase. Honor and the CoC were active participants in these calls. Strategies implemented included increased telehealth and virtual communication methods, mobile outreach efforts, and enhanced DV incident data tracking. Honor has a Crisis Call Center 24/7 function to address any incidents of DV and refer them to a DV provider, provide transportation support, and bring DV victim to safety.

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)

As a result of the COVID pandemic, the CoC adjusted the CE system by revising resident intake documentation as a requirement, but not as a barrier to entry. Data was collected, but did not exclude homeless individuals. CoC case managers (CM) began working remotely. Case conferences were expanded to

include CM staff and non-HUD funded recipients, with an emphasis on a rephasing/reentry planning. Homeless clients were placed in hotels beginning in March 2020 and the Food Pantry operation went curbside on March 17, 2020. After July 2020, any person being screened at intake that answered yes to any Covid screening question was automatically placed in a hotel rather than congregate setting. The CoC implemented COVID screening per CDC guidelines for anyone seeking admission to ES in March 2020. COVID screening was performed if individuals showed symptoms or were exposed, and then testing was performed offsite. All CoC employees were provided detailed instructions in COVID infection control protocols and were required to wear masks, follow social distancing protocols, and immediately self-quarantine if showing any signs or symptoms of illness. New infection control policies and procedures were established to maintain safe hygiene and personal safety, as well as incorporate additional infection control procedures for client screenings into the intake process. HONOR continued to move people into housing during COVID and became mobile by moving people into hotels. The CoC began to work with landlords virtually to enhance rapid rehousing by showing apartments virtually. Numerous individuals were moved into permanent housing between March and May 2020. Once these were filled, there was a significant drop in placements during the peak period of the pandemic. Prior to COVID, the CoC Planning Coordinator to visit (onsite audits) and conduct checklist manifest on quality.

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
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- 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.	10/01/2021
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.	10/01/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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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)The CoC's ranking and selection process prioritizes funding for projects serving these specific vulnerabilities: chronic homelessness, zero income, criminal history, active substance use, psychiatric/physical disability, IDD, and unsheltered homelessness.

2)The CoC took the following actions to ensure consideration of these vulnerabilities during the review, rating and ranking process. Projects were ranked and selected based on applicant experience/capacity to serve chronically homeless, active substance users, people with criminal history and/or disabilities, unsheltered; a clear outreach and supportive services plan to engage and serve the most vulnerable populations using the Housing First model. Evaluation standards for renewal projects differ for PSH from RRH given the higher need population in PSH (e.g., chronically homeless people with significant behavioral/physical health issues). Projects are scored objectively using these customized standards and ranking is based on evaluation scores. Other factors prioritizing projects serving the most vulnerable populations include answers to the following:

- significant and long-standing experience?
 - operate successful Housing First programs?
 - link participants to Medicaid and other mainstream services?
 - increase participant income, including through SOAR?
 - help participants to stabilize in housing?
 - assess interest in/assisting with moving on from PSH (if applicable)?
 - rent units and administer rental assistance (if applicable)?
- Answers to these questions guide the CoC to provide funding support to projects serving high severity populations.

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 current composition of our CoC Scoring Committee includes 1 African American individual, who represent Project Life, an organization that provides housing services in Orange County. The demographics of the county's homeless and at-risk populations have shifted over the last couple of years.

Based on our CoC's Racial Disparity Assessment, people of color in our geography are more likely to experience homelessness, less likely to access permanent supportive housing (PSH) resources, and less likely to exit homeless assistance programs to positive housing destinations than the white population. Last year, the CoC formed a Strategic Planning & Development Committee to proactively address racial trends in the homeless/ at-risk population and create strategies to be more inclusive. This Committee also ended up as a forum that combined COVID-19 mitigation strategies alongside racial equity discussions. For the project scoring process, Scoring Committee members used a combination of their community experience, disparity data and recommendations from equity literature to inform their considerations of project need in the region. The CoC is actively recruiting new members who represent different races in Orange County, particularly those disproportionately represented in at-risk and homeless populations.

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 Orange County Housing Consortium (CoC) utilizes objective and performance-based criteria and outcome data to ensure strategic allocation of federal, state and local resources within the CoC jurisdiction to the most effective and high success probability projects and interventions to reduce homelessness. Projects are monitored twice annually. Data sources utilized include individual assessments; HMIS data; Consumer Surveys; and APRs. The Planning Coordinator routinely monitors all projects per CoC Board instructions. Programs that are not meeting the CoC goals of effectively servicing the needs of homeless in the community are first provided with technical assistance, and when indicated, corrective action plans are initiated. Any program unable to meet defined performance goals is then subject to reallocation per CoC policy. The CoC will consider involuntary reallocation if an agency cannot achieve desired outcomes after corrective action plans have been initiated; or an agency has overestimated project costs and is at risk of returning a portion of funding to HUD; or an agency receives a score of 70 or less as a result of the NOFA project renewal. A funded agency may voluntarily reallocate its funding if they submit to the board in writing that they are no longer receptive to receiving HUD funding and have developed their own strategy to serve the participants in their project. The final reallocation decisions are made by the Board after considering the recommendation of the Scoring/Ranking Committee.
- 2) The CoC did not identify projects meeting reallocation requirements in 2020.
- 3) The CoC did not reallocate project funds in 2020.

4) The CoC did not reallocate project funds in 2020 because CoC member projects did not meet the reallocation requirements per policy. One project in 2020 was assessed for under performance and meetings were held with project leadership. Performance improved to CoC standard. 5) The CoC reallocation policy is emailed to all members and project applicants.

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
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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.	10/19/2021
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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.	11/13/2021
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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:

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

Enter the name of the HMIS Vendor your CoC is currently using.	CARES OF NY
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	01/22/2021
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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)

FHV is bound by Federal and State legislation to maintain the confidentiality of all victims who seek services. Additionally, they are prohibited from entering any client data into HMIS. FHV does, however, maintain and utilize a comparable data management application, EmpowerDB. This data program is highly secure and is used to collect all client information and demographics, as similarly reported by other CoC agencies into HMIS. EmpowerDB also has the capability to generate the CoC APR and ESG CAPER CSV files in a zipped file for the purposes of ensuring consistency in reporting requirements and expectations for all CoC agencies. These reports do not include any personally identifying information. FHV is permitted to share aggregate data, general trends, and hypothetical case studies, and also participates in the annual Point-In-Time Count. The CoC includes FHV data in annual PIT count results and aggregates data from HMIS to assess the scope of community needs.

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	204	17	187	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	54	0	54	100.00%
4. Rapid Re-Housing (RRH) beds	39	0	22	56.41%
5. Permanent Supportive Housing	313	16	268	90.24%
6. Other Permanent Housing (OPH)	0	0	0	

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1&2) The Covid pandemic caused the Housing Inventory Count (HIC) for RRH to be artificially inflated because the actual number of available RRH beds was much lower than the reported HIC. Much of RRH capacity ("scattered sites") were occupied with housing and apartment renters for much of COVID because of the extended eviction moratorium, as well as limited housing inventory generally. While the demand for RRH beds existed, it was difficult to find available RRH capacity. With the easing of the eviction moratorium and the wind down of the Covid pandemic, the inventory of RRH is expected to increase. In the next 12 months the CoC will increase efforts to find and secure additional RRH inventory by working with community partners and area

landlords. Further, the CoC will continually assess inventory in alignment with remaining COVID restrictions to prioritize/ optimize capacity.

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.	100.00%
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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)

N/A

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
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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:

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

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

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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) The CoC determines risk factors by using past history, experience, and best industry practices, as well as evidence-based risk factor correlations to first time homeless clients (e.g., best predictors). Factors are generated through provider and consumer surveys, HMIS data, and cross collaboration with community resources. Top risk factors identified include, mental illness and SUD, marital breakdown, DV, transitions in/out of institutional care settings, affordability of housing and employment status, intellectual and developmental disabilities (IDD), history of evictions, incarceration and/or hospitalization 90 days plus, low social economic status, and young age with history of adversity and trauma.

2) A new county-led housing workgroup has been developed to address and identify specific resources to reduce first time homelessness. Several agencies are applying/supplementing funding through ESSHI focusing on serving the identified needs such as inadequate housing subsidies for consumers, as well as the other factors noted above and potential mitigation strategies.

3) The CoC Board is responsible for designing and implementing strategies to address the changing needs of the homeless population. The CoC Planning Coordinator (PC) under supervision of the CA; HONOR, assumes responsibility for overseeing the CoC's strategy to reduce 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) Through the CE process the CoC prioritizes project funding based on a Housing First approach getting individuals rapid placement into permanent housing, while at the same time avoiding service participation and preconditions that might delay placement. Once placed into housing, the CoC utilizes Case Management and other resources to address chronic homelessness history, income deficits, past criminal history, active substance use, psychiatric/physical disabilities, and other factors. The CoC uses the vulnerability index tool, constantly updating scoring to reflect changing populations, prioritized around resident age, physical and mental status, substance usage, and DV status. Unsheltered clients are given priority.

2) Shelters within the CoC are under performance contracts with DSS to reduce shelter stays. DSS holds monthly case conferences with the CE system providers to review length of time spent homeless and addresses barriers to housing through referrals to mainstream resources, specialized case management, and housing placement assistance. The CE system providers review those clients in the HMIS system with the longest length of time homeless and prioritize head of households for permanent supportive housing projects. The CoC was also funded for a RRH program and is applying for the DV bonus. The CoC Board identifies and houses individuals and families by utilizing the CE list via HMIS through comprehensive intake and assessments. Using data within CE (HMIS) determines individuals with the longest length of homelessness. The CoC utilizes standardized assessment (CE Intake /Assessment and Vulnerability Index) tool to ensure that all homeless participants will be prioritized by the same vulnerability standards. This tool provides uniform decision criteria based upon vulnerability score.

3) The CoC PC under supervision of the CA; HONOR, assumes responsibility for overseeing the CoC's strategy to reduce the length of homelessness.

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

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

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

(limit 2,000 characters)

1) The CoC utilizes several strategies to increase transitions to PH, including the HUD endorsed "Moving On" strategy, the use of payment vouchers to facilitate transition to PH, and intensive CM to assist clients during the transition process. Further, efforts to address employment status, job training, and physical and MH status are stressed. Current data indicate that successful exits to permanent housing destinations for this entire cohort is approximately 46%, which suggests this area will be a critical focus area for improvement. The CoC's strategy to increase the rate at which program participants (PP) from ES, SH, TH, RR exit to PH destinations is centered on unsuccessful transitions,

namely clients exiting ES. The CoC studied this measure utilizing the 2020 SPM Data Quality Report and determined that the greatest number of homeless who experience “unsuccessful” exits to PH destinations are those in the ES as many of these individuals “self-discharge” without notice to the ES operators. As a result, the CoC now has CM staff trained in individualized “Safe Exit Planning” with newly enrolled clients. Planning includes PH navigation and “safety net” strategies to maintain PH and avoid future episodes of homelessness. These strategies are implemented prior to discharge of ES client.

2) CoC HMIS data indicates PH retention has been strong and is achieved through very close monitoring of projects by the PC. Strategies to retain or exit to PH (except RRH) includes intensive case management informed by a HF approach that intentionally creates a plan focused on retention, overall wellness & psycho-social trauma informed supportive services; individualized stabilizing protective factors that are monitored by project staff, and regular monitoring and quality of client’s linkages to mainstream resources.

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

Describe in the field below:

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

(limit 2,000 characters)

1) The CoC reviews the HMIS monthly report identifying individuals and persons in families at greatest risk of returning to homelessness. Common factors identifying individuals include, but not limited to: mental illness and SUD, marital breakdown, DV, transitions in/out of institutional care settings, affordability of housing and employment status, intellectual and developmental disabilities (IDD), history of evictions, incarceration and/or hospitalization 90 days plus, low social economic status, and young age with history of adversity and trauma.

2) CoC strategies include reviewing CoC project discharge policies, identifying ways to track program participants (PP) at risk of return to homelessness, and providing strategic intervention to prevent returns. The CoC expanded CE to provide post discharge follow up and create a standardized program discharge procedure to ensure appropriate level of care at discharge. Additionally, the CoC ensures post discharge follow up, and individual placements continue to be reviewed during the Housing First Meetings where a multidisciplinary approach is utilized to review individual history of placements, successful/unsuccessful levels of care, and natural supports to reduce the rate of additional returns. Furthermore, Intensive Case Review (ICR) Meetings are held for participants that are identified with a higher rate of recidivism. Orange County replicated CoC’s Housing First Model with a non-HUD funded program.

3) The CoC PC under supervision of the CA; HONOR, assumes responsibility for overseeing the CoC’s strategy.

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

Describe in the field below:

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

(limit 2,000 characters)

- 1) The CoC collaborates with local chambers of commerce and disability advisory councils to increase program participants' (PP) access to skills and employment. HMIS data informs the CoC of successful program types and assists in developing systematic responses to help homeless PP increase employment and income. The CoC strategy to increase employment has been successful and earned income for stayers has increased by 6% from 2019 to 2020. Department of Social Services attends monthly CoC meetings and is an active collaborator assisting clients with employment assistance. Also, the Employment & Training Administration (ETA) assists clients in finding work.
- 2) The CoC works with mainstream employment organizations, the local ETA and Orange County Workforce Development Board to help individuals and families increase their cash income by hosting work fairs, use of job developers, work readiness programs, education programs and providing client transportation. CoC projects assess PPs at entry to determine income goals and help connect them with resources such as care management and legal services to increase income from mainstream sources.
- 3) The CoC Planning Coordinator under supervision of the Collaborative Applicant; HONOR, assumes responsibility for monitoring CoC's strategy to increase job and income growth from employment.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

- 1) Members of the CoC partner with local businesses and organizations connecting all people experiencing homelessness with job opportunities as well as organizations providing on-site opportunities for entrepreneurial engagement, including selling their art, crafts and handiwork at a variety of community events. Provider and community organizations sponsor and post job opportunities, provide resume training and assistance, sponsor diversity job fairs and provide job preparation training. The diversity job fair helps link all people experiencing homelessness with local and regional employers.
- 2) To further their recovery and well-being, people living in PSH projects have the opportunity to be trained in sound and lighting tech, stage production and event set-up and are hired to work programs and events on-site and for outside

organizations. In partnership with SUNY Orange, GED/TASC classes and college preparatory classes are made available; and clients receive tutoring help when needed. Computers are provided to conduct job searches and create resumes. Computer assistance is provided. People living in PSH projects volunteer in supportive housing libraries, fitness centers, assist with agency publications, tutor fellow residents, host monthly movie nights, and conduct bingo games. Many clients volunteer in the community at local food pantries, with church groups, Hospice and other organizations. They also work in stipend positions in art galleries, park maintenance, plant maintenance, trash removal and odd jobs.

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

Describe in the field below:

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

(limit 2,000 characters)

1) The CoC strategy to increase non-employment cash income to program participants (PP) includes providing access to SOAR training (SSI/SSDI Outreach, Access, and Recovery) to increase access to Social Security Administration (SSA) disability benefits for eligible individuals who have a mental illness, medical impairment, and/or a co-occurring substance use disorder. HMIS data informs the CoC of successful program types and assists in developing systematic responses to help homeless PPs increase income. Program CMs assess all PPs for eligibility for non-employee entitlement funding support, including disability and IDD. Further, the CoC provides assistance enrolling PPs in the Medicaid program if they are eligible.

2) The CoC works with local Department of Social Services which provides access to non-employment cash sources. CoC projects assess PPs at entry to determine income goals and connect them with resources such as care management and legal services to increase non-employment cash income from available Federal and State mainstream benefit programs.

3) The CoC PC under supervision of the Collaborative Applicant; HONOR, assumes responsibility for monitoring CoC's strategy 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:

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

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

N/A

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	Yes
--	-----

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)

Children and unaccompanied youth who are victims of domestic violence, teen dating violence, human trafficking and other crimes experience a complex process of disentanglement from the abusive person on many levels – emotional, psychological, physical, financial, and legal. Diminished capacity for choice is one of the hallmarks of victimization; advocates work to help victims rediscover their ability to exercise control over their own lives with confidence. As a victim makes this personal journey, public policy and the availability of resources have a tremendous impact on their ability to live free from violence and abuse. The McKinney-Vento Act aims to ensure that school and education remain a part of a child's stable environment. Fearless!, this CoC's DV provider, provides housing, advocacy and social supports facilitates achievement of stability, which in turn, prevents disproportionate use of health, mental health, incarceration, unemployment services in the future. Fearless! has a 35-year history of providing supports in education, prevention, advocacy, and shelter to victims and survivors of interpersonal violence, human trafficking and sexual violence, and other types of crime victimization, and serving households that

are homeless due to domestic violence, as well as those living in the community and attempting to flee domestic violence and access safety through other avenues. Fearless! currently operates a 17-bed emergency domestic shelter for individuals and families who have experienced DV and homeless as a result. With significant experience in providing shelter and community-based programming and services, Fearless! is familiar with the diverse needs of victims of domestic violence as well as the landscape of housing options and opportunities within the service region. Throughout its history, Fearless! has worked to partner with other agencies to ensure service linkages necessary to support locating and sustaining housing.

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:	2,379
2.	Enter the number of survivors your CoC is currently serving:	220
3.	Unmet Need:	2,159

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)

The agency database, EmpowerDB, was used to calculate the number of domestic violence survivors in need of housing or services. The number provided is based on the number of Orange County-based individuals who came to the agency in 2021 to seek services and support in connection to the domestic violence victimization they experienced. Included with the total above are 77 clients served in FHV's DV shelter. It also includes 220 adults and 141 children who were referred to alternative housing providers due to lack of DV shelter bed capacity. All services provided to clients and community members are documented within the database to ensure the ability to both streamline the provision of comprehensive services and to generate data and reports with accuracy. While the agency is actively working with the survivors reflected in the above number, it is difficult to qualify these individuals as either fleeing or having an unmet need as the housing options are limited, and not all survivors who seek services intend to exit the relationship at the time. FHV serves all those who seek services, regardless of its DV shelter bed capacity, by providing services that include referrals to other organizations, advocacy, legal support, engagement with employers and benefits support. This creates challenges in accurately tracking unmet needs for the purposes of this application.

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		
Fearless! Hudson ...		

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	Fearless! Hudson Valley
2.	Rate of Housing Placement of DV Survivors–Percentage	53.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	45.00%

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)

Rates are calculated based on the total number of survivors housed in the agency's emergency shelter in 2019 and the number who both secured housing placement post shelter as well as those who retained housing for at least 6 months post discharge from shelter. Given the COVID-19 pandemic and increased lengths of stay in shelter, 2020 and 2021 statistics were not included. Of the 91 people housed in shelter, 48 (53%) discharged to housing placement and approximately 45% percent were confirmed to maintain housing 6 months post-shelter.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

The applicant has provided comprehensive services to domestic violence survivors, including emergency shelter, for 35 years in Orange County. Shelter is physically located in a confidential location within Orange County and can be accessed in a variety of ways, including via direct call to the 24-hour hotline or in connection to an advocate through any of the agency's office locations. Entry into DV shelter is not required through Coordinated Entry (CE) though referrals can be generated by any CE partner. In supporting survivors in accessing shelter, the applicant agency coordinates appropriately and within VAWA requirements to ensure access to available housing resources through CE and other available housing opportunities, though the options are limited and not sufficient to adequately meet the needs of all homeless households. Survivors have access to supportive services, both through the applicant agency and local community resources. Within its work related to shelter and housing placement in Orange County, the applicant has demonstrated history of supporting survivors in navigating the housing market and locating options to meet their needs, mostly without the availability of subsidies. Housing stability can, at times, be difficult to measure for DV survivors as the circumstances surrounding their homelessness and perceived instability are often the direct result of the abusive person's behavior and intentional interference. Since 2017, the agency has operated a Housing First program within Orange County. Through this program, 6 households have been supported in obtaining and maintaining housing while also accessing supportive services to increase their level of sufficiency, stability, independence. Despite the availability of rental subsidies, most clients are contributing significant portions of the rental expense, and one client opted to self-discharge from the program based on their own ability to support their housing and other needs.

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)

All agency work is rooted in safety and confidentiality. As the only provider of comprehensive services to victims of DV in Orange County, it is crucial that the agency operates within the expectations for other organizations. All new staff must fulfill training requirements for a variety of topics, including: the dynamics of victimization and abuse; crisis intervention and safety planning; confidentiality and mandated reporting; ACES; work with special and diverse populations; advocacy skills; and legal systems. Staff are also offered ongoing enhanced

and specialized training. Protocols in client confidentiality are mandatory and involve ensuring that conversations are private, never in the presence of other people, and that files and client data are always secured. The agency works directly with survivors and never their partner's presence. In evaluating safety in partnership with survivors, project staff support clients in identifying housing options that prioritize their own safety and housing needs; this may include consideration of scattered site safe housing locations and the option of remaining safely within their current housing with rental assistance. Project staff are trained and well-versed in the various civil and legal options available to support victim safety. Locations operated by the applicant have security systems and alarm devices, including cameras, door intercoms, extra lighting, alarms on all windows and doors, and panic buttons to silently engage police assistance. The location of the emergency shelter is maintained confidential as required by federal and state legislation. Within scattered site housing options, the applicant will work with property landlords and survivors themselves around evaluating safety measures that feel most supportive. This may include ensuring appropriate external lighting, the use of video doorbells or cameras, additional locks, window locks, security bars, and other strategies, as appropriate.

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)

As the work of Fearless! is centered around safety and confidentiality, the agency is equipped to support survivor safety as much as is within its ability. The dynamics of domestic violence victimization and safety concerns are greatly reliant on the behavior of the abusive person and their choices to perpetrate harm, and their tactics may escalate, shift and change as their control is challenged in some way. Despite this, the project applicant ensures the confidentiality of its locations, specifically shelter, as well as related to the clients who may access services. These efforts have been in place throughout the 35 year history of the agency and will remain in place to ensure survivor safety in accessing services and navigating life free from violence and abuse.

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)

All of the programs of Fearless! are based on a philosophy of empowerment and self-determination. Because diminished capacity for choice is one of the hallmarks of victimization, the role of advocates is to work to help adult and child victims rediscover their ability to exercise and control over their own lives and to feel confident in their ability to do so. In order to enable survivors and their children to live free from violence and abuse, it must be recognized that "success" is a process. Individuals do not simply walk away from their abuser and find themselves free from violence and abuse. There is a complex process of disentanglement from the abusive person on many levels – emotional, psychological, physical, financial, and legal. As a victim makes this very personal journey, public policy and the availability of resources has a tremendous impact on their ability to live free from violence and abuse as the abusive partner's behavior is often sanctioned by the very systems victims reach out to for help. In the field of support for victims of domestic violence, teen dating violence, human trafficking and other crimes, success is achieved each and every opportunity for a victim to feel safer than they once felt. It is achieved each time it is recognized that the abuse is not their fault. It is defined each time authority is reclaimed over their life. The work of advocates centers on planting seeds of awareness. Each sprouting seed – of increased self-esteem, dawning recognition that the victim is not to blame, growing faith in one's ability to reach for self-sufficiency – is a measure of success. Outcome measures are unable to calculate the extreme hardships adult and child victims must endure and overcome to begin to live free from violence, abuse and control. Therefore, outcome measures for agencies like Fearless!, while not making the program less accountable, must be understood in the multi-faceted context of work with victims and survivors and are to be focused on what is actually within the control of victims and program staff. To this end, the project applicant works with survivors to make fully-informed decisions about their best interests and needs, including their own choice around housing options. Staff work to neutralize power and avoid instances of imposing sanctions, as this can mirror the abusive experiences that cause survivors to need DV services in the first place. Staff receive initial and ongoing training regarding the impacts of trauma and strategies for engaging with survivors with mindfulness of the ways in which trauma can manifest. Work with survivors is centered around ensuring support and access to ongoing psycho-education around the impacts of victimization and efforts toward healing are prioritized and steered by each survivor. It is important to also ensure that in addition to staff training regarding inclusivity, anti-oppressive advocacy, and implicit bias, that the agency's staff demographic is diverse and reflective of the various identities of clients. This requires that the agency ensure language access and cultural diversity as well, which remains important to the agency's mission, vision and core values. Survivors are encouraged to access group support, group counseling and to participate in agency-sponsored events for clients, including an annual candlelight vigil for survivors and client holiday party. These strategies ensure opportunity for connection and mutual support. In addition, staff provide access to resources,

including parenting support, utilizing the Nurturing Parenting Program Model and Safe and Together Model.

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)

Fearless! currently operates a 17-bed crisis shelter for victims of domestic violence and human trafficking. Licensed by the New York State Office of Children and Family Services, this crucial program of Fearless! allows for victims and their children to have a safe place to turn to when they are fleeing abusive partners and traffickers. The Shelter program is staffed 24 hours a day, 7 days a week; Screenings and intakes for victims to come into shelter can also be done 24 hours a day, 7 days a week. Outside of business hours (evening, weekends, holidays), the 24 hour crisis hotline is answered at the shelter. The Shelter program provides comprehensive services to victims of domestic violence, teen dating violence, and human trafficking in a safe and supportive living environment. Residential Advocates and Case Managers support victims in identifying goals and action steps, safety planning, addressing their financial and housing needs, understanding crime victims' compensation information and process, and ensures active case management support. Residential Advocates and Case Managers are available to respond to crisis calls on the agency's 24-hour crisis line, and to provide crisis intervention, individual and group support, advocacy, information and referrals to victims in the shelter. The Housing Case Managers support the case management, advocacy and housing related needs of victims residing in emergency shelter and within the agency's Housing First Program. The Housing First Program grew out of an identified need for victims to access housing post-shelter that is safe and affordable. With the program came the ability to create a new position, the Housing Case Manager, to ensure access to ongoing services to those housed within the Housing First Program, as well as ensure housing-related assistance to victims living within the DV shelter. Services within shelter are centered around the unique needs of DV victims, with housing as a top priority. Efforts are focused on ensuring clients are supported in exploring issues related to their credit, employment, housing history, and exploration of safety in their journey forward. Where possible and necessary, the agency supports connection to an attorney through its partnership with Legal Services of the Hudson Valley. This partnership allows for immediate connection, consultation and where needed representation for legal matters that may impact survivor efforts to access safety. Legal Services - In 2019, the project applicant supported survivors' access to legal services and support regarding various legal issues, including family offense, custody, visitation, child support, and victim-related immigration matters. 641 legal cases were handled through referral to Legal Services of the Hudson Valley on behalf of 356 domestic violence survivors, impacting 1,837 household members. Credit History and Repair Services - The project applicant ensures ongoing partnership with FreeForm and a local organization that supports credit history

evaluation and repair support. Advocates have been trained regarding financial abuse and its impacts and routinely explore the needs of survivors in effort to provide immediate resources. Housing Advocacy and Case Management - In 2019, the applicant increased its engagement with local landlords in effort to support housing searches and successful retention of housing for victims in shelter. Several landlords routinely outreach to the case managers to share about available housing units and seek potential tenants from the DV shelter.

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)

All of the programs of Fearless! are based on a philosophy of empowerment and self-determination. Because diminished capacity for choice is one of the hallmarks of victimization, the role of advocates is to work to help adult and child victims rediscover their ability to exercise and control over their own lives and to feel confident in their ability to do so. In order to enable survivors and their children to live free from violence and abuse, it must be recognized that "success" is a process. Individuals do not simply walk away from their abuser and find themselves free from violence and abuse. There is a complex process of disentanglement from the abusive person on many levels – emotional, psychological, physical, financial, and legal. As a victim makes this very personal journey, public policy and the availability of resources has a tremendous impact on their ability to live free from violence and abuse as the abusive partner's behavior is often sanctioned by the very systems victims reach out to for help. In the field of support for victims of domestic violence, teen dating violence, human trafficking and other crimes, success is achieved each and every opportunity for a victim to feel safer than they once felt. It is achieved each time it is recognized that the abuse is not their fault. It is defined each time authority is reclaimed over their life. The work of advocates centers on planting seeds of awareness. Each sprouting seed – of increased self-esteem, dawning recognition that the victim is not to blame, growing faith in one's ability to reach for self-sufficiency – is a measure of success. Outcome measures are unable to calculate the extreme hardships adult and child victims must endure and overcome to begin to live free from violence, abuse and control. Therefore, outcome measures for agencies like Fearless!, while not making the program

less accountable, must be understood in the multi-faceted context of work with victims and survivors and are to be focused on what is actually within the control of victims and program staff. To this end, the project applicant works with survivors to make fully-informed decisions about their best interests and needs, including their own choice around housing options. Staff work to neutralize power and avoid instances of imposing sanctions, as this can mirror the abusive experiences that cause survivors to need DV services in the first place. Staff receive initial and ongoing training regarding the impacts of trauma and strategies for engaging with survivors with mindfulness of the ways in which trauma can manifest. Work with survivors is centered around ensuring support and access to ongoing psycho-education around the impacts of victimization and efforts toward healing are prioritized and steered by each survivor. It is important to also ensure that in addition to staff training regarding inclusivity, anti-oppressive advocacy, and implicit bias, that the agency's staff demographic is diverse and reflective of the various identities of clients. This requires that the agency ensure language access and cultural diversity as well, which remains important to the agency's mission, vision and core values. Survivors are encouraged to access group support, group counseling and to participate in agency-sponsored events for clients, including an annual candlelight vigil for survivors and client holiday party. These strategies ensure opportunity for connection and mutual support. In addition, staff provide access to resources, including parenting support, utilizing the Nurturing Parenting Program Model and Safe and Together Model.

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	11/16/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/16/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/16/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/16/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Public Posting - ...	11/16/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Posting - ...	11/16/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting—CoC-A...	11/16/2021
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

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Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description: Web Posting–CoC-Approved Consolidated Application

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	10/27/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/12/2021
1E. Project Review/Ranking	11/15/2021
2A. HMIS Implementation	11/12/2021
2B. Point-in-Time (PIT) Count	11/07/2021
2C. System Performance	11/12/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	11/07/2021

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3C. Serving Homeless Under Other Federal Statutes	11/12/2021
4A. DV Bonus Application	11/13/2021
4B. Attachments Screen	11/16/2021
Submission Summary	No Input Required

CE Assessment Tool

1C-14

ORANGE COUNTY COORDINATED ENTRY

BASIC INSTRUCTIONS:

ONLY FILL THIS FORM IF

➤ YOUR CLIENT IS HUD DEFINED HOMELESS

- ✓ INDIVIDUAL OR FAMILY WHO LACKS A FIXED, REGULAR, AND ADEQUATE NIGHTTIME RESIDENCE, MEANING:
- ✓ HAS A PRIMARY NIGHTTIME RESIDENCE THAT IS A PUBLIC OR PRIVATE PLACE NOT MEANT FOR HUMAN HABITATION;
- ✓ IS LIVING IN A PUBLICLY OR PRIVATELY OPERATED SHELTER DESIGNATED TO PROVIDE TEMPORARY LIVING ARRANGEMENTS (INCLUDING CONGREGATE SHELTERS, TRANSITIONAL HOUSING, AND HOTELS AND MOTELS PAID FOR BY CHARITABLE ORGANIZATIONS OR BY FEDERAL, STATE AND LOCAL GOVERNMENT PROGRAMS); OR
- ✓ IS EXITING AN INSTITUTION WHERE (S)HE HAS RESIDED FOR 90 DAYS OR LESS AND WHO RESIDED IN AN EMERGENCY SHELTER OR PLACE NOT MEANT FOR HUMAN HABITATION IMMEDIATELY BEFORE ENTERING THAT INSTITUTION

* YOU MUST SUBMIT THIS APPLICATION ALONG WITH **ALL** APPROPRIATE DOCUMENTATION THROUGH MESSAGE IN HMIS AWARDS. (PLEASE EMAIL CoC COORDINATOR AT MHERRERA@HONOREHG.ORG FOR ASSISTANCE WITH THIS APPLICATION OR ACCESS TO HMIS)

BASIC AND IF APPLICABLE ANY DISABLING CONDITION DOCUMENTATION

1. BASIC DOCUMENTATION:

- IDENTIFICATION (BIRTH CERTIFICATE, SOCIAL SECURITY CARD, MEDICAL INSURANCE CARDS)
- HOMELESS CERTIFICATE (FROM HRC OR EMERGENCY SHELTER)
- INCOME DOCUMENTATION (PAY STUBS, ENTITLEMENT/BENEFIT LETTERS, ETC.)

2. AND IF THEY HAVE MENTAL HEALTH

- DIAGNOSIS/SMI DOCUMENTATION
- ENSURE THEY ARE ON SPOA LIST AS WELL

3. AND IF THEY HAVE SUBSTANCE ABUSE

- DIAGNOSIS/TREATMENT HISTORY DOCUMENTATION

4. AND IF THEY ARE A VETERAN

- DD214

ORANGE COUNTY COORDINATED ENTRY FULL ASSESSMENT

ARE YOU SEEKING HOUSING SERVICES?	HAVE YOU PREVIOUSLY COMPLETED AN APPLICATION FOR ASSISTANCE THROUGH COORDINATED ENTRY?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

IF CLIENT IS NOT SEEKING HOUSING SERVICES, A HOUSING ASSESSMENT DOES NOT NEED TO BE COMPLETED

STAFF MEMBER COMPLETING ASSESSMENT		AGENCY NAME
STAFF MEMBER'S EMAIL		FAX NUMBER
PHONE NUMBER		
CLIENT PHONE NUMBER	CLIENT EMAIL ADDRESS (If available)	

PREVENTION STOP HERE – REFER CLIENT TO APPROPRIATE PREVENTION SERVICES AND SEND THIS FORM TO THE APPROPRIATE CE COORDINATOR

HMIS INFORMATION

INTAKE DATE / /	FIRST NAME	LAST NAME (and Suffix)
NAME DATA QUALITY <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name, Street Name or Code Name Reported <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		ALIAS
SOCIAL SECURITY NUMBER (enter "9" for any missing numbers in an Approximate or Partial SSN) - - - - -		SSN DATA QUALITY <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Approximate or Partial SSN Reported <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male(FTM) <input type="checkbox"/> Trans Female(MTF) <input type="checkbox"/> Gender Non-Conforming		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
BIRTHDATE / /	BIRTHDATE DATA QUALITY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
RACE (choose all that apply) <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
DO YOU HAVE A PHONE NUMBER AT WHICH YOU CAN BE REACHED? <input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)		
IF YES: PLEASE PROVIDE YOUR PHONE NUMBER WITH AREA CODE () - - - - -		

PRIOR LIVING SITUATION

Based on the client's living situation the night before project entry, record responses in one (1) section:
Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (only if necessary)

HOMELESS SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY) <input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	LENGTH OF STAY IN PREVIOUS PLACE <input type="checkbox"/> 1 night or less <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> Client Refused <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> Data Not Collected <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer	
APPROXIMATE DATE HOMELESSNESS STARTED: / /		
REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

---NEXT PAGE---

OR

INSTITUTIONAL SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center		<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
DID THE CLIENT STAY LESS THAN 90 DAYS		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client WITH ongoing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client with GPD TIP subsidy <input type="checkbox"/> Rental by client with VASH subsidy <input type="checkbox"/> Rental by client with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or in a family member's room, apartment or house <input type="checkbox"/> Staying or in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)		<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
DID YOU STAY LESS THAN 7 DAYS?		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

OR

UNKNOWN (ONLY IF NECESSARY)		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		
<input type="checkbox"/> <i>Client doesn't know</i> <input type="checkbox"/> <i>Client refused</i> <input type="checkbox"/> <i>Data not collected</i>		

***CURRENT LIVING SITUATION**

Based on the client's living situation **tonight**, record responses in one (1) section:
 Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:
TYPE OF RESIDENCE (TONIGHT)
<input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter , including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing

OR

INSTITUTIONAL SITUATIONS:
TYPE OF RESIDENCE (TONIGHT)
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center

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IS CLIENT GOING TO LEAVE WITHIN 14 DAYS?	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
<input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client WITH ongoing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client with VASH subsidy	<input type="checkbox"/> Rental by client with GPD TIP subsidy <input type="checkbox"/> Rental by client with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or in a family member's room, apartment or house <input type="checkbox"/> Staying or in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)
IS CLIENT GOING TO LEAVE WITHIN 14 DAYS?	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

UNKNOWN (ONLY IF NECESSARY)	LIVING SITUATION VERIFIED BY (NAME OF AGENCY)
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

***INCOME & SOURCES / NON-CASH BENEFITS**

*INCOME FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY	
<input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> SSI \$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> Retirement from SSA \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> General Public Assistance \$ _____ <input type="checkbox"/> Pension or Retirement from former job \$ _____ <input type="checkbox"/> Alimony or Other Spousal Support \$ _____
*NON-CASH BENEFITS FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children <input type="checkbox"/> Other TANF Funded Svcs <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Service	

***HEALTH INSURANCE / DISABLING CONDITIONS**

*COVERED BY HEALTH INSURANCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
MEDICAID <input type="checkbox"/> No <input type="checkbox"/> Yes State Children's Health Insurance Program <input type="checkbox"/> No <input type="checkbox"/> Yes Employer provided Health insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Private Pay Health Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Indian Health Services <input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE <input type="checkbox"/> No <input type="checkbox"/> Yes VA Medical Services <input type="checkbox"/> No <input type="checkbox"/> Yes Health ins. Via COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes State Health Ins. Adults <input type="checkbox"/> No <input type="checkbox"/> Yes

---NEXT PAGE---

*PHYSICAL DISABILITY		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*DEVELOPMENTAL DISABILITY			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*CHRONIC HEALTH CONDITION		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*HIV/AIDS			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*MENTAL HEALTH PROBLEM		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*SUBSTANCE ABUSE PROBLEM		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Alcohol (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes, Drug (SEE RIGHT) <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes, Both (SEE RIGHT) <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
* DV STATUS			
*DOMESTIC ABUSE VICTIM/SURVIVOR			
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?	
<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> From 6 to 12 months ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
DO YOU NEED A CONFIDENTIAL LOCATION TO STAY?			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

---NEXT PAGE---

[illegible]

I understand that the information collected on this form will be used to help me gain housing services and this information will be shared with the partnering agencies of the Orange County Continuum of Care to make referrals on my behalf and to discuss the details of my case. A list of Orange County Continuum of Care partnering agencies can be provided upon request. List is also available on the CARES of NY, Inc website

If a referral is made to the Orange County Department of Social Services, I give permission to Social Services to speak to the referring agency as to the status of my housing.

Client Signature: _____

Date: ____/____/____

---END---

PROCEED TO VULNERABILITY INDEX

Client Name: _____ Client Tel # _____

*VULNERABILITY INDEX SCORING		
Chronic Homelessness (CH) Status (CoC Priority)		
Client has been continuously homeless for at least one year OR experienced 4 or more episodes of homelessness within the last 3 years (where combined length of time homeless equals at least 12 months) AND has a documented disabling condition.		
<input type="checkbox"/> Yes (If yes, add "C" to final score below) <input type="checkbox"/> No <input type="checkbox"/> Unable to determine		
	SCORE	SUBTOTAL
If client indicates they slept and are going to sleep in a place not meant for human habitation, a Safe Haven, or in an Emergency Shelter	1	
If client is 18-24 years of age	1	
If client is 16-17 years of age	1	
If client is 60 years of age or older	2	
If client has served one day (other than training) in active military, naval, or air service	1	
If client indicates homelessness: <ul style="list-style-type: none"> - Homeless 12 months or more - Or have been homeless four separate occasions in the last three (3) years with a combined length of time of 12 months or more 	2	
If client income is below 50% AML for their household size	1	
If client indicates registered sex offender status for self or any member of the household	1	
If client is pregnant	1	
If client indicates having a physical disability	1	
If client indicates having a developmental disability	1	
If client indicates having a chronic condition	1	
If client indicates having HIV/AIDS	1	
If client indicates having a mental health diagnosis	2	
If client indicates substance abuse	1	
Household of 3 or more	3	
Household with CPS involvement	1	
Household fleeing Domestic Violence	1	
Lacks access to homeless shelters Explain:	1	
If client has a serious underlying medical condition and may be at higher risk for severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease	2	
TOTAL POINTS – If documented CH status, add "C" to score, respectively (i.e., "4C")		

---END---

PROCEED CRHMIS INCLUSION DISCLOSURE AND RELEASE OF INFORMATION

CRHMIS CLIENT INCLUSION DISCLOSURE FOR COORDINATED ENTRY PROJECTS**PURPOSE:** To inform clients of HMIS data entry and for clients to authorize or modify data sharing preferences within the HMIS for the project listed below:

PROJECT: NY -602 Orange County Coordinated Entry

CONTACT NUMBER: MICHELLE HERRERA 845-343-7115 ext. 314

INSTRUCTIONS: This form must be completed for every independent adult (18 years of age and over) and every unaccompanied minor PRIOR to data collection and entry into the HMIS at all CRHMIS-participating providers. This form also covers any household members under the client's guardianship, which includes all minors (persons under 18 years of age) and any incapacitated/disabled adults. The client is to be given pages 1 and 2 after completion.

HMIS PRIVACY NOTICE

This Notice applies to all CRHMIS-Participating Providers and addresses how information about clients may be used and disclosed at Providers as well as client rights over their information. This Notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

A. HMIS DATA COLLECTION & PURPOSE

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the housing and services provided to homeless individuals and families and persons at risk of homelessness. Providers participating in an HMIS are required to collect universal data elements from all clients, including Personally Identifying Information, demographic characteristics, and residential history. This information is critical for providers and communities to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Some providers are also required by their funders to obtain certain additional information to assess services, to determine eligibility, and to monitor outcomes. Most federally-funded homeless service providers are required to participate and record the clients they serve in an HMIS.

This agency is an HMIS-participating homeless service provider ("CRHMIS Provider"), meaning we collect and enter information about the persons we serve in the private and secure CARES Regional HMIS (CRHMIS) database, the local HMIS for this community. There are firm policies and procedures in place to protect against unauthorized disclosure of any personal information collected, and this information is critical to obtain an accurate picture of the homeless population we serve and for this agency to continue to offer you the service(s) you are accessing today. We only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program. We do not need your consent to enter a record of your visit into the CRHMIS, but you may refuse to have your personal identifying information within this record and still be eligible to receive services.

If you have any concerns or questions about the information provided above, please speak to an intake worker.

B. PERMITTED DATA USES AND DISCLOSURES

The CRHMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including Personally Identifying Information (PII is any information that can be used to identify a particular individual, including a client's name, Social Security Number, and Date of Birth). Once collected, we (as a CRHMIS Provider) have obligations about how these data may be used and disclosed (**uses** are internal activities for which providers interact with client PII; **disclosures** occur when providers share PII with an external entity). **CRHMIS Providers are limited to the following circumstances for the use and disclosure of HMIS PII:**

HUD required:

- (1) Client access to their information; and
- (2) Disclosures for oversight of compliance with HMIS privacy and security standards.

HUD permitted:

- (3) To provide or coordinate services to an individual;
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;
- (6) For creating de-identified reporting from PII;
- (7) Uses and disclosures required by law;
- (8) Uses and disclosures to avert a serious threat to health or safety;
- (9) Uses and disclosures about victims of abuse, neglect or domestic violence;
- (10) Uses and disclosures for research purposes; and
- (11) Uses and disclosures for law enforcement purposes.

A client must provide prior written consent for any other use or disclosure of HMIS PII.

CRHMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws**.

Therefore, some CRHMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a projects. Specific, per-project information regarding data use and disclosure can be obtained upon request.

C. CLIENT CONTROL OVER DATA

The CRHMIS recognizes every independent legal adult (person over 17 years of age) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this CRHMIS Provider and consenting to your personal information being entered into a record within the CRHMIS, you transfer governance responsibility over your CRHMIS record to us, and we are responsible for handling your record in accordance with CRHMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your CRHMIS record, and as owner **you have the following rights, in general:**

- » **Refusal:** to refuse to answer a question you do not feel comfortable with and not have it recorded within the CRHMIS;
- » **Access/Correction:** to request and view a copy of your project information record within the CRHMIS from your provider, including those who have accessed and/or edited your record, and to request corrections to that record;
- » **Grievance:** to ask questions of or submit grievances to your provider regarding privacy and security policies and practices;
- » **Anonymized Record:** to request that your provider anonymize your personal data record within the CRHMIS; and
- » **Optional Data Sharing:** to choose if your information is shared outside of the CRHMIS with researchers and other providers, and to make this decision at each project you receive services from. (Please note that if you decide NOT to data share, it does not prohibit the project from entering your data into the CRHMIS – it prohibits the sharing of your data as outlined on the consent form).

CRHMIS Providers reserve the following exceptions to the above: (1) Provider Right to Deny Review: if information is compiled in reasonable anticipation of litigation or comparable proceedings; if information about another individual other than the participating provider staff would be disclosed; if information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the sources of the information; or if the disclosure of information would be reasonably likely to endanger the physical safety of any individual; and (2) Provider Right to Deny Access/Correction: in response to repeated or harassing requests.

D. RESPONSIBILITY TO PROTECT DATA

CARES of NY, Inc. (CARES) is the System Administrator of the CRHMIS. The CRHMIS uses Foothold Technology's AWARDS software application and database, which is maintained in compliance with all federal standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its subsequent legislation – the standards required to protect medical records – as well as U.S. Department of Housing and Urban Development HMIS standards.

The CARES CRHMIS staff take the protection of client confidentiality and privacy seriously. **The following security measures, among others, are in place to ensure that your information is protected:**

- » **System Security:** HMIS data is encrypted and securely transmitted from Providers to the HMIS database, extensive procedures are in place to prevent unauthorized access, and the entire HMIS system and database is protected at the highest level of security for health data;
- » **Access:** Only CARES CRHMIS staff and staff at providers may receive authorization to access the CRHMIS, and authorization requires comprehensive initial training and annual privacy and security training thereafter;
- » **Confidentiality Agreements:** Every CRHMIS Provider and every person authorized to read or enter information into the CRHMIS signs an agreement every year that includes: (1) commitments to maintain the confidentiality of all CRHMIS information; (2) commitments to comply with all security measures in compliance with federal HMIS requirements and any applicable federal, state, or local laws; and (3) penalties for violation of the agreement;
- » **Monitoring:** Annual monitoring is conducted for CRHMIS providers to ensure compliance with privacy and security policies; and
- » **Reporting:** Published CRHMIS reports are comprised of aggregate data only, and never contain any client-level or identifying (PII) data.

IMPORTANT INFORMATION FOR ALL CLIENTS – PLEASE READ

If you do not understand any of the information within this form, you may ask your intake worker for further explanation or an alternate format.

You may keep the first 2 pages of this form (containing the HMIS Privacy Notice) for your records.

You may request a copy of any participating provider or CRHMIS policies from your intake worker. Further information regarding CRHMIS privacy and security is also available in the CRHMIS Policies and Procedures (accessible online at www.caresny.org/).

You may contact your participating provider regarding any of your rights as listed above, including if you feel that any of these rights have been violated. If your provider's response does not satisfy you, you may then contact the CRHMIS directly at hmis@caresny.org or (518) 489-4130.

CRHMIS Inclusion Disclosure

The CRHMIS has moved from *inferred consent* (a posted sign) to an *inclusion disclosure* for the HMIS. **No consumer consent is required by the CRHMIS to enter consumer data.** This disclosure replaces the posted sign but fulfills the same purpose. Consumers are asked to initial that they received the information. This is in addition to any agency specific or CoC specific forms that may be presented upon intake.

While individual agencies and projects may have their own, overriding policies, refusing to initial the inclusion disclosure does **NOT** indicate a refusal to be included in the HMIS and does not automatically disqualify consumers from receiving services from the agency or project; agency and CoC policy regarding how to handle that situation should still be followed as it has been in past years.

E. ACKNOWLEDGEMENT OF INCLUSION

No client consent is required to enter client data from provider forms into the CRHMIS, including personally identifying information. All Protected Identifying Information (PII) entered into the HMIS for the purpose of Coordinated Entry may be shared with other participating providers through the HMIS to better serve your needs and streamline the intake process. Additional sharing of your PII will not happen without agreeing through the consent below.

To show you are aware of this, we ask you to initial below.

** _____ Please initial to indicate that you have read (or been read) and understand the above information.

Please indicate method by which acknowledgement was received.

☐ Phone

☐ In Person

CLIENT NAME: _____

IMPORTANT - CLIENT IS TO BE GIVEN PAGES 8 AND 9

PHA Homeless Preference

1C-7



Village of Kiryas Joel Housing Authority

Municipal Building
51 Forest Road Suite 360, Monroe, NY 10950
Tel: (845) 782-7790 • Fax: (845) 783-7415

Chairman
Moses Goldstein
Secretary & Treasurer
Abraham Mertz

Commissioners
Abraham Goldberger
Samuel Landau
Jacob Reisman
Executive Director
Moses Neuman

November 11, 2021

Mr. Christopher Molinelli
President Orange County Housing Consortium
38 Seward Ave.
Middletown, New York 10940

Dear Mr. Molinelli:

The Village of Kiryas Joel Housing Authority provides Public Housing and affordable apartments for low-income, the elderly and persons with disabilities. We also administer the Section 8 Housing Choice Voucher Program to assist with rental payments for those in our community who qualify.

While the need for our services is great, we make every effort to give preference in our selection/eligibility process to those singles and families who are homeless or at risk of homelessness without our support.

Should you have any other need for information on the services we offer, please don't hesitate to contact me.

Sincerely,

Moses Neuman
Executive Director

Local Competition Announcement

1E-1

book



Michelle



Mental Health Association in Ora...

POST CONTENT



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Mental Health Association in Orange County, Inc.

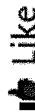
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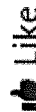
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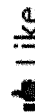
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ORANGE COUNTY HOUSING CONSORTIUM



Partners in Housing
Transforming Lives

President, Christopher Molinelli
Vice President, Judy Stanger
Secretary, Charles Quinn
Treasurer, Catherine Jones

October 1, 2021

CALL FOR FUNDING PROPOSALS

The Department of Housing and Urban Development has announced the FY 2021 Continuum of Care (CoC)

Michelle Herrera

From: Michelle Herrera
Sent: Friday, October 1, 2021 11:21 PM
To: Alaina Walag awalag@orangecountygov.com; Allyson Thiessen; Amenta, James J (James.J.Amenta@hud.gov); Amie Morganbesser; Amy Winchell; Andrea Attenasio (aattenas@student.touro.edu); Angela Jo Henze; Ann Marie Maglione; Anne Caldwell; Anne Marie Beekman; Becky F; Bill Jolly; Brendan O'Reilly; Carolee Maurice CMaurice@orangecountygov.com; Catherine Emestica; Cathey Duryea <cduryea@asfl.org>; Cathie Jones; Charlie Quinn; Cheryl Cohen <ccohen@recap.org>; Chris Molinelli; Chris Pitcher; Christina Novak <cnovak@westcop.org>; Christopher Marth; Colin Jarvis; Corey Allen; cory.harris (cory.harris@sunyorange.edu); Curtis Benton <cbenton@asfl.org>; Darcie Miller; Dean Scher; Debbie Davis ddavis@newburghministry.org; Debbie Perkins; Diahn Scott; Doug Hovey; dsannesy@gmail.com; Edwin Leon eleon@honorehg.org; Eileen Clifford; Emily Hamilton <ehamilton@rupco.org>; Faith Moore; Farrell, Christian; Fredrick parks; Hector Morell Hector.Morell@cccsos.org; Jacqueline Perez; James Watson jameswatson2552@gmail.com; Jared Doubrava; Jason Nietzsche; Jenn Durning (jdurning@honorehg.org); Jesse Howard president@newburghinterfaith.org; Josie Longstreet jlongstreet@myindependentliving.org; Juan Lantigua <jlantigua@myindependentliving.org>; Judy Stanger jstanger@mhaorangeney.com; Julie Ubinas julie.ubinas@cccsos.org; Kaitlyn Miccio; Kathleen Hendrickson (pjcd@frontiernet.net); Kathleen Morgan; Kathleen Revene; Kelly Borelli; Kelly Zago (kzago@honorehg.org); Kellyann Kostyal-Larrier kkostyal@fearlesshv.org; Kelsey Vargas Kvargas@rupco.org; Kristen Ehrens; Larry Neumann; Linda McNiff; Linda Muller; Lisa Silverstone; Marc Sterling; Marcy Handler <marcyhandler@gmail.com>; Maria Karouras mkarouras@people-usa.org; Matthew Arbolino <marbolino@habitatnewburgh.org>; Michelle Herrera; mjaneczko@schousingny.org; Monica Leiter mleiter@asfl.org; Nadia Allen; Nathan Litwin <nlitwin@recap.org>; Neline Rivera; Nicole Andersen (nandersen@orangecountygov.com); Nicole Sims-Ingleton; Nolly Climes; Nora Goetz; Paul Stolz; Peggy Spagnola; 'Phyllis'; Rachel S.Simons; Ramona Monteverde; Renee Lentino; Roberta West rwest@newburghinterfaith.org; Rolando Harris <RHarris@mhaorangeney.com>; Ronald H ronnieHBR@optonline.net; Sandra Atkins; Sarita Green; Scott Mendelson; Shannon Kelly <shannon.kelly@cccsos.org>; Shirley Salomon <Ssalomon@schousingny.org>; Stephanie Molinelli smolinelli@fearlesshv.org; Steve Miccio; Stewart, Mandy <MStewart@orangecountygov.com>; Sue Palmer; Susan Miller; Susan Varden; Tamara Badette; Tamara Clyaton; Tammy Rhein; Terri Torrchio; Tricia Holness; Valentina DiTomaso; Vincent Marasco; Virginia Schneider
Subject: Notice of Call for Proposals - NOFO Competition
Attachments: CoC NOFO 2021 Public Notice of New Funding.pdf
Importance: High

Dear Members & Community Stakeholders:

Attached please find a Public Notice for Funding proposals for FY 2021 Continuum of Care (CoC) Program Competition. Please note, letters of intent are due by Friday, October 8, 2021.

ORANGE COUNTY HOUSING CONSORTIUM



Partners in Housing
Transforming Lives

President, Christopher Molinelli
Vice President, Judy Stanger
Secretary, Charles Quinn
Treasurer, Catherine Jones

October 1, 2021

CALL FOR FUNDING PROPOSALS

The Department of Housing and Urban Development has announced the FY 2021 Continuum of Care (COC) Program Competition. As President of the Orange County Housing Consortium, I have been instructed by the Board to provide this Call for Funding Proposals and encourage Orange County stakeholders who have never applied for this funding to consider doing so. We are now accepting requests for Coordinated Entry Project and Domestic Violence Project eligible under the CoC Bonus and DV Bonus Funding through the NOFO (Notice of Funding Opportunity) CoC Program Competition.

The Orange County CoC is currently seeking applications for the following project types:

- 1. CoC Bonus for Coordinated Entry (CE) in the amount of \$140,000**
- 2. Domestic Violence (DV) Bonus funding in the amount of \$300,000**

Please see the FY 2021 RFP OCHC CoC New Project Application for detailed information.

If your agency is interested in applying for these funds, please submit a letter of interest to our CoC Planning Coordinator, Michelle Herrera, by **Friday, October 8th, 2021** at mherrera@honorehg.org.

Please include the following information in your letter:

- Agency Name and contact information
- Proposed location for the project
- Project type

Sincerely,

Christopher Molinelli

President
Orange County Housing Consortium

Orange County Housing Consortium CoC
2021 Renewal Evaluation Standards and Scoring

For all criteria, performance below the lowest indicated benchmark will receive zero points.

Evaluation Criteria	2021 Benchmark / Actual Average Results for FY2020	FY2020 SPM Results	2022 Proposed Standard	2020 Points	2nd 2020 Standard	2020 Points	3rd 2020 Standard	2020 Points
PERFORMANCE								
Efficient Use of Resources								
Spending on last year's HUD grant ¹	See Far Right Column for Benchmark	NA	Same	10	Projects over \$2M must spend at least 95% & leave less than \$75K unspent. Projects under \$100K must spend at least 90%. All other projects must spend at least 95% & leave less than \$50K unspent.			
Eligibility								
At least one Adult Participant per household with previous residence that indicates qualified literal homelessness	100%/104%	NA	100%	10				
PSH Only: At least one participant per household has a disability	100%/105%	NA	100%	10				
Participant Income/Resources								
Non-Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) ²	25% PSH/10% 25% RRH/20% 40% TH/16%	9%	25% PSH 25% RRH 40% TH	5	20% PSH 20% RRH 30% TH	3	15% PSH 15% RRH 20% TH	1
Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) ²	20%/31% (PSH = 0%, RRH = 60%, TH = 31%)	No specific youth outcome reported	20% PSH 40% RRH 40% TH	5	15% PSH 30% RRH 30% TH	3	10% PSH 20% RRH 20% TH	1
Percentage of adult participants who increased OTHER INCOME (NON-EARNED) from entry to exit of f/u (leavers and stayers) ²	35% PSH/45% 35% RRH/15% 45% TH/28%	36%	40% PSH 25% RRH 35% TH	10	30% PSH 15% RRH 25% TH	6	20% PSH 10% RRH 20% TH	3
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers) ^{2 & 3}	95%/90%	NA	95%	10	85%	6	75%	1
All participants with Health Insurance (leavers & stayers) ³	95%/93%	NA	95%	10	85%	6	75%	3
Rapid Exit/Length of Stay (LOS)								
TH Only (Non-DV): LOS for participants is 1 year or less	85%/87%	Avg LOT H'less = 122 days but bundled with Shelter & Safe Haven	90%	10	80%	6		
TH Only (DV Projects): LOS is 2 years or less	75%/97%		85%	10	75%	6		
Housing Stability								
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing ⁴	95%/97%	98%	95%	10	90-94%	6	85-89%	2
RRH and TH Only: Percentage of leavers who exited to permanent housing ⁴	90%/90%	48% but includes Shelter	95%	10	85%	6		
Percentage of leavers who exited to homeless shelter, DV shelter, streets or unknown ⁴	Less than or equal to 10%/5%	RTH w/in 6 mos after PH exit: ES-13%, TH-7%, PH-5%	Less than or equal to 5%	10	6-10%	6		
CONSUMER SURVEYS								
Consumer Surveys - Response Rate	35%/69%	NA	35%	5	25%	3		
Consumer Surveys - Results	50 Points/43.9	NA	50.0	5				
COMPLIANCE								
Percentage of participants accepted into the program from the by-name list between October 1, 2018 and September 30, 2019 (excludes DV projects)	100%	NA	100%	5				
A Lateness Penalty: 10 points deducted for each document submitted late including Paper Consumer Surveys, Project Data Form, Agency Data Form, and/or Paper APR	NA	NA	Same	minus 10				
PERFORMANCE IMPROVEMENT (formerly CORRECTIVE ACTION) THRESHOLD CRITERIA								
Occupancy based on quarterly unit utilization (excludes new projects)	90%/108%	NA	90%	N/A				

¹ Excludes new projects and SROs.

² Excludes participants who are not yet required to have an annual assessment.

³ Excludes participants who are ineligible for benefits

⁴ Excludes deceased participants or programs with only 1 exit with a bad outcome. When a person exits a DV project to a shelter for safety purposes, agencies should report this as a "transfer" rather than an "exit to shelter" for the purposes of this evaluation.

DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2021 - NOT SCORED

Evaluation Criteria	2021 Benchmark/Actual Results	FY 2020 SPM Results	2022 Benchmark	Notes
HMIS Universal Data Elements: Error rate of less than 5% for a minimum of 13 of 16 tracked data elements		NA	Same	Descriptive - result is average score for all programs. 15.4 data elements had error rate of 65%
PSH & RRH Only: Average length of time from matched to housed	NA	NA	85% housed within 30 days	Get Baseline for 2021 Evaluation
RRH Only: LOS from date housed is 6 months or less	50%/42%	NA	50%	Descriptive
Cost per household served for all projects and cost per PH exit for TH and RRH	None	NA	None	Descriptive

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

<u>SCORES</u>	
Section 1 – Organizational Experience and Capacity	10
Section 2 –Unmet Need	5
Section 3 – Housing First	20
Section 4 – Supportive Service	20
Section 5 - Timeliness & Application/Budget Quality	15
Section 6 - DV Bonus (if applicable)	20
Section 7 – Project Expansion (if applicable)	20
Section 8 – Coordinated Entry (if applicable)	20
Bonus Points	10
See Section #1: (2 point)Based on outcome data provided, does the applicant appear to have a solid track record of achieving measurable success on relevant outcomes in projects they are currently operated that are similar to the projects they are proposing?	

FY 2021 Orange County Continuum of Care Scoring Sheet for NEW Project Applications

Section 1 – Organizational Experience and Capacity - 10 points	
See Section #1: (2 points)	<ul style="list-style-type: none"> ○ Do the applicant/subrecipient and key partner organization(s) appear to have the experience to successfully operate a HUD funded permanent housing program for homeless persons? ○ Do the relevant organizations demonstrate significant and long-standing experience: <ul style="list-style-type: none"> ▪ operating successful Housing First programs? ▪ linking participants to Medicaid and other mainstream services? ▪ increasing participant income, including through SOAR? ▪ helping participants to stabilize in housing? ▪ assessing interest in/assisting with moving on from PSH (if applicable)? ▪ renting units and administering rental assistance (if applicable)?
See Section #1: (2 point)	Based on outcome data provided, does the applicant appear to have a solid track record of achieving measurable success on relevant outcomes in projects they are currently operated that are similar to the projects they are proposing?
See Section #1:	Is there a clear organizational structure for managing operations, coordinating among departments within the agency and with partner organizations and an adequate financial accounting system?
See Section #1: (2 point)	Does the organization capacity to effectively use federal funds, and ensure timely project start up and full expenditure of new project funds?
See Section #1 (2 points)	<ul style="list-style-type: none"> ○ Has the organization demonstrated sufficient capacity related to: <ul style="list-style-type: none"> ▪ Resolving monitoring/audit findings? ▪ Fully spending grant funds? ▪ Avoiding/resolving outstanding arrears? ▪ Regularly drawing down funds? ▪ Timely submission of reports?

FY 2021 Orange County Continuum of Care Scoring Sheet for NEW Project Applications

<p>Section 2 –Unmet Need (5 Points)</p> <p>Extent to which the applicant:</p> <ul style="list-style-type: none"> ○ Clearly demonstrates (if applicable) that additional services are essential to assist eligible participants in one or more existing PSH projects to obtain and/or retain permanent housing? <p>Extent to which the applicant:</p> <ul style="list-style-type: none"> ○ Clearly demonstrates that there is an unmet need in for the type of project and the populations they are proposing to serve? ○ Supported the existence of the unmet need with data? <p>Section 3 – Housing First (20 points)</p> <p>Extent to which the applicant:</p> <ul style="list-style-type: none"> • Clearly describe a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements; rapid placement and stabilization in permanent housing are primary goals) • Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation? • Does the applicant clearly demonstrate a model in which continuation of housing is not contingent on service participation requirements or compliance with treatment or rules other than as established in a lease? • Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? • Is there a clear description of how eligible participants obtain housing? • Does the organization clearly explain how participants will be assisted to maintain their housing unit? • Does the applicant clearly describe a project design that is adequate to accomplish those goals? 	
<p>Section 4- Supportive Services (20 points)</p> <p>Assistance with obtaining mainstream benefits (10 points)</p> <ul style="list-style-type: none"> • Is there a clear plan assist participants to secure mainstream benefits and other services? • Does the project propose to provide all specified activities (i.e., transportation, follow-up, technical assistance) to maximize benefits/employment? • To what extent are community amenities accessible? 	

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

Assistance with increasing income/employment and promoting independence (10 points) <ul style="list-style-type: none"> • Is there a clear plan to assist households in increasing their income from any source and/or increase income through employment? • Does the organization describe a sound plan for promoting independence for participants? 	
Section 5: Timeliness & Application/Budget Quality (15 points)	
(3 point) <ul style="list-style-type: none"> o Extent to which the applicant demonstrated an adequate plan for rapid project start-up 	
Evaluate based on the entire application Extent to which the applicant: (3 points) <ul style="list-style-type: none"> o consistently followed instructions, completed all of and only the relevant sections of the application, deleted any irrelevant sections, included all required attachments? 	
See Section #6 Extent to which the project budget (9 points) <ul style="list-style-type: none"> o was completed in accordance with the instructions? o met the minimum matching requirement? o included only eligible costs? o provided sufficient detail? o made sense given the project description and target population? 	

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

<p>Section 6 – DV BONUS & RRH (if applicable - 20 points)</p>	<p>See Section #4 DV Bonus Question #1. (6 points)</p> <p>Do the applicant, subrecipient and key partner organization(s) appear to have experience providing supportive services and housing for homeless persons, who are survivors of domestic violence, dating violence, stalking, and human trafficking, including:</p> <ul style="list-style-type: none"> ▪ Using a low-demand, Housing First model to rapidly locate permanent housing for survivors? ▪ Designing and operating programs that help survivors to increase their income and achieve long-term housing stability? ▪ Designing and operating programs that are focused on safety? ▪ Designing and operating programs that are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families? ▪ Designing and operating programs that are trauma-informed? ▪ Designing and operating programs that help survivors to navigate a range of systems ▪ Designing and operating programs that advocate for survivors' autonomy, safety, independence and housing stability
	<p>See Section #4 DV Bonus Question #2. (6 Points)</p> <p>Extent to which the applicant demonstrates how the project will meet the specific needs of survivors, including</p> <ul style="list-style-type: none"> ▪ Using a low-demand, Housing First model to rapidly locate permanent housing for survivors. ▪ Helping survivors to increase their income and achieve long-term housing stability. ▪ Ensuring a focus on safety. ▪ Ensuring that services are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families. ▪ Ensuring that services are trauma-informed. ▪ Helping survivors to navigate a range of systems
	<p>See Section #4 DV Bonus Question #3. (8 Points)</p> <p>Based on outcome data and/or description provided, does the applicant appear to have a solid track record of achieving measurable success on relevant outcomes in projects they are currently operated that are serving DV survivors?</p>

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

Section 7 – Project Expansion (if applicable 20 points)

Extent to which the applicant demonstrates the following:

- address the entire scope of the project
- Location of units
- How the project implements housing first.
- Number of single adults and/or the number of families with children to be served at a point-in-time when the project is at full capacity, and annually
- Quantified Project Outcomes
- Goals of project
- Coordination with community partners
- Demonstrated timeliness in moving participants into permanent housing?
- Demonstrated low barrier project?
- Does or will participate in HMIS?
- How participants will be assisted to obtain and remain in PH?

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

<p>Section 8 – Coordinated Entry (if applicable 20 points)</p>	<p>Extent to which the applicant demonstrates the following:</p> <ul style="list-style-type: none"> ○ address the entire scope of the project ○ covering the entire geography of the CoC ○ Easily accessible ○ Advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. ○ Utilizing a comprehensive, standardized assessment? ○ The referral process and how they ensure that participants are directed to appropriate housing and/or services.
<p>Bonus Points – (10 points)</p>	<p>Bonus points for projects that provide information on their coordinated effort with mainstream employment organizations (including examples). (4 points)</p> <p>Bonus points for projects that provide information a robust description of activities that will assist participants to increase income. (6 points)</p>

Project Review and Selection Process

1E-2

**Orange County Housing Consortium CoC
2021 Renewal Evaluation Standards and Scoring**

For all criteria, performance below the lowest indicated benchmark will receive zero points.

Evaluation Criteria	2021 Benchmark / Actual Average Results for FY2020	FY2020 SPM Results	2022 Proposed Standard	2020 Points	2nd 2020 Standard	2020 Points	3rd 2020 Standard	2020 Points
PERFORMANCE								
Efficient Use of Resources								
Spending on last year's HUD grant ¹	See Far Right Column for Benchmark	NA	Same	10	Projects over \$2M must spend at least 95% & leave less than \$75K unspent. Projects under \$100K must spend at least 90%. All other projects must spend at least 95% & leave less than \$50K unspent.			
Eligibility								
At least one Adult Participant per household with previous residence that indicates qualified literal homelessness	100%/104%	NA	100%	10				
PSH Only: At least one participant per household has a disability	100%/105%	NA	100%	10				
Participant Income/Resources								
Non-Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) ²	25% PSH/10% 25% RRH/20% 40% TH/16%	9%	25% PSH 25% RRH 40% TH	5	20% PSH 20% RRH 30% TH	3	15% PSH 15% RRH 20% TH	1
Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) ²	20%/31% (PSH = 0%, RRH = 60%, TH = 31%)	No specific youth outcome reported	20% PSH 40% RRH 40% TH	5	15% PSH 30% RRH 30% TH	3	10% PSH 20% RRH 20% TH	1
Percentage of adult participants who increased OTHER INCOME (NON-EARNED) from entry to exit ot f/u (leavers and stayers) ²	35% PSH/45% 35% RRH/15% 45% TH/28%	36%	40% PSH 25% RRH 35% TH	10	30% PSH 15% RRH 25% TH	6	20% PSH 10% RRH 20% TH	3
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers) ^{2 & 3}	95%/90%	NA	95%	10	85%	6	75%	1
All participants with Health Insurance (leavers & stayers) ³	95%/93%	NA	95%	10	85%	6	75%	3
Rapid Exit/Length of Stay (LOS)								
TH Only (Non-DV): LOS for participants is 1 year or less	85%/87%	Avg LOT H'less = 122 days but bundled with Shelter & Safe Haven	90%	10	80%	6		
TH Only (DV Projects): LOS is 2 years or less	75%/97%		85%	10	75%	6		
Housing Stability								
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing ⁴	95%/97%	98%	95%	10	90-94%	6	85-89%	2
RRH and TH Only: Percentage of leavers who exited to permanent housing ⁴	90%/90%	48% but includes Shelter	95%	10	85%	6		
Percentage of leavers who exited to homeless shelter, DV shelter, streets or unknown ⁴	Less than or equal to 10%/5%	RTH w/in 6 mos after PH exit: ES-13%, TH-7%, PH-5%	Less than or equal to 5%	10	6-10%	6		
CONSUMER SURVEYS								
Consumer Surveys - Response Rate	35%/69%	NA	35%	5	25%	3		
Consumer Surveys - Results	50 Points/43.9	NA	50.0	5				
COMPLIANCE								
Percentage of participants accepted into the program from the by-name list between October 1, 2018 and September 30, 2019 (excludes DV projects)	100%	NA	100%	5				
Lateness Penalty: 10 points deducted for each document submitted late including Paper Consumer Surveys, Project Data Form, Agency Data Form, and/or Paper APR	NA	NA	Same	minus 10				
PERFORMANCE IMPROVEMENT (formerly CORRECTIVE ACTION) THRESHOLD CRITERIA								
Occupancy based on quarterly unit utilization (excludes new projects)	90%/108%	NA	90%	N/A				

¹ Excludes new projects and SROs.

² Excludes participants who are not yet required to have an annual assessment.

³ Excludes participants who are ineligible for benefits

⁴ Excludes deceased participants or programs with only 1 exit with a bad outcome. When a person exits a DV project to a shelter for safety purposes, agencies should report this as a "transfer" rather than an "exit to shelter" for the purposes of this evaluation.

DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2021 - NOT SCORED

Evaluation Criteria	2021 Benchmark/Actual Results	FY 2020 SPM Results	2022 Benchmark	Notes
HMIS Universal Data Elements: Error rate of less than 5% for a minimum of 13 of 16 tracked data elements		NA	Same	Descriptive - result is average score for all programs. 15.4 data elements had error rate of <5%
PSH & RRH Only: Average length of time from matched to housed	NA	NA	85% housed within 30 days	Get Baseline for 2021 Evaluation
RRH Only: LOS from date housed is 6 months or less	50%/42%	NA	50%	Descriptive
Cost per household served for all projects and cost per PH exit for TH and RRH	None	NA	None	Descriptive

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

<u>SCORES</u>	
Section 1 – Organizational Experience and Capacity	10
Section 2 –Unmet Need	5
Section 3 – Housing First	20
Section 4 – Supportive Service	20
Section 5 - Timeliness & Application/Budget Quality	15
Section 6 - DV Bonus (if applicable)	20
Section 7 – Project Expansion (if applicable)	20
Section 8 – Coordinated Entry (if applicable)	20
Bonus Points	10
See Section #1: (2 point)Based on outcome data provided, does the applicant appear to have a solid track record of achieving measurable success on relevant outcomes in projects they are currently operated that are similar to the projects they are proposing?	

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

Section 1 – Organizational Experience and Capacity - 10 points	
See Section #1: (2 points)	<ul style="list-style-type: none"> ○ Do the applicant/subrecipient and key partner organization(s) appear to have the experience to successfully operate a HUD funded permanent housing program for homeless persons? ○ Do the relevant organizations demonstrate significant and long-standing experience: <ul style="list-style-type: none"> ▪ operating successful Housing First programs? ▪ linking participants to Medicaid and other mainstream services? ▪ increasing participant income, including through SOAR? ▪ helping participants to stabilize in housing? ▪ assessing interest in/assisting with moving on from PSH (if applicable)? ▪ renting units and administering rental assistance (if applicable)?
See Section #1: (2 point)	Based on outcome data provided, does the applicant appear to have a solid track record of achieving measurable success on relevant outcomes in projects they are currently operated that are similar to the projects they are proposing?
See Section #1:	Is there a clear organizational structure for managing operations, coordinating among departments within the agency and with partner organizations and an adequate financial accounting system?
See Section #1: (2 point)	Does the organization capacity to effectively use federal funds, and ensure timely project start up and full expenditure of new project funds?
See Section #1 (2 points)	<ul style="list-style-type: none"> ○ Has the organization demonstrated sufficient capacity related to: <ul style="list-style-type: none"> ▪ Resolving monitoring/audit findings? ▪ Fully spending grant funds? ▪ Avoiding/resolving outstanding arrears? ▪ Regularly drawing down funds? ▪ Timely submission of reports?

FY 2021 Orange County Continuum of Care Scoring Sheet for NEW Project Applications

<p>Section 2 –Unmet Need (5 Points)</p> <p>Extent to which the applicant:</p> <ul style="list-style-type: none"> Clearly demonstrates (if applicable) that additional services are essential to assist eligible participants in one or more existing PSH projects to obtain and/or retain permanent housing? <p>Extent to which the applicant:</p> <ul style="list-style-type: none"> Clearly demonstrates that there is an unmet need in for the type of project and the populations they are proposing to serve? Supported the existence of the unmet need with data? <p>Section 3 – Housing First (20 points)</p> <p>Extent to which the applicant:</p> <ul style="list-style-type: none"> Clearly describe a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements; rapid placement and stabilization in permanent housing are primary goals) Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation? Does the applicant clearly demonstrate a model in which continuation of housing is not contingent on service participation requirements or compliance with treatment or rules other than as established in a lease? Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? Is there a clear description of how eligible participants obtain housing? Does the organization clearly explain how participants will be assisted to maintain their housing unit? Does the applicant clearly describe a project design that is adequate to accomplish those goals?
<p>Section 4- Supportive Services (20 points)</p> <p>Assistance with obtaining mainstream benefits (10 points)</p> <ul style="list-style-type: none"> Is there a clear plan assist participants to secure mainstream benefits and other services? Does the project propose to provide all specified activities (i.e., transportation, follow-up, technical assistance) to maximize benefits/employment? To what extent are community amenities accessible?

FY 2021 Orange County Continuum of Care Scoring Sheet for NEW Project Applications

Assistance with increasing income/employment and promoting independence (10 points) <ul style="list-style-type: none"> Is there a clear plan to assist households in increasing their income from any source and/or increase income through employment? Does the organization describe a sound plan for promoting independence for participants? 	
Section 5: Timeliness & Application/Budget Quality (15 points)	
(3 point) <ul style="list-style-type: none"> Extent to which the applicant demonstrated an adequate plan for rapid project start-up 	
Evaluate based on the entire application	
Extent to which the applicant: (3 points)	
<ul style="list-style-type: none"> consistently followed instructions, completed all of and only the relevant sections of the application, deleted any irrelevant sections, included all required attachments? 	
See Section #6	
Extent to which the project budget (9 points)	
<ul style="list-style-type: none"> was completed in accordance with the instructions? met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population? 	

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

Section 6 – DV BONUS & RRH (if applicable - 20 points)

See Section #4 DV Bonus Question #1. (6 points)

Do the applicant, subrecipient and key partner organization(s) appear to have experience providing supportive services and housing for homeless persons, who are survivors of domestic violence, dating violence, stalking, and human trafficking, including:

- Using a low-demand, Housing First model to rapidly locate permanent housing for survivors?
- Designing and operating programs that help survivors to increase their income and achieve long-term housing stability?
- Designing and operating programs that are focused on safety?
- Designing and operating programs that are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families?
- Designing and operating programs that are trauma-informed?
- Designing and operating programs that help survivors to navigate a range of systems
- Designing and operating programs that advocate for survivors' autonomy, safety, independence and housing stability

See Section #4 DV Bonus Question #2. (6 Points)

Extent to which the applicant demonstrates how the project will meet the specific needs of survivors, including

- Using a low-demand, Housing First model to rapidly locate permanent housing for survivors.
- Helping survivors to increase their income and achieve long-term housing stability.
- Ensuring a focus on safety.
- Ensuring that services are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families.
- Ensuring that services are trauma-informed.
- Helping survivors to navigate a range of systems

See Section #4 DV Bonus Question #3. (8 Points)

Based on outcome data and/or description provided, does the applicant appear to have a solid track record of achieving measurable success on relevant outcomes in projects they are currently operated that are serving DV survivors?

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

Section 7 – Project Expansion (if applicable 20 points)

Extent to which the applicant demonstrates the following:

- address the entire scope of the project
- Location of units
- How the project implements housing first.
- Number of single adults and/or the number of families with children to be served at a point-in-time when the project is at full capacity, and annually
- Quantified Project Outcomes
- Goals of project
- Coordination with community partners
- Demonstrated timeliness in moving participants into permanent housing?
- Demonstrated low barrier project?
- Does or will participate in HMIS?
- How participants will be assisted to obtain and remain in PH?

**FY 2021 Orange County Continuum of Care
Scoring Sheet for NEW Project Applications**

Section 8 – Coordinated Entry (if applicable 20 points)	
Extent to which the applicant demonstrates the following:	
<ul style="list-style-type: none"> ○ address the entire scope of the project ○ covering the entire geography of the CoC ○ Easily accessible ○ Advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. ○ Utilizing a comprehensive, standardized assessment? ○ The referral process and how they ensure that participants are directed to appropriate housing and/or services. 	
Bonus Points – (10 points)	
Bonus points for projects that provide information on their coordinated effort with mainstream employment organizations (including examples). (4 points)	
Bonus points for projects that provide information a robust description of activities that will assist participants to increase income. (6 points)	

**Orange County Housing Consortium CoC
2021 Renewal Evaluation Standards and Scoring**

For all criteria, performance below the lowest indicated benchmark will receive zero points.

Safe Harbors

NY04462T

Orange County Housing Consortium CoC 2021 Renewal Evaluation Standards and Scoring									
For all criteria, performance below the lowest indicated benchmark will receive zero points.									
Evaluation Criteria	2021 Benchmark / Actual Average Results for FY2020	FY2020 SPM Results	2022 Proposed Standard	2020 Points	2nd 2020 Standard	2020 Points	3rd 2020 Standard	2020 Points	2021 Points
PERFORMANCE									
Efficient Use of Resources									
Spending on last year's HUD grant ¹	See Far Right Column for Benchmark	NA	Same	10	Projects over \$2M must spend at least 95% & leave less than \$75K unspent. Projects under \$100K must spend at least 90%. All other projects must spend at least 95% & leave less than \$50K unspent.				10
Eligibility									
At least one Adult Participant per household with previous residence that indicates qualified literal homelessness	100%/104%	NA	100%	10					10
PSH Only: At least one participant per household has a disability	100%/105%	NA	100%	10					10
Participant Income/Resources									
Non-Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) ²	25% PSH/10% 25% RRH/20% 40% TH/16%	9%	25% PSH 25% RRH 40% TH	5	20% PSH 20% RRH 30% TH	3	15% PSH 15% RRH 20% TH	1	6
Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) ²	20%/31% (PSH = 0%, RRH = 60%, TH = 31%)	No specific youth outcome reported	20% PSH 40% RRH 40% TH	5	15% PSH 30% RRH 30% TH	3	10% PSH 20% RRH 20% TH	1	Not Scored
Percentage of adult participants who increased OTHER INCOME (NON-EARNED) from entry to exit ot f/u (leavers and stayers) ²	35% PSH/45% 35% RRH/15% 45% TH/28%	36%	40% PSH 25% RRH 35% TH	10	30% PSH 15% RRH 25% TH	6	20% PSH 10% RRH 20% TH	3	10
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers) ^{2 & 3}	95%/90%	NA	95%	10	85%	6	75%	1	9.1
All participants with Health Insurance (leavers & stayers) ³	95%/93%	NA	95%	10	85%	6	75%	3	Not Scored
Rapid Exit/Length of Stay (LOS)									
TH Only (Non-DV): LOS for participants is 1 year or less	85%/87%	Avg LOT H'less = 122 days but bundled with Shelter & Safe Haven	90%	10	80%	6	3		
TH Only (DV Projects): LOS is 2 years or less	75%/97%		85%	10	75%	6			
Housing Stability									
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing ⁴	95%/97%	98%	95%	10	90-94%	6	85-89%	2	10
RRH and TH Only: Percentage of leavers who exited to permanent housing ⁴	90%/90%	48% but includes Shelter	95%	10	85%	6			
Percentage of leavers who exited to homeless shelter, DV shelter, streets or unknown ⁴	Less than or equal to 10%/5%	RTH w/in 6 mos after PH exit: ES-13%, TH-7%, PH-5%	Less than or equal to 5%	10	6-10%	6			
CONSUMER SURVEYS									
Consumer Surveys - Response Rate	35%/69%	NA	35%	5	25%	3	3		
Consumer Surveys - Results	50 Points/43.9	NA	50.0	5	3				
COMPLIANCE									
Percentage of participants accepted into the program from the by-name list between October 1, 2018 and September 30, 2019 (excludes DV projects)	100%	NA	100%	5	5				
A Lateness Penalty: 10 points deducted for each document submitted late including Paper Consumer Surveys, Project Data Form, Agency Data Form, and/or Paper APR	NA	NA	Same	minus 10					
PERFORMANCE IMPROVEMENT (formerly CORRECTIVE ACTION) THRESHOLD CRITERIA									
Occupancy based on quarterly unit utilization (excludes new projects)	90%/108%	NA	90%	N/A					
¹ Excludes new projects and SROs. ² Excludes participants who are not yet required to have an annual assessment. ³ Excludes participants who are ineligible for benefits ⁴ Excludes deceased participants or programs with only 1 exit with a bad outcome. When a person exits a DV project to a shelter for safety purposes, agencies should report this as a "transfer" rather than an "exit to shelter" for the purposes of this evaluation.									
DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2021 - NOT SCORED									
Evaluation Criteria	2021 Benchmark/Actual Results	FY 2020 SPM Results	2022 Benchmark	Notes					
HMIS Universal Data Elements: Error rate of less than 5% for a minimum of 13 of 16 tracked data elements	-	NA	Same	Descriptive - result is average score for all programs. 15.4 data elements had error rate of 6.5%					
PSH & RRH Only: Average length of time from matched to housed	NA	NA	85% housed within 30 days	Get Baseline for 2021 Evaluation					
RRH Only: LOS from date housed is 6 months or less	50%/42%	NA	50%	Descriptive					
Cost per household served for all projects and cost per PH exit for TH and RRH	None	NA	None	Descriptive					

¹ Excludes new projects and SROs.

² Excludes participants who are not yet required to have an annual assessment.

³ Excludes participants who are ineligible for benefits

⁴ Excludes deceased participants or programs with only 1 exit with a bad outcome. When a person exits a DV project to a shelter for safety purposes, agencies should report this as a "transfer" rather than an "exit to shelter" for the purposes of this evaluation.

DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2021 - NOT SCORED

Evaluation Criteria	2021 Benchmark/Actual Results	FY 2020 SPM Results	2022 Benchmark	Notes
HMIS Universal Data Elements: Error rate of less than 5% for a minimum of 13 of 16 tracked data elements		NA	Same	Descriptive - result is average score for all programs. 15.4 data elements had error rate of 6.5%
PSH & RRH Only: Average length of time from matched to housed	NA	NA	85% housed within 30 days	Get Baseline for 2021 Evaluation
RRH Only: LOS from date housed is 6 months or less	50%/42%	NA	50%	Descriptive
Cost per household served for all projects and cost per PH exit for TH and RRH	None	NA	None	Descriptive

total 19.1

Ranking	Agency Name	Project Name	Grant Number	Total GIW ARA	Score or Status
1	Safe Harbors of the Hudson, Inc.	Safe Harbors Cornerstone Residence	NY0446L2T022013	\$188,984	79.1
2	Mental Health Association in Orange County, Inc.	2021 Renewal MHA NY0448 Individuals	NY0448L2T022013	\$83,520	76.3
3	Emergency Housing Group, Inc.	HONOR Housing First III	NY1119L2T022004	\$150,144	72.8
4	Mental Health Association in Orange County, Inc.	Family Supportive Housing FY 2021	NY0450L2T022013	\$161,432	71.0
5	Emergency Housing Group, Inc.	HONOR ehg (PSH) Bonus	NY0986L2T022006	\$423,005	65.3
6	Emergency Housing Group, Inc.	Stephen Saunders Residence	NY0449L2T022013	\$95,265	61.1
7	Regional Economic Community Action Program, Inc.	NY-602 REN Regional Economic Community Action Program	NY0445L2T022013	\$701,824	61.0
8	Emergency Housing Group, Inc.	Permanent Housing Bonus Money	NY0856L2T022008	\$76,923	60.3
9	Mental Health Association in Orange County, Inc.	MHA HDH FY 2021	NY0440L2T022013	\$131,768	56.8
10	Mental Health Association in Orange County, Inc.	2021 Renewal MHA NY0437 Enhanced MH/DD	NY0437L2T022013	\$83,520	55.0
11	Regional Economic Community Action Program, Inc.	2021 Renewal RECAP NY 811 Veterans	NY0811L2T022010	\$241,331	48.3
12	Mental Health Association in Orange County, Inc.	Home To Stay FY 2021	NY0439L2T022013	\$280,167	47.5
13	CARES of NY, Inc.	Orange CoC HMIS (2021)	NY0441L2T022013	\$65,809	Not Scored
14	Newburgh Interfaith Emergency Housing Inc.	Project LIFE Rapid Rehousing Program	NY1170L2T022003	\$183,024	Not Scored

Ranking	Agency Name	Project Name	Funding Amount	Score or Status
15	Emergency Housing Group, Inc./HONOR	HONOR Coordinated Entry	\$140,000	85.0
16	Emergency Housing Group, Inc./HONOR	HONOR / Fearless Domestic Violence Project	\$300,000	84.0

Public Posting- Projects
Rejected-Reduced

1E-5

Michelle Herrera

From: Michelle Herrera
Sent: Tuesday, October 26, 2021 9:59 AM
To: Michele McKeon; Charles Quinn
Subject: RE: Urgent - DV Bonus Dollars
Attachments: FY 2021 RECAP Letter.pdf

Hello Michele & Charlie,

My apologies for the delay, I was awaiting a signature. Attached please find a letter from Judy Stanger regarding the DV Bonus Dollars.

Thank you,

Michelle Herrera
CoC Planning Coordinator
HONOR
38 Seward Avenue
Middletown, NY 10940
Office: 845-343-7115 ext. 314
Cell: 845-467-9071
E-Mail: mherrera@honorehg.org



How may I help you?

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From: Michele McKeon <mmckeon@recap.org>
Sent: Friday, October 22, 2021 10:38 AM
To: Michelle Herrera <mherrera@honorehg.org>; Chris Molinelli <cmolinelli@honorehg.org>
Cc: Liz Schmidt <lschmidt@honorehg.org>; Charles Quinn <cquinn@recap.org>
Subject: Re: Urgent - DV Bonus Dollars

Good morning Michelle,

Just following up on this. Looking at the close deadline I want to make sure I have time carved out to get you this project on time.

ORANGE COUNTY HOUSING CONSORTIUM



Partners in Housing
Transforming Lives

President, Christopher Molinelli
Vice President, Judy Stanger
Secretary, Charles Quinn
Treasurer, Catherine Jones

October 22, 2021

Charles Quinn
RECAP
40 Smith Street
Middletown, NY 10940

Dear Mr. Quinn:

I thank you for your time and interest in submitting a proposal for Domestic Violence Bonus Dollars through the FY 2021 Continuum of Care (CoC) Program Competition Consolidated Application.

We regret to inform you that the proposal submitted has been declined. The Selection Committee decided to accept a proposal from a Direct Service Provider (DSP) with vast experience and knowledge with Domestic Violence.

We encourage you to apply again next year (FY 2022) for bonus funding.

Sincerely,

A handwritten signature in dark ink, appearing to be 'J. Stanger', written over a horizontal line.

Judy Stanger,
OCHC Vice President

Michelle Herrera

From: Michelle Herrera
Sent: Tuesday, October 26, 2021 2:15 PM
To: Sharon Toney-Finch
Subject: RE: Request for Housing Grant
Attachments: FY 2021 YIT Letter.pdf

Hello Sharon,

My apologies for not getting this to you sooner, attached please find the letter from the Selection Committee.

Thank you,

Michelle Herrera
COC Planning Coordinator
HONOR
38 Seward Avenue
Middletown, NY 10940
Office: 845-343-7115 ext. 314
Cell: 845-467-9071
E-Mail: mherrera@honorehg.org



How may I help you?

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From: Sharon Toney-Finch <sharontoney-finch@yitfoundation.org>
Sent: Monday, October 4, 2021 1:35 PM
To: Michelle Herrera <mherrera@honorehg.org>
Subject: Request for Housing Grant

Good Afternoon Michelle,

Here attached is the request letter for the COC Bonus Coordinated Entry. Grant for permanent housing for Homeless Veterans in Orange County. I am a Purple Heart Recipient Disabled Veteran that suffers from Traumatic Brain Injury as well PTSD. My foundation focuses on Service Members within our Counties. We work with Homeless Veterans and were able to house 200 in affordable housing during COVID-19. Our mission is to create permanent housing for the Homeless

ORANGE COUNTY HOUSING CONSORTIUM



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Transforming Lives

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Vice President, Judy Stanger
Secretary, Charles Quinn
Treasurer, Catherine Jones

October 22, 2021

Sharon Toney-Finch
YIT Foundation Inc.
P.O. Box 1452
Monticello, NY 12701

Dear Ms. Toney-Finch:

I thank you for your time and interest in submitting a proposal for Coordinated Entry Bonus Dollars through the FY 2021 Continuum of Care (CoC) Program Competition Consolidated Application.

We regret to inform you that the proposal submitted has been declined. The Selection Committee decided to accept a proposal from a Direct Service Provider (DSP) with vast experience and knowledge with Coordinated Entry.

We encourage you to apply again next year (FY 2022) for bonus funding.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Judy Stanger', is written over a circular embossed seal. The seal is partially visible and contains some text that is difficult to read.

Judy Stanger,
OCHC Vice President

Public Posting- Projects Accepted

1E-5a

Michelle Herrera

From: Michelle Herrera
Sent: Tuesday, October 19, 2021 9:52 PM
To: Alaina Walag awalag@orangecountygov.com; Allyson Thiessen; Amenta, James J (James.J.Amenta@hud.gov); Amie Morganbesser; Amy Winchell; Andrea Attenasio (aattenas@student.touro.edu); Angela Jo Henze; Ann Marie Maglione; Anne Caldwell; Anne Marie Beekman; Becky F; Bill Jolly; Brendan O'Reilly; Carolee Maurice CMaurice@orangecountygov.com; Catherine Emestica; Cathey Duryea <cduryea@asfl.org>; Cathie Jones; Charlie Quinn; Cheryl Cohen <ccohen@recap.org>; Chris Molinelli; Chris Pitcher; Christina Novak <cnovak@westcop.org>; Christopher Marth; Colin Jarvis; Corey Allen; cory.harris (cory.harris@sunyorange.edu); Curtis Benton <cbenton@asfl.org>; Darcie Miller; Dean Scher; Debbie Davis ddavis@newburghministry.org ; Debbie Perkins; Diahann Scott; Doug Hovey ; dsannesy@gmail.com; Edwin Leon eleon@honorehg.org; Eileen Clifford; Emily Hamilton <ehamilton@rupco.org>; Faith Moore; Farrell, Christian; Fredrick parks; Hector Morell Hector.Morell@cccsos.org; Jacqueline Perez; James Watson jameswatson2552@gmail.com; Jared Doubrava; Jason Nietzsche; Jenn Durning (jdurning@honorehg.org); Jesse Howard president@newburghinterfaith.org; Josie Longstreet jlongstreet@myindependentliving.org; Juan Lantigua <jlantigua@myindependentliving.org>; Judy Stanger jstanger@mhaorangenys.com; Julie Ubinas julie.ubinas@cccsos.org; Kaitlyn Miccio; Kathleen Hendrickson (pjcd@frontiernet.net); Kathleen Morgan; Kathleen Revene ; Kelly Borelli; Kelly Zago (kzago@honorehg.org); Kellyann Kostyal-Larrier kkostyal@fearlesshv.org; Kelsey Vargas Kvargas@rupco.org; Kristen Ehrens; Larry Neumann; Linda McNiff; Linda Muller; Lisa Silverstone; Marc Sterling; Marcy Handler <marcyhandler@gmail.com>; Maria Karouras mkarouras@people-usa.org; Matthew Arbolino <marbolino@habitatnewburgh.org>; Michelle Herrera; mjaneczko@schousingny.org; Monica Leiter mleiter@asfl.org; Nadia Allen; Nathan Litwin <nlitwin@recap.org>; Neline Rivera; Nicole Andersen (nandersen@orangecountygov.com); Nicole Sims-Ingleton; Nolly Climes; Nora Goetz; Paul Stolz; Peggy Spagnola; 'Phyllis'; Rachel S.Simons; Ramona Monteverde; Renee Lentino; Roberta West rwest@newburghinterfaith.org; Rolando Harris <RHarris@mhaorangenys.com>; Ronald H ronnieHBR@optonline.net; Sandra Atkins; Sarita Green; Scott Mendelson; Shannon Kelly <shannon.kelly@cccsos.org>; Shirley Salomon <Ssalomon@schousingny.org>; Stephanie Molinelli smolinelli@fearlesshv.org; Steve Miccio ; Stewart, Mandy <MStewart@orangecountygov.com>; Sue Palmer; Susan Miller; Susan Varden; Tamara Badette; Tamara Clyaton; Tammy Rhein; Terri Torrchio; Tricia Holness; Valentina DiTomasso; Vincent Marasco; Virginia Schneider

Subject: Accepted Renewals & New Projects
Attachments: CoC FY 2021 Public Announcement of Accepted Renewals & New Projects.pdf; CoC FY 2021 Public Announcement of Rejected Projects.pdf

Importance: High

Good Evening Members,

Attached please find the Accepted Renewals Projects for FY 2021 NOFO Competition.

ORANGE COUNTY HOUSING CONSORTIUM



Partners in Housing
Transforming Lives

President, Christopher Molinelli
Vice President, Judy Stanger
Secretary, Charles Quinn
Treasurer, Catherine Jones

PUBLIC NOTIFICATION

October 19, 2021

This notice is to serve as a notice that during the FY 2021 program competition for the Orange County Housing Consortium (CoC) Consolidated Application process. The following renewals were accepted:

Agency Name	Project Name	Grant Number	Funding Amount
Mental Health Association in Orange County, Inc.	2021 Renewal MHA NY0437 Enhanced MH/DD	NY0437L2T022013	\$83,520
Mental Health Association in Orange County, Inc.	Home To Stay FY 2021	NY0439L2T022013	\$280,167
Mental Health Association in Orange County, Inc.	MHA HDH FY 2021	NY0440L2T022013	\$131,768
CARES of NY, Inc.	Orange CoC HMIS (2021)	NY0441L2T022013	\$65,809
Regional Economic Community Action Program, Inc.	NY-602 REN Regional Economic Community Action Program	NY0445L2T022013	\$701,824
Safe Harbors of the Hudson, Inc.	Safe Harbors Cornerstone Residence	NY0446L2T022013	\$188,984
Mental Health Association in Orange County, Inc.	2021 Renewal MHA NY0448 Individuals	NY0448L2T022013	\$83,520
Emergency Housing Group, Inc.	Stephen Saunders Residence	NY0449L2T022013	\$95,265
Mental Health Association in Orange County, Inc.	Family Supportive Housing FY 2021	NY0450L2T022013	\$161,432
Regional Economic Community Action Program, Inc.	2021 Renewal RECAP NY 811 Veterans	NY0811L2T022010	\$241,331
Emergency Housing Group, Inc.	Permanent Housing Bonus Money	NY0856L2T022008	\$76,923
Emergency Housing Group, Inc.	HONOR ehg (PSH) Bonus	NY0986L2T022006	\$423,005
Emergency Housing Group, Inc.	HONOR Housing First III	NY1119L2T022004	\$150,144
Newburgh Interfaith Emergency Housing Inc.	Project LIFE Rapid Rehousing Program	NY1170L2T022003	\$183,024

Should you have any questions concerning this announcement please direct them to Michelle Herrera, Planning Coordinator for the OCHC at 845-467-9071 and/or mherrera@honorehg.org. Additionally, the CoC President can be reached at 845-343-7115.

Michelle Herrera

From: Michelle Herrera
Sent: Tuesday, October 26, 2021 5:38 PM
To: Chris Molinelli cmolinelli@honorehg.org; Liz Schmidt
Subject: Selection Committee Acceptance Letters
Attachments: scanner@mhaorangenyc.com_20211025_171655CoC.pdf

Importance: High

Hello Chris and Liz,

Congratulations!!! Attached please find the letters from the Selection Committee. Thank you.

Thank you,

Michelle Herrera
CoC Planning Coordinator
HONOR
38 Seward Avenue
Middletown, NY 10940
Office: 845-343-7115 ext. 314
Cell: 845-467-9071
E-Mail: mherrera@honorehg.org



How may I help you?

Disclaimer:

This communication, including any attachments, may contain confidential information and is intended only for the individual or entity to whom it is addressed. Any review, dissemination, or copying of this communication by anyone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete and destroy all copies of the original message. Thank you for your compliance. No responsibility is accepted by HONORehg, Inc. for any loss or damage arising in any way from receipt of this message.

ORANGE COUNTY HOUSING CONSORTIUM



Partners in Housing
Transforming Lives

President, Christopher Molinelli
Vice President, Judy Stanger
Secretary, Charles Quinn
Treasurer, Catherine Jones

October 22, 2021

Chris Molinelli
HONOR
38 Seward Avenue
Middletown, NY 10940

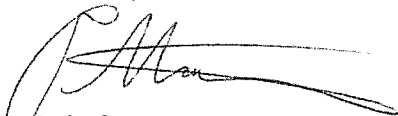
Dear Mr. Molinelli:

The Orange County Housing Consortium (OCHC) is pleased to notify you that the Selection Committee has determined that the application you submitted for Domestic Violence Bonus Dollars through the FY 2021 Continuum of Care (CoC) Program Competition Consolidated Application meets the Housing and Urban Development (HUD) threshold criteria and the HUD and OCHC's Policy Priorities for funding and will be included in the ranking of new and renewal projects for this round of HUD Competitive funding.

Should you have any questions concerning this announcement please direct them to Michelle Herrera, CoC Planning Coordinator for the OCHC at 845-343-7115 ext.314 and/or mherrera@honorehg.org.

Additionally, I can be reached at 845-342-2400 ext. 1223 and/or Judy Stanger jstanger@mhaorangenyny.com.

Sincerely,



Judy Stanger,
OCHC Vice President

ORANGE COUNTY HOUSING CONSORTIUM



Partners in Housing
Transforming Lives

President, Christopher Molinelli
Vice President, Judy Stanger
Secretary, Charles Quinn
Treasurer, Catherine Jones

October 22, 2021

Chris Molinelli
HONOR
38 Seward Avenue
Middletown, NY 10940

Dear Mr. Molinelli:

The Orange County Housing Consortium (OCHC) is pleased to notify you that the Selection Committee has determined that the application you submitted for Coordinated Entry through the FY 2021 Continuum of Care (CoC) Program Competition Consolidated Application meets the Housing and Urban Development (HUD) threshold criteria and the HUD and OCHC's Policy Priorities for funding and will be included in the ranking of new and renewal projects for this round of HUD Competitive funding.

Should you have any questions concerning this announcement please direct them to Michelle Herrera, CoC Planning Coordinator for the OCHC at 845-343-7115 ext.314 and/or mherrera@honorehg.org.

Additionally, I can be reached at 845-342-2400 ext. 1223 and/or Judy Stanger jstanger@mhaorangenyny.com.

Sincerely,

Judy Stanger,
OCHC Vice President

ORANGE COUNTY HOUSING CONSORTIUM



Partners in Housing
Transforming Lives

President, Christopher Molinelli
Vice President, Judy Stanger
Secretary, Charles Quinn
Treasurer, Catherine Jones

PUBLIC NOTIFICATION

October 26, 2021

This notice is to serve as a notice that during the FY 2021 program competition for the Orange County Housing Consortium (CoC) Consolidated Application process. The following new projects were accepted:

Agency Name	Project Name	Funding Amount
Emergency Housing Group, Inc./HONOR	CoC Planning Project Application FY2021	\$86,001
Emergency Housing Group, Inc./HONOR	HONOR Coordinated Entry	\$140,000
Emergency Housing Group, Inc./HONOR	HONOR / Fearless Domestic Violence Project	\$300,000

Should you have any questions concerning this announcement please direct them to Michelle Herrera, Planning Coordinator for the OCHC at 845-467-9071 and/or mherrera@honorehg.org. Additionally, the CoC President can be reached at 845-343-7115.

Web Posting-CoC
Approved Consolidated
Application
1E-6

11:27 PM Sat Nov 13

Q HONOR

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📅 Page created - December 6, 2012

📍 Page manager location: United States

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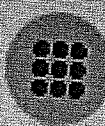
HONOR

55m · 🌐

HONOR proudly serves as Orange County's HUD/CoC Collaborative Applicant. As per federal guidelines the Collaborative Applicant publicly post access to the final written version of the NOFA Application along with the following : 2021 Review, Scoring, and Ranking Process - POSTED 11/13/21; Process for Reallocation 2021 CoC Program Competition - POSTED 11/13/21; COC HUD Project Priority List with all accepted / rejected apps and reallocation forms - POSTED 11/13/21 which must be submitted to the Department of Housing and Urban Development (HUD) by Tuesday, November 16, 2021 at 8:00 p.m. the link that will direct anyone wishing to review this application and attachments. HONOR and the Orange County CoC would like to express appreciation for your support throughout this process. Should you have any questions or require any clarification on the contents contained in this message please feel free to contact CoC Coordinator Michelle at 845-467-9071.



Michelle



it Message Now

Promote



Orange County Continuum of Care/Housing Consortium

1m · 🌐

As per federally guidelines the Collaborative Applicant must publicly post access to the final written version of the NOFA Application along with the following : 2021 Review, Scoring, and Ranking Procedure - POSTED 11/13/21; Process for Reallocation 2021 CoC Program Competition - POSTED 11/13/21; COC HUD Project Priority Listing FY 2021 with all accepted / rejected apps and reallocation forms - POSTED 11/13/21; which must be submitted to the Department of Housing and Urban Dev... See more

Applicant: Newburgh/Middletown Orange County COC
Project: NY-009 CoC Registration FY 2021

NY-002
COC REG 2021 182178

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/noa/competition_including
- Notice of Funding Opportunity (NOFA) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions (essential to 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)



Show all



41°F Mostly cloudy



6:39 PM

11/14/2021



11:23 PM Sat Nov 13

honorhelpingothers.org

Applicant: Newburgh/Middletown Orange County COC
Project: NY-602 CoC Registration FY 2021

1A. Continuum of Care (CoC) Id

To help you complete the CoC Application, HUD published resource
https://www.hud.gov/program_offices/comm_planning/coc/competiti
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021
Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping
Application score by giving specific guidance on how to respond to
providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: NY-602 - Newb
COC

1A-2. Collaborative Applicant Name: HONOR-ehg

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: HONOR-ehg

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2022 into one or more new projects? No

Continuum of Care (CoC) New Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
HONOR / Fearless ...	2021-11-15 11:28:...	PH	Emergency Housing..	\$300,000	1 Year	D16	DV Bonus	RRH	
HONOR Coordinated...	2021-11-15 15:25:...	SSO	Emergency Housing..	\$140,000	1 Year	15	PH Bonus		

Continuum of Care (CoC) Renewal Project Listing

Instructions:

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

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

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

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

☒

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

☒

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Family Supportive...	2021-10-01 14:21:...	1 Year	Mental Health Ass...	\$161,432	4	PSH	PH		
NY- 602 REN Regio...	2021-09-22 10:09:...	1 Year	Regional Economic...	\$701,824	7	PSH	PH		
Orange CoC HMIS (...)	2021-10-06 12:47:...	1 Year	CARES of NY, Inc.	\$65,809	13		HMIS		

Home To Stay FY 2...	2021-10-06 10:00:...	1 Year	Mental Health Ass...	\$280,167	12	PSH	PH		
2021 Renewal MHA ...	2021-10-12 09:59:...	1 Year	Mental Health Ass...	\$83,520	2	PSH	PH		
MHA HDH FY 2021	2021-10-12 10:08:...	1 Year	Mental Health Ass...	\$131,768	9	PSH	PH		
2021 Renewal MHA ...	2021-10-12 09:53:...	1 Year	Mental Health Ass...	\$83,520	10	PSH	PH		
Project LIFE Rapi...	2021-11-03 19:06:...	1 Year	Newburg h Interfai...	\$183,024	14	RRH	PH		
Safe Harbors Corn...	2021-11-15 09:55:...	1 Year	Safe Harbors of t...	\$188,984	1	PSH	PH		
Stephen Saunders ...	2021-11-15 14:19:...	1 Year	Emergen cy Housing. ..	\$95,265	6	PSH	PH		
HONOR ehg (PSH) B...	2021-11-15 14:55:...	1 Year	Emergen cy Housing. ..	\$423,005	5	PSH	PH		
Permane nt Housing. ..	2021-11-15 14:41:...	1 Year	Emergen cy Housing. ..	\$76,923	8	PSH	PH		
2021 Veterans NY ...	2021-11-16 11:11:...	1 Year	Regional Economi c...	\$241,331	11	PSH	PH		
HONOR Housing Fir...	2021-11-16 12:23:...	1 Year	Emergen cy Housing. ..	\$150,144	3	PSH	PH		

Continuum of Care (CoC) Planning Project Listing

Instructions:

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

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

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
CoC Planning Proj...	2021-11-15 11:57:...	1 Year	Emergency Housing...	\$86,001	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

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

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

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

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

☐

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

☐

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

☒

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

Continuum of Care (CoC) YHDP Replacement Project Listing

Instructions:

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

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

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

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

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after the you approved, ranked (New and Renewal Project Listings only), or rejected project applications. You must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount your CoC's Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$2,866,716
New Amount	\$440,000
CoC Planning Amount	\$86,001
YHDP Amount	\$0
Rejected Amount	\$0
TOTAL CoC REQUEST	\$3,392,717

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Certification of ...	11/15/2021
FY 2021 Rank Tool (optional)	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certification of Consistency with Consolidated
Plan HUD-2991

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
1A. Identification	09/02/2021
2. Reallocation	11/12/2021
5A. CoC New Project Listing	11/15/2021
5B. CoC Renewal Project Listing	11/16/2021
5D. CoC Planning Project Listing	11/15/2021
5E. YHDP Renewal	No Input Required
5F. YHDP Replace	No Input Required
Funding Summary	No Input Required
Attachments	11/15/2021
Submission Summary	No Input Required

**U.S. Department of Housing
and Urban Development**

**Certification of Consistency Plan
with the Consolidated Plan
for the Continuum of Care
Program Competition**

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: Orange County Housing Consortium

Project Name: Home to Stay

Location of the Project: City of Middletown

Name of
Certifying Jurisdiction: City of Middletown

Certifying Official
of the Jurisdiction Name: Joseph DeStefano

Title: Mayor

Signature: 

Date: 11/9/21

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. This form does not collect SSN information. The Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under 24 CFR part 91, 24 CFR Part 578, and is authorized by the McKinney-Vento Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (42 U.S.C. 11371 et seq.).

HUD considers the completion of this form, including the local jurisdiction(s) authorizing official's signature, as confirmation the project application(s) proposed activities submitted to HUD in the CoC Program Competition are consistent with the jurisdiction's Consolidated Plan and, if the project applicant is a state or unit of local government, that the jurisdiction is following its Consolidated Plan per the requirement of 24 CFR part 91. Failure to either submit one form per project or one form with a listing of project information for each field (i.e., name of applicant, name of project, location of project) will result in a technical deficiency notification that must be corrected within the number of days designated by HUD, and further failure to provide missing or incomplete information will result in project application removal from the review process and rejection in the competitive process.

U.S. Department of Housing
and Urban Development

Certification of Consistency Plan
with the Consolidated Plan
for the Continuum of Care
Program Competition

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: Orange County Housing Consortium

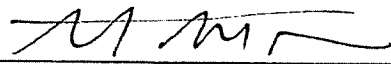
Project Name: see attached list

Location of the Project: City of Middletown, City of Newburgh, Orange County

Name of
Certifying Jurisdiction: Orange County

Certifying Official
of the Jurisdiction Name: Steven M. Neuhaus

Title: County Executive

Signature: 

Date: 11/4/21

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

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**Orange County Housing Consortium
Continuum of Care
2021 Renewal Projects**

Orange County Department of Mental Health	MHA NY0437 Enhanced MH/DD
Mental Health Association in Orange County, Inc.	Home To Stay FY 2021
Mental Health Association in Orange County, Inc.	MHA HDH FY 2021
Corporation for AIDS Research, Education and Services, Inc.	Orange CoC HMIS (2021)
Regional Economic Community Action Program, Inc.	NY-602-REN Regional Economic Community Action Program
Safe Harbors of the Hudson, Inc.	Safe Harbors Cornerstone Residence
Orange County Department of Mental Health	MHA NY0448 Individuals
Emergency Housing Group, Inc.	Stephen Saunders Residence
Mental Health Association in Orange County, Inc.	Family Supportive Housing FY 2021
Orange County Department of Mental Health	RECAP NY 0811 Veterans
Emergency Housing Group, Inc.	Permanent Housing Bonus Money
Emergency Housing Group, Inc.	HONOR ehg (PSH) Bonus
Emergency Housing Group, Inc.	HONOR Housing First III
Newburgh Interfaith Emergency Housing Inc.	Project LIFE Rapid Rehousing Program

**Orange County Housing Consortium
Continuum of Care
2021 New Projects**

Emergency Housing Group, Inc.	CoC Planning Project Application FY2021
Emergency Housing Group, Inc.	HONOR Coordinated Entry
Emergency Housing Group, Inc.	HONOR/ Fearless Domestic Violence Project

U.S. Department of Housing
and Urban Development

Certification of Consistency Plan
with the Consolidated Plan
for the Continuum of Care
Program Competition

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: Orange County Housing Consortium

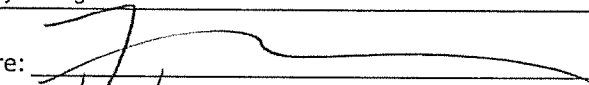
Project Name: See attached list

Location of the Project: City of Newburgh

Name of
Certifying Jurisdiction: City of Newburgh

Certifying Official
of the Jurisdiction Name: Todd Venning

Title: City Manager

Signature: 

Date: 11/14/21

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. This form does not collect SSN information. The Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under 24 CFR part 91, 24 CFR Part 578, and is authorized by the McKinney-Vento Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (42 U.S.C. 11371 et seq.).

HUD considers the completion of this form, including the local jurisdiction(s) authorizing official's signature, as confirmation the project application(s) proposed activities submitted to HUD in the CoC Program Competition are consistent with the jurisdiction's Consolidated Plan and, if the project applicant is a state or unit of local government, that the jurisdiction is following its Consolidated Plan per the requirement of 24 CFR part 91. Failure to either submit one form per project or one form with a listing of project information for each field (i.e., name of applicant, name of project, location of project) will result in a technical deficiency notification that must be corrected within the number of days designated by HUD, and further failure to provide missing or incomplete information will result in project application removal from the review process and rejection in the competitive process.

**Orange County Housing Consortium
Continuum of Care
2021 Renewal Projects**

Orange County Department of Mental Health	MHA NY0437 Enhanced MH/DD
Mental Health Association in Orange County, Inc.	Home To Stay FY 2021
Mental Health Association in Orange County, Inc.	MHA HDH FY 2021
Corporation for AIDS Research, Education and Services, Inc.	Orange CoC HMIS (2021)
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Orange County Department of Mental Health	MHA NY0448 Individuals
Emergency Housing Group, Inc.	Stephen Saunders Residence
Mental Health Association in Orange County, Inc.	Family Supportive Housing FY 2021
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Emergency Housing Group, Inc.	HONOR ehg (PSH) Bonus
Emergency Housing Group, Inc.	HONOR Housing First III
Newburgh Interfaith Emergency Housing Inc.	Project LIFE Rapid Rehousing Program

**Orange County Housing Consortium
Continuum of Care
2021 New Projects**

Emergency Housing Group, Inc.	CoC Planning Project Application FY2021
Emergency Housing Group, Inc.	HONOR Coordinated Entry
Emergency Housing Group, Inc.	HONOR/ Fearless Domestic Violence Project