Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: CA-513 - Visalia/Kings, Tulare Counties CoC

1A-2. Collaborative Applicant Name: Kings/Tulare Continuum of Care on Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Kings United Way

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**	Nonexistent	No	No
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	Yes	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	No	No	Yes
13.	**Law Enforcement**	Yes	Yes	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	No	No	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**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Veterans Service Organizations	Yes	Yes	Yes
34.	Faith-Based Agencies	Yes	Yes	Yes

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

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

(limit 2,000 characters)

1. The KTCoC website has a membership page with an open invitation and regularly recruits new members. Membership is advertised monthly through community meetings such as the Kings Co. Homeless Collaborative, Tulare Co. Task Force on Homelessness, and other public forums. An annual recruitment is posted on the KTCoC website and social media, sent out via listserv, and announced at a KTCoC Membership Meeting. The most recent invitation was 7/20/2021 and resulted in 3 new members.

2. All KTCoC meetings comply with the Americans with Disabilities Act. Agendas include a disability compliance statement inviting anyone in need of special accommodations to reach out to a designated KTCoC staff member. In person meetings are held in accessible rooms and Zoom meetings have a captioning option. The KTCOC website uses an ADA-compliant sans serif font for e-readers and includes multiple translation options.

3. Specific outreach to people with lived experienced occurs throughout the year at Local Initiative Navigation Centers (LINC), community meetings, and

through recommendations of service providers. KTCoC recently launched a Youth Advisory Board with two-thirds of its members having lived experience. They are provided bus passes, stipends, and other supports as necessary so that they are able to participate in meetings.

4. KTCoC conducts targeted outreach to ensure that there is broad representation by organizations serving culturally specific communities experiencing homelessness to address equity. This targeted outreach resulted in ABLE Industries, a job training and life skills program for people with disabilities, becoming a member. Other members include disability advocates and service organizations, LGBTQ+ advocates and service organizations, and service organizations led by and serving black, brown, indigenous, and other people of color. The KTCoC board also has representation by BIPOC, LQBTQ+ advocates, and persons with lived experience.

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. KTCoC invites participation in monthly meetings via listserv to 300+ people, posting on the website calendar, and through social media. The listserv includes a broad array of organizations and individuals such as service providers, veterans' organizations, faith-based agencies, jurisdictional leaders, law enforcement, youth serving organizations, LGBTQ+ representatives, BIPOC-led and serving agencies, disability advocates, persons with lived experience, domestic violence providers, and other stakeholders interested in addressing homelessness within the bi-county region. Each meeting includes a time for stakeholder feedback to address topics not already on the agenda.

2. KTCoC has a variety of committees to encourage community participation, including the Point in Time, Rating and Ranking, HMIS, and Youth Advisory Board committees. In addition, KTCoC staff and board participate in a variety of community meetings to ensure cross-collaboration. Meetings include the Kings County Homeless Collaborative, Tulare County Task Force on Homelessness, Tulare County Multi-Disciplinary Team Meetings, Street Medicine , Community Cares Coalition, Shelter Replacement, Community Engagement Committee, and Kings Partnership for Prosperity.

3. KTCoC recently conducted a formal evaluation of CES. The evaluation included a consumer focus group, interviews with providers, and an online survey. Information collected was used to update the Written Standards, improve client access, and to strengthen capacity of assessors. An updated version of the Written Standards, released in May 2021, incorporated feedback gathered from these forums. KTCoC purchased a mobile outreach van in June

2021 that serves as a roving office for multi-disciplinary teams to provide more robust outreach with persons in rural areas. To strengthen the capacity of assessors, the CES team revamped its training structure and now offers quarterly trainings/refreshers for those administering VI-SPDATs.

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. KTCoC announced the local competition via listerv to 300+ people, its website, Facebook, and Twitter on August 30, 2021. Further, the announcement was made at partner meetings such as the Kings County Homeless Collaborative and Tulare County Task Force on Homelessness.

2. A specific announcement inviting new organizations to apply for CoC Program funding was posted on the KTCoC website, sent out via listserv, and posted on social media September 9, 2021.

3. The Project Selection and Ranking Process, competition timeline, and resources for technical assistance were posted on the KTCoC website, sent out via listserv, and social media. An applicant workshop was held on September 10, 2021 and covered topics such as eligible programs, ranking process, HUD priorities, contract responsibilities, and how to apply. Resources included links to the HUD Competition pages, local NOFA and scoring tools, and the Applicant Workshop PowerPoint . These resources provided detailed information on the local submittal process and applicants were provided an opportunity for 1:1 technical assistance September 13-17, 2021.

4. Through listserv, social media, and the competition webpage, applicants were provided detailed information about the minimum threshold, funding priorities, contribution to system performance, organizational capacity, project rank, and project scoring policies. The information also included the reallocation policy and appeal process.

5. All trainings and meetings were conducted via Zoom this year due to COVID-19. The written competition materials and meeting agendas were distributed via listserv, which complied with the Americans with Disabilities Act, offering special assistance to participants who need additional support. Meeting materials were formatted with an ADA-compliant sans serif font for e-readers.

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

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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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)**	Nonexistent
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.	Veterans groups, faith-based agencies	Yes

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

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

(limit 2,000 characters)

1. KTCoC does not receive ESG funding directly and thus works with the only ESG recipient in the geographic area—State of California. KTCoC attended workshops, communicated directly with HCD leadership, and provided public comment to redesign ESG to develop a two-tier process to allocate non-competitive/competitive State funds. KTCoC developed rating & ranking guidelines for local ESG funds and established system level performance standards. KTCoC recommended projects to State for ESG funds. HCD often reaches out to KTCoC leadership for feedback prior to releasing program guidance, etc.

2. KTCoC provided HMIS data to ESG and ESG-CV recipients and subrecipients for APRs and CAPERs as well as for NOFA competitions. KTCoC reviews local ESG projects and forwards recommended projects to the State for consideration of grant awards. The process includes review by a local Rating and Ranking Committee that evaluate provider capacity, past performance, and overall contribution to the local service system. For funded projects, KTCoC reviews ESG and ESG-CV system and project level performance data on a quarterly basis to identify areas of concern/develop corrective actions/provide TA support. These quarterly reports contain data derived from monthly Snapshots that are sent to ESG and ESG-CV funded agencies. The data includes income, employment, length of time homeless, recidivism, and housing stability.

3. KTCoC provides PIT and HIC information to all 5 jurisdictions (State of CA, Hanford, Porterville, Visalia, Tulare) through Action Plan, CAPER, and Consolidated Plan requests. Additionally, KTCoC provides annual Point in Time reports that include HIC information to all Con Plan jurisdictions.

4. KTCoC sends out updates and public comment requests on behalf of ConPlan jurisdictions to stakeholders via listserv and social media for action plan and consolidated plan updates. Additionally, KTCoC attended public meetings to share CoC-level concerns and priorities with consolidated plan jurisdictions.

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

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

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	No
6.	**Other. (limit 150 characters)**	
	ESG recipient for our region is the State of CA and they have anti-discrimination policies. There was no need for KTCoC to submit an AAQ for noncompliance since our service providers comply.	Yes

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)

1. KTCoC and member agencies collaborate on a number of levels with youth education providers. Agencies, such as Family Services of Tulare County (FSTC), operate programs on school sites, including the Goshen Family Center and primary prevention youth clubs at Woodlake High School.

Local shelters and housing programs partner with the Homeless Liaisons at the Visalia Unified School District (VUSD), Tulare City School District, Tulare Joint Union High School District and the Tulare County Office of Education (TCOE). These collaborations ensure that children in our housing programs receive the academic and financial assistance entitled to them under the McKinney-Vento Homeless Act.

Additionally, KTCoC co-facilitated a 100-Day Challenge (100DC) with TCOE in June 2020. The 100DC focused on youth with a goal of housing 50 households.

2. KTCoC members maintain formal Operational agreements such as First 5 Tulare County, Parenting Network, the aforementioned school districts, and additional school district-based Family Resource Centers (FRCs) in rural Tulare County.

3. The California Department of Health, Health and Human Services division partners with FSTC to sponsor Rape Prevention and Education programs. These Active Bystander programs are implemented by FSTC staff at Woodlake High School and at Lindsay High School.

4. KTCoC members maintain active Operational agreements with TCOE and other local school districts.

5. Members co-locate services at the Family Resource centers for the Cutler-Orosi, Woodlake, and Lindsay school districts to provide services for students, their families, and the wider rural communities. Another school district agreement is with Visalia Unified School District to run the Goshen Family Center which resides on the elementary campus and offers counseling, parent education, and food/diaper distributions.

6. KTCoC members maintain active Operational agreements with TCOE and other local school districts.

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)

KTCoC works to ensure that all service providers and CES staff inform individuals and families who become homeless of their eligibility for education services. Each CoC agency has to sign a Participating Agency Agreement that outlines this requirement.

Additionally, CoC agencies are required to comply with the CES Written Standards that state: “Providers must document whether school aged children are eligible for McKinney-Vento services and whether the child is connected with a local education liaison. If the child is not already engaged, recipients must refer the family directly to the liaison at their school of choice. All applicants/participants with school-aged children must be provided with documentation that explains their rights under the McKinney-Vento Act and that provides contact information for the liaison at every school district within either Kings or Tulare County…. Providers shall maintain documentation in the participant’s case file to demonstrate that these requirements have been met and that applicants and participants understand their rights.”

Agencies must have this documentation available at site-monitoring visits. If a project is deemed non-compliant with this requirement, they are offered technical assistance and placed on a performance improvement plan.

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

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

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

(limit 2,000 characters)

1. KTCoC holds annual trainings on trauma-informed care, crisis intervention training, as well as serving survivors of domestic violence, human trafficking, and sexual assault. These trainings, supported by local DV providers, are mandatory for all CoC and ESG funded projects. All other local service providers are strongly encouraged to attend. These trainings are recorded and links are posted on the KTCoC website so that staff can access resources on an ongoing basis. The last training was held on 10/13/21. All local DV providers, Family Services, CCFCC, and KCAO, regularly attend monthly KTCoC meetings and participate in cross-agency discussions/networking. These DV providers offer 40-hour certified training that consist of eight modules scheduled on a rotating basis. The series includes topics such as safety planning, active listening skills, and confidentiality protocols.

2. All CES staff that engage with clients are required to participate in trainings on topics including trauma informed techniques, victim-centered access and choice, and client confidentiality. The annual training was conducted on 10/13/21. This training focused on providing a safe space for survivors to share information without re-traumatization through techniques such as creating a safe context, restoring power, building self-worth, and honoring preference. Attendees were taught how to assess for the imminence of danger and the local

protocols to follow when a person may be in danger. The training also included a segment on the VAWA 2013 Reauthorization and the requirements related to CoC and ESG funded programs. Emergency Transfer Plans, basic housing protections, lease addendums, and required notifications were covered during the session.

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)

KTCoC uses multiple de-identified aggregate datasets to assess the scale and special needs related to domestic violence, dating violence, sexual assault, and stalking survivors. Data from the comparable database tracks demographics, services, length of stay, and outcomes that are used to identify unmet needs. The PIT count measures the scope and demographics of survivors among the overall homeless population. Coordinated Entry housing assessments collect demographic information, vulnerability data elements, and whether a person's homelessness is a result of fleeing abuse.

Data is analyzed annually to identify community solutions, increase resources, and plan for future needs. For example, KTCoC used these datasets to apply for two TH+RRH housing projects: Family Service's Victim Rehousing and KCAO's Hope Survives TH.

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. KTCoC CES has protocols in place for survivors. Access points administer a screening for risk or potential harm perpetrated on participants as a result of domestic violence, human trafficking, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant is offered the option of connecting to a DV provider or law enforcement where they can receive specialized services and housing assistance, using a trauma informed approach designated to address the particular service needs of survivors. CES participating agencies are trained in victim centered practices and trauma informed care, equal access to housing, and motivational interviewing to ensure participants aren't re-traumatized during the assessment

process. Data collected by victim service providers is entered into a comparable database that meets HUD and VAWA requirements.

During COVID-19, a web-based chat hotline for survivors was launched utilizing a platform called Resource Connect. Monthly client contacts through the chat hotline have more than doubled in 10 months. A variety of housing options for survivors were offered, including immediate placement in motels due to reduced shelter capacity.

2. HUD and ESG funded services providers are required to follow VAWA regulations, which are further affirmed through CES Written Standards. Clients can request an Emergency Transfer Plan (ETP) through their case manager or through CES. Options include internal transfers, external transfers, and other safe/available units.

3. Survivors are assessed for housing using the VI-SPDAT, which is entered into a comparable database and a unique ID is generated. The unique ID is entered into CES ensuring anonymity and equal access to all available housing. DV providers have access to both DV and non-DV dedicated housing. Households are able to choose the type and location of housing that best meets their needs without losing prioritization in CES.

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

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

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

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

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

Housing Authority of Tulare County	3%	Yes-HCV	Yes

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

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

(limit 2,000 characters)

1. KTCoC has worked closely with both local housing authorities, Housing Authority of Kings County (HAKC) and Housing Authority of Tulare County (HATC), to adopt homeless admission preferences within their respective service area.

In partnership with HAKC, KTCoC has secured Move-On Vouchers, Mainstream Vouchers (MVP), Emergency Housing Vouchers (EHV), and Foster Youth Initiative Vouchers for people experiencing homelessness. HAKC accepts referrals through the Coordinated Entry System and works directly with CES staff on housing search and placement. The HAKC Executive Director participated in the development of the most recent Homeless Plan and attends Kings County Homeless Collaborative meetings.

We have had similar success with HATC to secure Move-On Vouchers, MVP, EHV, and master leased units. Additionally, HATC purchased a motel that provides non-congregate shelter while undergoing renovations to become permanent supportive housing. We are also working with HATC to secure project-based vouchers at two new affordable housing locations that have homeless set-aside units.

Both Housing Authorities are currently participating in a Rapid Results Institute 100-Day Challenge to house 100 people experiencing homelessness using Housing Choice Vouchers.

2. N/A

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.		No

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

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)

1. KTCoC partners with both the Housing Authority of Kings County (HAKC) and Housing Authority of Tulare County (HATC) to provide Mainstream Vouchers (MVP) and Emergency Housing Vouchers (EHV) to people experiencing homelessness. Through the CES process, outreach staff, shelter staff, case managers, and other service providers can assist a family or individual experiencing homelessness complete a VI-SPDAT and enroll them into CES through HMIS. Staff work with their respective clients to get document ready for the Housing Authority application. Referrals for MVP and EHV are sent first to a CES Housing Specialist who combines all documents into a packet and sends it to the appropriate Housing Authority staff. All referrals and enrollments are entered into and tracked through HMIS. Data snapshots are sent to the CES manager on a monthly basis to show how many vouchers have been used, how many are available, and other data elements. Stabilized PSH households are able to apply to either MVP or EHV as a part of KTCoC's moving on strategy. Case managers who work with PSH clients provide motivational interviewing and discuss the idea of moving on to all stabilized households.

2. KTCoC has formal MOUs with the HATC for the MVP and EHV programs. Clients are connected to these vouchers with a trauma-informed lens that includes a designated CES liaison. Further, HATC extended the length of time to lease up a voucher and works directly with CES to address barriers such as arrearages owed to the HATC and evictions.

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)?	Yes

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)

1. KTCoC collaborated with both the Housing Authority of Kings County (HAKC) and the Housing Authority of Tulare County (HATC) on joint applications for Mainstream Vouchers (MVP) and Emergency Housing Vouchers (EHV).

2. All collaborative applications were approved, resulting in 103 MVP and 142 EHV vouchers for our region. These housing vouchers increased permanent housing stock in our region by 118% (219 prior, 464 with MVP/EHV).

3. KTCoC has leveraged the partnership with local housing authorities to support the operations of six new affordable housing developments that have set-aside units designated for people experiencing homelessness. These housing developments are currently under construction or will begin construction within the next 12-24 months.

Another successful partnership with our local housing authorities is with the KTCoC Flex Fund program and Anthem Blue Cross. Housing navigators work with the Housing Authority to fast-track Housing Choice Voucher approval. Anthem Blue Cross is financially supporting this project by providing flex funds in a “do whatever it takes approach” to get families housed. Flex funds have paid for security deposits, back rent/utilities, delinquent car registrations, and furnishings so that families are set-up for success in their new home.

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

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

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

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

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

PHA
Housing Authority...
Housing Authority...

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

Name of PHA: Housing Authority of Kings County

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

Name of PHA: Housing Authority of Tulare County

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.	14
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.	14
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)

KTCoC believes that Housing First is a critical tool in addressing homelessness. All KTCoC HUD and ESG funded projects must agree to following a Housing First model by signing an MOU with KTCoC. In 2019, KTCoC secured technical assistance through Homebase to work with agencies on updating their project

policies and procedures to comply with Housing First standards. The technical assistance further supported agencies with structuring their policies and procedures to include a client-centered approach.

To ensure ongoing compliance, a quantitative review of HMIS and CES data occurs monthly. This review assesses rejected referrals, the length of time from referral to enrollment, referral to housing move-in date, and exit information. Agencies are also required to submit the HUD Housing First Assessment Tool to KTCoC on an annual basis.

KTCoC also reviews qualitative information to assess a project's compliance with Housing First principles. Project policies and procedures are reviewed as a part of the local competition. Information is also gathered during Coordinated Entry meetings as cases are staffed, through the KTCoC grievance process, and through client feedback. Agencies with a pattern of grievances are provided technical assistance and placed on a performance improvement plan.

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?	No

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. Outreach teams include housing navigators, code enforcement, Homeless Outreach and Proactive Engagement (HOPE) multi-disciplinary police/mental health provider teams, Homeless Enforcement Assistance Response Team (HEART) Sheriff team, Projects for Assistance in Transition from Homelessness (PATH) teams, a food truck ministry, Local Initiative Navigation Centers (LINC), the street medicine team, and a mobile outreach van.

Services are coordinated amongst teams to ensure that resources and outreach efforts aren't duplicated. The CES team participates in planning meetings with partners to schedule dates, locations, and services for outreach efforts. Outreach teams leverage the HMIS By-Name List to update client records as additional information is obtained. Bi-lateral consents are available for clients to sign allowing for multiple agencies to staff their case, thus expediting the engagement process and minimizing the need for the client to repeatedly share their situation.

2. Street outreach covers 100% of KTCoC's geographic area. CES staff is divided into regions with scheduled days for street outreach within their respective regions to ensure that areas receive regular access to supports.

3. Street outreach is conducted continuously throughout the CoC with areas with higher concentrations of people experiencing homelessness visited weekly. Smaller and unincorporated communities are visited on a monthly basis.

4. Outreach staff are trained in motivational interviewing, trauma informed care, and harm reduction to assist clients who have the highest barriers and are least likely to request assistance, such as people experiencing chronic homelessness. Rapport is created by offering services through a person-centered approach in areas such as linkages to mainstream benefits, behavioral health, document assistance, and DV services. Multi-disciplinary teams bring services to people that are unable or unwilling to access them in traditional settings.

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)**	
	KTCoC recently launched a community engagement campaign. The campaign consists of a web platform designed to share facts, dispel myths, and engagement opportunities with the general public. Both counties within the KTCoC region have signed on as supporters of the campaign. Official launch will include targeted social media posts, radio ads, television interviews, and ways for community members to get involved.	Yes

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."	139	226

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)		
		No	No

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. KTCoC disseminates updates on mainstream resources in membership meetings, case management roundtables, through listserv messages, and social media posts. Recent trainings include: Health Insurance & Homelessness (9/24/20), Housing Choice Vouchers (11/19/20), WIC Programs (2/25/21), Economic Impact Payments (4/22/21), Health Literacy (6/24/21), and Employment Opportunities (11/12/21). KTCoC HUD and ESG funded agencies are required to participate in SOAR training annually.

2. KTCoC ensures that service providers are continually updated on the availability of mainstream resources. This information is disseminated in a variety of ways such as through the weekly listserv, monthly case management roundtables, and quarterly trainings. During COVID-19, weekly meetings were held to share information on how to assist clients with Economic Impact Payment applications, accessing additional unemployment benefits, and emergency rental assistance.

3. Housing navigators and outreach teams screen for health insurance when conducting housing assessments. Clients without insurance are immediately connected to an enrollment specialist. KTCoC works with the Health Homes and street medicine teams to do street outreach, ensuring that clients are enrolled. Tulare County's Housing Disability Advocacy Program team assists clients with accessing mainstream and SSI/SSDI benefits.

4. KTCoC received a grant from Anthem Blue Cross for flex funds to house people experiencing homelessness. Clients are screened and connected to health insurance, matched with a housing opportunity, and, if eligible, enrolled

in Health Homes. The Health Homes program serves Medicaid-eligible clients with complex medical needs and chronic conditions by providing case management and care coordination. As part of a strategic planning process for Tulare County, County staff, CoC providers, and the CES lead are system mapping to further integrate Medicaid behavioral health services into homeless outreach and housing programs.

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

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

(limit 2,000 characters)

1. CES is designed as a no wrong door approach and covers 100% of the geographic area. Households can access CES through 211, the mobile outreach van, soup kitchens, navigation centers, and shelters. CES connects with homeless education liaisons and service providers to offer services to families with children. Navigators coordinate weekly with local law enforcement, code enforcement, mental health teams, and service providers to cover the bi-county region.

During COVID-19, CES staff posted flyers at sanitation stations, included them in in grab-n-go meals, and notified healthcare and community agencies about how people experiencing homelessness could access non-congregate shelter.

2. Outreach workers visit encampments to connect with people least likely to seek homeless assistance and build rapport by using trauma informed communication and motivational interviewing techniques.

During COVID-19, navigators partnered with health departments and street medicine to administer vaccines and distribute PPE kits. Specialty items, such as phone charging banks, were distributed to facilitate communication and access to services.

3. KTCoC adopted HUD's Prioritization Standards and uses a VI-SPDAT to prioritize vulnerability. Housing navigators assist with collecting documents to rapidly refer households prioritized for housing programs. Interim COVID-19 Coordinated Entry Prioritization Policies were adopted in July 2020 to shift RRH prioritization to those in non-congregate shelters.

4. Providers are required to notify the CES of all known and anticipated vacancies. Providers have one week from referral to contact the household and 30 days to place them into permanent housing. To further to goal of reducing LOTH, KTCoC embarked on two separate 100-day challenges during COVID - 19: 1) a HUD-sponsored 100DC with a youth focus resulting in 40 households housed; and 2) a self-funded 100DC with a goal of housing 100 households using Emergency Housing Vouchers.

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

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

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

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

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	No
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.		No

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)

KTCoC is using a multi-pronged approach to improving racial equity within the local homeless service system comprised of education, training, and inclusion. Over the past few years, KTCoC has commissioned a Racial Equity Analysis to assess the scope of racial disparities in Kings and Tulare Counties by comparing HMIS data to census data. Additionally, the County of Tulare has an ongoing research partnership with Case Western University, through which insights from the homeless community are systematically mapped out, including the impact of race and equity.

Training is a critical component of the local focus on improving racial equity within our system. Tulare County HHSA staff, approved under the Governing Alliance on Race & Equity (GARE) train the trainer model, provides annual racial equity training for the CoC. The training focuses on cultural and linguistic competency, eliminating biases, and creating an inclusive environment. All KTCoC HUD and ESG funded agencies sign a Partnership Agreement which includes a commitment to ongoing racial equity training and policies that address racial disparities within their own agency.

KTCoC believes that the insight from persons of color is extremely important to increasing racial equity. A key component of local funding competitions is reviewing how an applicant is promoting racial equity within their program. Additionally, the KTCoC Board has a “lived experience” position that is filled by a community of color representative. The local Homeless Task Force – a collection of decision makers from a wide range of sectors – welcomes public comment to consider in decision making, and places high value from those with lived experience and from persons of color.

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.**	4	2
2.	**Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.**	6	5
3.	**Participate on CoC committees, subcommittees, or workgroups.**	2	0
4.	**Included in the decisionmaking processes related to addressing homelessness.**	2	0
5.	**Included in the development or revision of your CoC's local competition rating factors.**	2	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)**	
	1) Youth Advisory Board; 2) Advocated for Lived Experience Positions on County Homeless Task Force, Homeless Collaborative	Yes

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

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

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

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

(limit 2,000 characters)

1. At the onset of the COVID-19 pandemic, KTCoC immediately secured PPE for outreach teams and people experiencing homelessness. Navigators were provided hazard pay to continue street outreach. KTCoC partnered with local health departments and street medicine teams to administer vaccines, assist households with Economic Impact Payment applications, and distribute COVID-19 PPE kits. Specialty items, such as phone charging banks, were distributed to facilitate communication and access to services.

KTCoC also funded initiatives focused on the health and safety of people in unsheltered situations. These included hygiene stations, match for non-congregate shelter, motel rooms for all identified veterans, gap funding for a warming center to shift to a non-congregate shelter, and gap funding for soup kitchens that shifted to grab-n-go meals as a result of the pandemic.

2. The health and safety of people working and staying at congregate shelters was paramount. Best practices, such as enhanced cleaning, reduced occupancy, and screening tools were shared with staff. Facilities were provided commercial sized hand sanitizers, bleach, cleaning wipes, face masks for staff and clients, replacement pillows, paper towels, toilet paper, and portable dividers to separate beds from one another. Shelters with a loss of funding related to COVID-19 were provided gap funding through KTCoC's allocation of COVID-19 emergency funds through the State of California. Other shelters were assisted with accessing Paycheck Protection Program so they could continue operations.

3. Transitional housing programs were supported in many of the same ways as emergency shelters. Agencies were able to participate in virtual case management roundtables and KTCoC provided commercial sized hand sanitizers, bleach, cleaning wipes, face masks for staff and clients, and other scarce supplies. Best practices, such as enhanced cleaning, reduced occupancy, and safety screening tools were shared with staff.

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 COVID-19 pandemic has given KTCoC the opportunity to work closely with Public Health leaders, Emergency Operations Centers (EOCs), State leaders, and other key stakeholders. Through these engagements we have created meaningful relationships and protocols that can be leveraged for future public health emergencies. One key accomplishment was the development of the Community Care Coalition (CCC), a network of local stakeholders that work together during times of emergency. The CCC, which includes agencies such as KTCoC, United Way, County representatives, and other critical stakeholders, coordinates the emergency response within the region so that communication, supports, and education are disseminated in a targeted manner.

Additionally, KTCoC is currently working on a formal preparedness plan based upon the Infectious Disease Toolkit for CoCs, published March 2020. The plan will incorporate several key areas of focus such as planning, communication, CoC support, and training/education. We anticipate a formally adopted plan by Spring 2022.

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

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

(limit 2,000 characters)

1. KTCoC was the sole recipient of the ESG-CV funds allocated to the bi-county region. We worked with both Counties to secure sites for isolation units and for people experiencing homelessness. Congregate shelters were provided information on strategies to minimize the spread of COVID-19 through social distancing, enhanced ventilation, and wearing masks. A COVID-19 hotline was established for people experiencing homelessness that were interested in

health screenings, non-congregate shelter, and other pandemic-related supports.

2. Within 45 days of the National Emergency declaration, we opened the first non-congregate shelter (NCS). Four other NCSs were launched shortly thereafter. ESG-CV funds were allocated as FEMA match funds for these shelters. Three motels were purchased as interim NCS with plans for conversion to PH. Two 100-Day Challenges were held to accelerate the rate of permanent housing placement with a focus on youth households and EHV/MVP vouchers. A COVID-19 housing navigator was hired to assist NCS clients with exit plans and locating permanent housing.

3. CES triaged people at-risk of homelessness and connected them with financial assistance and resources through the Emergency Rental Assistance Program, philanthropic funding, and Central California Legal Services.

4. Specialty backpacks, fully stocked with healthcare supplies, were purchased for the street medicine team. Portable ice chests were purchased for COVID-19 tests administered at encampments. N95 masks and disposable masks were given to healthcare workers who weren't able to acquire them elsewhere.

5. ESG-CV funds were used to purchase PPI for providers and outreach teams as well as COVID-19 specific hygiene kits and sanitation stations for people in unsheltered locations. Commercial sized hand sanitizers, bleach, cleaning wipes, face masks, replacement pillows, and portable dividers were purchased for shelters.

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. KTCoC and the both County Health Departments met weekly, and often times daily, to implement a coordinated response for people experiencing homelessness at the onset of the COVID-19 pandemic. A joint letter was distributed to hospitals, shelters, service providers, and jurisdictional leaders on prevention efforts and access to non-congregate shelter. The California Department of Social Services and Kings and Tulare County Health Departments, along with KTCoC, met regularly to identify how best to use all available local, state, and federal funding for non-congregate shelters.

CES was identified by both Counties as the lead entity for all health screenings and referrals to non-congregate shelter. Local hospitals and the street medicine team were given access to HMIS and were able to input health screenings for client placement into non-congregate shelter. Kaweah Delta Medical Center's street medicine team partnered with the CES team on weekly outreach to encampments, shelters, and other areas people experiencing homelessness tended to congregate. Medical services, COVID-19 testing and vaccinations,

and prescription administration were provided during these events.

2. Health Departments for both Counties were instrumental in providing widespread information on safety measures. These resources were shared weekly at COVID-19 Service Provider Forums and sent out via listserv, social media, and on the KTCoC website. Approximately 20 sanitation stations were placed throughout the bi-county region to assist people living on the streets follow CDC recommended hygiene practices. Supplies such as hand sanitizer, KN95 masks, disposable masks, and antibacterial soaps were provided to emergency shelters and through COVID-19 specific kits.

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

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

(limit 2,000 characters)

1. The Community Cares Coalition was developed as a COVID-19 specific workgroup that met weekly to disseminate information about COVID-19 supports and to coordinate community-wide efforts. A joint letter and workflow signed by Kings County Human Services, Tulare County Health & Human Services, and KTCoC was distributed to all partner agencies and healthcare providers outlining how people experiencing homelessness could be connected to COVID-19 services, including vaccinations. Resources such as pre-designed signage and safety protocols were sent out via listserv and social media.

2. KTCoC created a special section on its website to share COVID-19 information. Links to County COVID-19 public health information was on the front page of the website. All local service providers were listed on the webpage with a link to their COVID-19 protocols, including operating hours and service restrictions. KTCoC also hosted a weekly COVID-19 Service Provider Forum to disseminate information, share best practices, and answer questions.

3. Information about vaccine implementation, including prioritization for special populations was shared during weekly Service Provider Forums and monthly Membership Meetings. KTCoC also coordinated directly with service providers on vaccination events at shelters, encampments, and other places people experiencing homelessness are known to congregate. Notifications were sent out via listserv and social media.

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)

KTCoC worked with County Health and Human Services departments, street medicine, shelters, outreach teams, 211, and a newly developed Community Cares Coalition to identify eligible persons for COVID-19 vaccinations.

A COVID-19 screening hotline was established for people experiencing homelessness that were interested in health screenings, non-congregate shelter, and pandemic-related supports. Information gathered from the hotline was inputted into HMIS and used to identify and engage with persons interested in vaccinations.

Specific funding resources were allocated to the street medicine team so that COVID-19 vaccinations could be administered in encampments. Funds were used to acquire specialized ice chests that keep vaccinations at the appropriate temperature, fully stocked street medicine backpacks, PPI, and COVID-19 hygiene kits. Outreach teams established pop-ups to engage with unsheltered persons by giving away grab-n-go meals, assisting with Economic Impact Payment applications, conducting health screenings, and offering COVID-19 vaccinations. Data was entered into the HMIS on clients receiving vaccinations and/or experiencing health vulnerabilities related to COVID-19.

Other special events were held to engage with people experiencing homelessness about the safety and availability of COVID-19 vaccinations. Teams regularly gathered to visit encampments and other areas unsheltered persons tended to congregate.

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)

All Victim Services providers within the bi-county region are active, voting members of KTCoC and serve as integral partners in the design of CES, trainings, and confidentiality protocols.

There were several factors that impacted the domestic violence service system during the COVID-19 pandemic. At the onset of the pandemic, California instituted a zero-dollar bail rule that resulted in many offenders not being held in jail. Local providers noticed a sharp decrease in domestic violence calls while the zero-bail system was in place. It is believed that victims were afraid to report their abuse, knowing their abuser would be immediately released after booking and more likely to return home to continue the cycle of abuse.

In June, 2020, to respond to survivors who found themselves sheltering-in-place with their abusers, DV providers implemented a web-based chat hotline utilizing a platform called Resource Connect. The service has been well received and, in six months of operations, doubled the number of client contacts we receive monthly. This expanded capacity has also allowed us to provide a meaningful

volunteer opportunity in safe environments - crisis counselors monitor and respond to the chat line from the safety of their own home.

A variety of housing options for survivors were offered, including immediate placement in motels due to reduced shelter capacity. Victim service providers have access to both DV-dedicated and non-DV dedicated housing options. Households are able to choose what type and the location of housing that best meets their needs without losing prioritization in the Coordinated Entry System.

Providers also addressed the increased needs of families impacted by COVID-19 and domestic violence through special grant funding. The funding was used to provide services such as wage replacement, utility bill payment, rent/mortgage assistance, groceries, PPE supplies, sanitation and cleaning supplies, and laundry services when needed.

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)

At the onset of the COVID-19 pandemic, KTCoC worked with the two local health departments and human service agencies to operationalize a health screening process through CES. Health screenings were used to triage people experiencing homelessness who are at high risk of experiencing complications from COVID-19. The most vulnerable or COVID-19 positive were placed into non-congregate shelter (NCS). A COVID-19 housing navigator was hired to work with NCS clients on developing housing plans and securing permanent housing.

KTCoC disseminated information to providers on HUD waivers that bypassed regulatory requirements such as in-person housing inspections, FMR limits, and disability documentation. Providers were asked to waive internal requirements to accessing housing units, such as identification cards, and to leverage technology for case management and housing inspections.

Interim CES prioritization standards were released in July 2020. The interim standards adjusted rapid rehousing prioritization to those staying in NCS. The number of health vulnerabilities, coupled with length of homelessness, are used to prioritize people at NCS for rapid rehousing vouchers.

Additionally, KTCoC worked with the Housing Authority of Tulare County to extend voucher time limits and provide flexibility on housing inspections.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	08/27/2021
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.**	08/30/2021

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.**	

	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. In the FY 2020 HUD CoC Competition, the Rating and Ranking Tool allotted 10 points for a project's plan to address severity of needs and vulnerabilities. These included low or no income, substance abuse, mental illness, chronic homelessness, and/or survivors of domestic violence or human trafficking.

2. The Rating and Ranking Committee reviewed the performance of all projects by looking at a contribution to system performance through APRs, data quality using reports from HMIS, spend rates from e-LOCCS reports, audit findings, and addressing severity of needs from APRs and narratives. All programs are required to be Housing First and serve the most vulnerable clients referred from CES. The scoring tool includes a section called "Project Design". In this section, up to 10 points are awarded for projects that address the severity of needs/vulnerabilities of clients. Renewal projects are assigned a severity factor, derived from the number of vulnerabilities each client has divided by the total number of clients served. This factor, in conjunction with the grant, allowed the Rating and Ranking Committee to take into consideration the challenges of the population served and how that may impact project performance. Projects are also considered against the need for additional capacity to serve specific high-need and priority subpopulations in various locations across the CoC's geographic region. Once raw scores are determined, the Rating & Ranking Committee considers whether the initial scoring is likely to result in any critical service gaps and utilizes a weighted scoring methodology to address these types of issues.

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)

1. KTCoC utilizes a collective impact model for all of the work it does- with a special emphasis on transparency and inclusion in funding decisions. The Rating & Ranking Tool was drafted by KTCoC, whose team mirrors race demographics within the local homeless population (57% vs. 58%, respectively). Input for the Rating & Ranking Tool was gathered from and adopted by KTCoC. Membership which includes people from a variety of races

that also mirror the racial composition of the local homeless population. Feedback was solicited through different methods such as social media, listservs, and Membership Meetings.

2. KTCoC proactively sought a variety of race, ethnicity, and other demographics for the Rating & Ranking Committee through individual outreach. The Rating & Ranking Committee, including KTCoC staff supports, reflected diversity that mirrored the racial composition of the local homeless population.

3. Projects could receive up to 10 points in the local Rating & Ranking competition for demonstrating a commitment to racial equity through policies and procedures that measure and improve its response to racial disparities and biases. Agencies were also required to sign an MOU agreeing to annual racial equity training and reducing disparate outcomes among people of color.

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 Rating & Ranking Committee reviewed the performance of all projects by looking at contribution to system performance through APRs, data quality using reports from HMIS, spend rates from e-LOCCS reports, audit findings from agency audits, and addressing severity of needs from APRs and application narratives. Each of these areas were assigned a set number of points through the local competition scoring tool. Once the Committee completed the rating and ranking, they considered local priorities and whether the initial scoring would result in any critical service gaps. Low scoring projects are reviewed by the Committee for reallocation or a decrease of funding. In the event the Committee identifies a renewal project(s) whose funding should not be renewed (or funding should be decreased), the Committee then determines whether any new proposed projects should be awarded and then proceeds with reallocation.

2. The Rating & Ranking Committee did not identify any projects for reallocation this year.

3. KTCoC did not reallocate any low performing or less needed projects during the competition this year.

4. KTCoC opted to place a lower performing project on a performance improvement plan rather than reallocate the funding due to the difficulty faced by the agency as a result of COVID-19. While a difficult decision, KTCoC

believes that targeted technical assistance can get the project back in alignment with both threshold criteria and overall program performance.

5. KTCoC communicated the reallocation process in writing through the local NOFA process, which was posted on the website, sent out via listserv, social media, and reviewed during the Applicant Workshop.

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

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

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

1.	**Did your CoC reject or reduce any project application(s)?**	No
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.**	

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.	10/29/2021

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

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia Solutions, Inc.

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/18/2021

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

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

(limit 2,000 characters)

1. All DV housing providers in the bi-county region use a cloud-based comparable database that is programmed to meet the 2020 HMIS Data Standards and complies with all HUD-required technical specifications. The comparable database is supported by funding through KTCoC. Programs that are HUD or ESG funded collect and input all program-level data elements required by the HMIS Data Standards. Data fields can also be modified and/or customized to meet the needs of the DV provider and the clients it serves. DV providers control access to the database and who can access client information. The HMIS lead regularly provides technical assistance to DV providers on data standards and how to pull reports.

Survivors are informed that they have the right to refuse to answer any of the questions required to complete the data fields and are given the opportunity not to provide personally-identifying information that will be entered into the database. DV service providers are not penalized in funding competitions for missing data elements due to the nature of the population served.

2. Through the Comparable Database, DV providers are able to generate all reports required by federal partners such as the HUD CoC and ESG CSVs. Records are de-duplicated and shared in aggregate to protect client confidentiality. De-identified and aggregated system performance measurement data is shared with the CoC and HMIS lead on a regular basis.

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	524	67	451	98.69%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	130	40	90	100.00%
4. Rapid Re-Housing (RRH) beds	226	0	226	100.00%
5. Permanent Supportive Housing	272	0	272	100.00%
6. Other Permanent Housing (OPH)	75	0	75	100.00%

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

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

(limit 2,000 characters)

1.N/A

2.N/A

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%

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

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

(limit 2,000 characters)

1.N/A

2.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

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

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

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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- 24 CFR part 578

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

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

(limit 2,000 characters)

1. KTCoC tracks several data elements collected within HMIS to understand the factors that lead people into homelessness. The elements include prior residence, barriers, mainstream benefits, employment, education, and reason for homelessness. KTCoC also reviewed CES assessments, local 211 call records, and national publications such as those by HUD, NAEH, and the NCH. The commonalities between local and national data include 1) doubled-up situations, 2) foster care involvement, and 3) households below 30% AMI.

2. Armed with the knowledge of local risk factors, we developed strategies for our prevention efforts.

a) Lack of affordable housing: We partner with two affordable housing developers to create set-aside units with relaxed screening criteria for 30% AMI households. A local managed care organization funds security deposits, household items, and ongoing case management to ensure that households are stabilized.
b) Foster care involvement: KTCoC partners with the County Office of Education and local community college on youth projects. The Dream Center is a one-stop for foster-involved youth. Services include case management, housing, job searches, and peer supports. In partnership with College of the Sequoias, we are developing set-aside permanent housing units for students. A Youth Advisory Board ensures that initiatives are youth-informed and youth-driven.
c) Access to resources: In 2019, KTCoC launched a prevention assessment tool to determine eligibility and what types of resources a household may need. The CES hosts a bi-weekly pop-up navigation center to assist people in

accessing resources. The center is staffed with people specializing in entitlement and legal assistance benefits. 2-1-1 provides eviction prevention assistance, including rental and utility arrearages.

3. The Kings/Tulare Homeless Alliance is the agency responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.

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. KTCoC employs several strategies to reduce the length of time households remain homeless: 1) Leveraging robust outreach efforts through multi-disciplinary teams such as the Homeless Outreach and Proactive Engagement (HOPE) Ride Along program, comprised of law enforcement/mental health, and the street medicine team; 2) Operating one-stop centers where people can be assessed for housing, apply for benefits, and meet with mental health/substance abuse providers; 3) Funding Bridge Housing for people that have a referral for permanent housing, including two new projects under development; 4) Increasing access to PSH for clients with Mainstream and Emergency Housing Vouchers; 5) by leveraging a Landlord Relations Specialist to recruit new landlords and oversee the Landlord Mitigation Fund, flex fund, set-aside units, and Moving-On program; 6) Leading two 100-Day Challenges-one focused on permanently housing 100 households and the other focused on youth housing; and 7) ensuring that all CoC and ESG funded programs operate under the Housing First model.

The Mitigation Fund covers rent, damages, repairs, and eviction costs. The Flex Fund can assist with rent subsidies above FMR, deposits/arrearages, and application fees. Set-aside units are available with affordable housing developers, Housing Authority, and private investors.

2. KTCoC uses the VI-SPDAT to prioritize clients in accordance with HUD CPD 16-11. Housing navigators match housing to clients that are high-scoring and have the longest history of homelessness. Navigators assist with locating clients, obtaining documentation, completing rental applications, and negotiating with landlords. KTCoC uses the Landlord Mitigation and flex funds to attract landlords. HMIS tracks LOT from VI-SPDAT to referral to enrollment. Data is used to identify clients exceeding 100 days.

3. The CES manager is responsible for overseeing KTCoC's strategy to reduce the length of time individuals and families remain homeless.

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. KTCoC uses a variety of strategies to increase exits to PH, resulting in a 5% increase in successful exits from ES, TH, and RRH in FY 19/20. Navigators staff emergency shelters and drop-in centers to expedite access to permanent housing and assist with entitlement enrollments and benefit appeals. Disabled clients are referred simultaneously to the Housing and Disability Assistance Program (HDAP), which leverages the SOAR model, and Mainstream Voucher Program. A healthcare partnership assists clients with security deposits, household furnishings, and outstanding debts that impact access to permanent housing.

The Landlord Relations Specialist recruits landlords willing to rent to people experiencing homelessness using resources such as the local Flex Fund and Landlord Mitigation Fund.

KTCoC also facilitated two 100-Day Challenges (100DC) focused on housing over 100 households. The momentum and relationships forged through the 100DC events are leveraged to continue rapid permanent housing placement rates in the bi-county region.

Philanthropic funding allowed for placement of ALL veterans experiencing homelessness, regardless of discharge status, into motels while getting connected to housing. This funding provided the opportunity for several chronic homeless unsheltered veterans to accept housing.

2. Housing stability is a critical component of combatting homelessness. To that end, KTCoC places a heavy emphasis on increasing the breadth and depth of case management services provided to households by adopting a universal case management curriculum. KTCoC partners with employment training programs through the Workforce Innovation and Opportunity Act (WIOA) and vocational rehabilitation programs to increase household financial stability.

KTCoC has designated move-on vouchers for households that are stabilized and ready to move-on. The Tulare HOME project provides intensive services to people in PSH who are at risk of eviction.

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 HMIS team monitors the number of households who exit to permanent housing on a quarterly basis to identify returns to homelessness (RTH) and other areas of concern on both a program and system-wide level. Using the HMIS System Performance Measures report, we review the numbers of people who return in less than 6 months, within 6-12 months, and within 13-24 months.

2. To reduce recidivism, KTCoC provides training and supports to service providers. All programs funded through or recommended by KTCoC must adhere to Housing First principles. Agencies are prohibited from terminating a household until the case is presented at the monthly case management roundtable. Often, a household is diverted from eviction by transferring to another agency or unit better suited to their needs.

Case managers within all CoC and ESG funded agencies are required to complete a six-part Case Management 101 training that includes an overview of the Housing First Model, Engaging Tenants in Services, Eviction Prevention & Working with Landlords, Coordinating Property Management & Supportive Services, Harm Reduction in Practice, and Trauma Informed Care & Motivational Interviewing. Other recent trainings include: increasing employment among clients, volunteer opportunities for people with lived experience, Health Homes, and accessing WIC benefits.

KTCoC also works closely with Central California Legal Services on tenancy education, landlord disputes, and the Homelessness Prevention Project (HPP). CES serves as an access point for tenants needing legal and housing stability services. Other efforts include maximizing supports through the Housing Support Program that offers financial assistance and wrap around services for people at imminent risk of homelessness and providing Emergency Rental Assistance for COVID-19 impacted households.

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

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

(limit 2,000 characters)

1. Strategies to increase employment income include 1) engaging with employment partners such as the Job Training Office, Employment Connection, and the Employment Development Department to prioritize PH clients, 2) having employment representatives at weekly navigation center; 3) regularly disseminating information such as resource guides and career fair announcements via listserv; and 4) ensuring that housing providers connect clients to employment partners for resume & interview support, transportation vouchers, and childcare assistance.

KTCoC providers use a variety of methods to connect clients with non-traditional income opportunities such as recycling, babysitting, house cleaning, etc.

2. KTCoC works with mainstream employment organizations to leverage financial assistance for training programs through the Workforce Innovation and Opportunity Act (WIOA) and vocational rehabilitation programs. Service providers that offer employment programs, such as the City of Visalia, Community Services and Employment Training, are voting members of KTCoC. Housing providers receive ongoing training on how to access these opportunities for their clients, with the most recent training on 11/01/2021. The HMIS Lead monitors increased cash income from employment sources on a quarterly basis. Projects not meeting locally adopted performance goals are provided technical assistance and put on a performance improvement plan.

3. The Kings/Tulare Homeless Alliance is responsible for overseeing KTCoC's strategy to increase jobs and income 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. KTCoC promotes annual job fairs that include private employers in industries such as hospitals, distributers, manufacturing, and many others. The Sequoia Community Corps offers subsidized employment for homeless youth, ages 18-24, through a wide variety of private employers. Through the local one-stop centers, clients can access job postings, workshops to improve interview and computer skills, and individualized job search assistance. Private employers share employment opportunities to job seekers at specialized workshops. KTCoC sends out job announcements to housing providers via its local listserv.

2. KTCoC partners can refer permanent housing residents to serve as a Peer Support Specialist at mental health clinics through the CSET Supported Employment Program. Clients can also access employment opportunities through ABLE Industries. ABLE Industries offers employment opportunities to adults with disabilities. Volunteer opportunities for clients include serving on a project's resident advisory committee, drop-in navigation centers, Point in Time counts, and serving on local non-profit boards. Most recently, KTCoC is developing a partnership with New Life K9s. New Life K9s provides service dogs to veterans with PTSD. The service dogs, trained during the week by inmates at a local prison, will be paired with permanent housing program participants on the weekends. Program participants will learn dog training techniques that can translate into paid employment as a community coordinator.

The Youth Advisory Board (YAB) Mentor Team is developing a workshop series

that will include topics such as Financial Literacy, Time-Management and Study Habits, Job Readiness, College & Career Readiness, Building Relationships and Networking, and Leadership. Workshops can be accessed by any youth experiencing or at-risk of homelessness.

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. KTCoC's strategy to increase non-employment cash income include requiring that agencies have a designated staff member trained in SOAR, that all clients are assessed for maximizing mainstream benefits, and that clients receiving SSI/SSDI income are screened for potential appeals to increase their award amount. The drop-in navigation center offers connections to benefits screening and enrollment. CalWORKS representatives participate in the drop-in navigation centers and work directly with attendees on cash aid applications, appeals, and benefit status checks. New outreach teams including the HOPE police/MH team support people experiencing unsheltered homelessness to enroll in cash benefit programs.

2. In order to increase access to non-employment cash sources, agencies are required to screen clients at entry and annually for mainstream benefit eligibility. Clients can apply for mainstream benefits at one-stop centers throughout the region as well as online. Outreach teams, housing navigators, and case management teams provide transportation assistance and appointment support. The HMIS Lead monitors increased non-employment cash income through quarterly Snapshot reports. Agencies not meeting performance targets are given technical assistance and placed on a performance improvement plan.

3. The Kings/Tulare Homeless Alliance is responsible for overseeing KTCoC'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:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

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

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)

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

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

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

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

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

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

(limit 2,000 characters)

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?	No

Applicant Name
This list contains no items

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	1C-14. CE Assessm...	11/11/2021
1C-7. PHA Homeless Preference	No	1C-7. PHA Homeles...	11/11/2021
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	11/11/2021
1E-1. Local Competition Announcement	Yes	1E-1. Local Compe...	11/11/2021
1E-2. Project Review and Selection Process	Yes	1E-2. Project Rev...	11/11/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	1E-5. Public Post...	11/11/2021
1E-5a. Public Posting–Projects Accepted	Yes	1E-5a. Public Pos...	11/11/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	1E-6. Web Posting...	11/15/2021
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: 1C-14. CE Assessment Tool

Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: 1E-1. Local Competition Announcement

Attachment Details

Document Description: 1E-2. Project Review and Selection Process

Attachment Details

Document Description: 1E-5. Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Public Posting–Projects Accepted

Attachment Details

Document Description: 1E-6. 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	11/11/2021
1B. Inclusive Structure	11/15/2021
1C. Coordination	11/15/2021
1C. Coordination continued	11/15/2021
1D. Addressing COVID-19	11/11/2021
1E. Project Review/Ranking	11/11/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	11/11/2021
2C. System Performance	11/15/2021
3A. Housing/Healthcare Bonus Points	11/11/2021
3B. Rehabilitation/New Construction Costs	11/11/2021

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

2021 COC NOFA

ATTACHMENT 3. CE ASSESSMENT TOOL, 1C-14

Table of Contents

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2. VI-SPDAT, Family 10

KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name: _____

Agency: _____

☐ Team
☐ Staff
☐ Volunteer

Survey Date: DD/MM/YYYY _____/_____/_____

Survey Time: ___ : ___ AM / PM

City (Location): _____

Enrollment: CE – Every Door Open

Assessment Contact Type: ☐ Phone ☐ Virtual ☐ In-Person

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes into our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

_____	_____	_____
Date	Signature (or Mark) of Participant	Printed Name of Participant

☐ *No, please do not take my picture.*

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section 1. Who is the Participant?

Name: _____

Date of Birth: _____ **SSN:** _____

Section 2. Use and Disclosure of Health Information

I authorize the use or disclosure of the above-named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual? The following entities may use or disclose the information: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, CSET, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, KCAO, Housing Authorities of Kings and Tulare Counties, Kings County Behavioral Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, Lighthouse Rescue Mission, Mental Health Systems, Open Gate Ministries, RH Community Builders, Salt + Light, Salvation Army, Self-Help Enterprises, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, TC Hope, The Warehouse, Tulare County, Tulare Regional Medical Center, Turning Point of Central California, United Way of Tulare County, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Visalia Homeless Center, and Westcare.

Who May Be Receiving Information About the Individual? The information may be disclosed to: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, CSET, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, KCAO, Housing Authorities of Kings and Tulare Counties, Kings County Behavioral Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, Lighthouse Rescue Mission, Mental Health Systems, Open Gate Ministries, RH Community Builders, Salt + Light, Salvation Army, Self-Help Enterprises, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, TC Hope, The Warehouse, Tulare County, Tulare Regional Medical Center, Turning Point of Central California, United Way of Tulare County, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Visalia Homeless Center, and Westcare.

Section 3. What Information About the Individual Will Be Disclosed?

☐ Diagnosis	☐ Lab Report	☐ Immunization Record
☐ History & Physical	☐ Medication Record	☐ Progress Note
☐ Assessment	☐ Plan of Care	☐ Other: Written/Verbal

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

☐ The following expiration date (no more than 2 years from today):

_____

☐ The following specific event (needs to happen within 2 years):

_____

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.
- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

HMIS CONSENT FORM

When you request or receive services from a participating agency, we collect information about you and your household and enter it into a database system called the Homeless Management Information System (HMIS). This system helps us to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided to the homeless and those at-risk of homelessness.

What information is collected?

Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- Details of your medical/health status will **only** be shared between Partner Agencies using HMIS.
- With your approval, information collected is shared with authorized personnel at Partner Agencies.
- Collectively, data on the homeless population in Kings and Tulare counties (but not personal identifying information) is used in statewide reports on homelessness.

NOTE: HMIS uses many security protections to ensure confidentiality and only Partner Agencies who have signed an Interagency Network Data Sharing Agreement have full access. A list of Partner Agencies can be found on our website at www.kthomelessalliance.org.

Why should you agree to have your information shared with HMIS Partner Agencies?

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Opt Out: If you wish to opt out of having your information shared in the Kings/Tulare HMIS, please write "I do not consent", sign and date this section. Otherwise, leave blank.

_____	_____	_____
(Write "I do not consent")	Signature	Date

☐ **Please treat information about my children age 17 or younger the same as mine.**

This consent will expire seven (7) years from the date signed. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

_____	_____	_____
Client Name (please print)	Client Signature	Date
_____	_____	_____
Agency Personnel Name (please print)	Agency Personnel Signature	Date

BASIC INFORMATION

First Name	Nickname	Last Name
_____	_____	_____

☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

In what language do you feel best able to express yourself? _____

Date of Birth:	Age: _____	Social Security Number: _____-_____-_____
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Ethnicity:	☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Race:	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian/Pacific Islander ☐ White ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
Gender:	☐ Male ☐ Female ☐ Transgender	☐ Questioning ☐ A Gender that is not singularly Female or Male	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Sexual Orientation:	☐ Straight/Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Two Spirit ☐ Questioning ☐ Queer ☐ Other/Not listed: _____	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Disabling Condition:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Veteran Status:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Living Situation:	☐ Place not meant for habitation (vehicle, street, parks, abandoned buildings, or anywhere outside) ☐ Emergency Shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter) ☐ Safe Haven		
Length of Stay:	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month	☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Approximate Date Homelessness Started	_____/_____/_____		
# of Times Client has been Homeless on the Streets, in ES, or SH in the past three years:	☐ One time ☐ Two times ☐ Three times	☐ Four or more times ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
# of Months Homeless on the streets, ES, or SH in past three years:	☐ One Month (first month) ☐ 2-12 months (#____)	☐ More than 12 months ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
Covered by Health Insurance, if yes, indicate source:	☐ No coverage ☐ Medicaid (Medi-Cal) ☐ Medicare ☐ State Children's Health Insurance Program	☐ VA Medical Services (Military Insurance) ☐ Employer Provided Health Insurance ☐ Health Insurance obtained through COBRA ☐ Private Pay Health Insurance	☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other: _____

A. HISTORY OF HOUSING & HOMELESSNESS

1.	Where do you sleep most frequently? (check one)	☐ Shelters ☐ Transitional Housing ☐ Outdoors ☐ Other (SPECIFY): _____ ☐ Refused
2.	How long has it been since you lived in permanent stable housing?	_____ ☐ Refused
3.	In the last three years, how many times have you been homeless?	_____ ☐ Refused
	a) Total # of months homeless in past three years?	_____ ☐ Refused

B. RISKS

4. In the past six months, how many times have you……

	a) Received health care at an emergency department/room?	_____ ☐ Refused
	b) Taken an ambulance to the hospital?	_____ ☐ Refused
	c) Been hospitalized as an inpatient?	_____ ☐ Refused
	d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ ☐ Refused
	e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ ☐ Refused
	f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ ☐ Refused
5.	Have you been attacked or beaten up since you've become homeless?	☐ Yes ☐ No ☐ Refused
6.	Have you threatened to or tried to harm yourself or anyone else in the last year?	☐ Yes ☐ No ☐ Refused
7.	Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ Yes ☐ No ☐ Refused
8.	Does anybody force or trick you to do things that you do not want to do?	☐ Yes ☐ No ☐ Refused
9.	Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ Yes ☐ No ☐ Refused

C. SOCIALIZATION & DAILY FUNCTIONING

10.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ Yes ☐ No ☐ Refused
11.	Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Yes ☐ No ☐ Refused
12.	Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Yes ☐ No ☐ Refused
13.	Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Yes ☐ No ☐ Refused
14.	Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family/friends caused you to become evicted?	☐ Yes ☐ No ☐ Refused

D. WELLNESS

15.	Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ Yes ☐ No ☐ Refused
16.	Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ Yes ☐ No ☐ Refused
17.	If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ Yes ☐ No ☐ Refused
18.	Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ Yes ☐ No ☐ Refused
19.	When you are sick or not feeling well, do you avoid getting help?	☐ Yes ☐ No ☐ Refused
20.	*FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ Yes ☐ No ☐ Refused
21.	Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ Yes ☐ No ☐ Refused
22.	Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ Yes ☐ No ☐ Refused
23.	Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:	
	a) A mental health issue or concern?	☐ Yes ☐ No ☐ Refused
	b) A past head injury?	☐ Yes ☐ No ☐ Refused
	c) A learning disability, developmental disability, or other impairment?	☐ Yes ☐ No ☐ Refused
24.	Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ Yes ☐ No ☐ Refused
25.	Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	☐ Yes ☐ No ☐ Refused
26.	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	☐ Yes ☐ No ☐ Refused
27.	*YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	☐ Yes ☐ No ☐ Refused

FOLLOW UP

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time:_____:_____or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____)_____-_____ email: _____
SURVEYOR: Take picture. Any final notes that you'd like to convey?	

KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name: _____

Agency: _____

☐ Team
☐ Staff
☐ Volunteer

Survey Date: DD/MM/YYYY _____/_____/_____

Survey Time: ___ : ___ AM / PM

City (Location): _____

Enrollment: CE – Every Door Open

Assessment Contact Type: ☐ Phone ☐ Virtual ☐ In-Person

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

Date	Signature (or Mark) of Participant	Printed Name of Participant
_____	_____	_____
		☐ *No, please do not take my picture.*
_____	_____	_____
		☐ *No, please do not take my picture.*

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section 1. Who is the Participant?

Name: _____

Date of Birth: _____ **SSN:** _____

Section 2. Use and Disclosure of Health Information

I authorize the use or disclosure of the above-named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual? The following entities may use or disclose the information: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, CSET, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, KCAO, Housing Authorities of Kings and Tulare Counties, Kings County Behavioral Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, Lighthouse Rescue Mission, Mental Health Systems, Open Gate Ministries, RH Community Builders, Salt + Light, Salvation Army, Self-Help Enterprises, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, TC Hope, The Warehouse, Tulare County, Tulare Regional Medical Center, Turning Point of Central California, United Way of Tulare County, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Visalia Homeless Center, and Westcare.

Who May Be Receiving Information About the Individual? The information may be disclosed to: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, CSET, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, KCAO, Housing Authorities of Kings and Tulare Counties, Kings County Behavioral Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, Lighthouse Rescue Mission, Mental Health Systems, Open Gate Ministries, RH Community Builders, Salt + Light, Salvation Army, Self-Help Enterprises, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, TC Hope, The Warehouse, Tulare County, Tulare Regional Medical Center, Turning Point of Central California, United Way of Tulare County, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Visalia Homeless Center, and Westcare.

Section 3. What Information About the Individual Will Be Disclosed?

☐ Diagnosis	☐ Lab Report	☐ Immunization Record
☐ History & Physical	☐ Medication Record	☐ Progress Note
☐ Assessment	☐ Plan of Care	☐ Other: Written/Verbal

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

☐ The following expiration date (no more than 2 years from today):

_____

☐ The following specific event (needs to happen within 2 years):

_____

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.
- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

HMIS CONSENT FORM

When you request or receive services from a participating agency, we collect information about you and your household and enter it into a database system called the Homeless Management Information System (HMIS). This system helps us to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided to the homeless and those at-risk of homelessness.

What information is collected?

Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- Details of your medical/health status will **only** be shared between Partner Agencies using HMIS.
- With your approval, information collected is shared with authorized personnel at Partner Agencies.
- Collectively, data on the homeless population in Kings and Tulare counties (but not personal identifying information) is used in statewide reports on homelessness.

NOTE: HMIS uses many security protections to ensure confidentiality and only Partner Agencies who have signed an Interagency Network Data Sharing Agreement have access. A list of Partner Agencies can be found on our website at www.kthomelessalliance.org.

Why should you agree to have your information shared with HMIS Partner Agencies?

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Opt Out: If you wish to opt out of having your information shared in the Kings/Tulare HMIS, please write "I do not consent", sign and date this section. Otherwise, leave blank.

_____	_____	_____
(Write "I do not consent")	Signature	Signature

☐ **Please treat information about my children age 17 or younger the same as mine.**

This consent will expire seven (7) years from the date signed. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

_____	_____	_____
Client Name (please print)	Client Signature	Date
_____	_____	_____
Client Name (please print)	Client Signature	Agency Initials

BASIC INFORMATION

PARENT 1

First Name _____ Nickname _____ Last Name _____

☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

In what language do you feel best able to express yourself? _____

Date of Birth: DD/MM/YYYY____/_____/_____ Age: _____ Social Security Number: _____-_____-_____

☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Ethnicity:	☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Race:	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian/Pacific Islander ☐ White ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
Gender:	☐ Male ☐ Female ☐ Transgender	☐ Questioning ☐ A Gender that is not singularly Female or Male	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Sexual Orientation:	☐ Straight/Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Two Spirit ☐ Questioning ☐ Queer ☐ Other/Not listed: _____	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Disabling Condition:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Veteran Status:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Living Situation:	☐ Place not meant for habitation (vehicle, street, parks, abandoned buildings, or anywhere outside) ☐ Emergency Shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter) ☐ Safe Haven		
Length of Stay:	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month	☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Approximate Date Homelessness Started	_____ /_____ /_____		
# of Times Client has been Homeless on the Streets, in ES, or SH in the past three years:	☐ One time ☐ Two times ☐ Three times	☐ Four or more times ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
# of Months Homeless on the streets, ES, or SH in past three years:	☐ One Month (first month) ☐ 2-12 months (#____)	☐ More than 12 months ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
Covered by Health Insurance, if yes, indicate source:	☐ No coverage ☐ Medicaid (Medi-Cal) ☐ Medicare ☐ State Children's Health Insurance Program	☐ VA Medical Services (Military Insurance) ☐ Employer Provided Health Insurance ☐ Health Insurance obtained through COBRA ☐ Private Pay Health Insurance	☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other: _____

PARENT 2

First Name Nickname Last Name

_____ _____ _____

☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

In what language do you feel best able to express yourself? _____

Date of Birth: DD/MM/YYYY____/_____/_____ Age: _____ Social Security Number: _____-_____-_____

☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Ethnicity:	☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Race:	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian/Pacific Islander ☐ White ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
Gender:	☐ Male ☐ Female ☐ Transgender	☐ Questioning ☐ A Gender that is not singularly Female or Male	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Sexual Orientation:	☐ Straight/Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Two Spirit ☐ Questioning ☐ Queer ☐ Other/Not listed: _____	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Disabling Condition:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Veteran Status:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Living Situation:	☐ Place not meant for habitation (vehicle, street, parks, abandoned buildings, or anywhere outside) ☐ Emergency Shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter) ☐ Safe Haven		
Length of Stay:	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month	☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Approximate Date Homelessness Started	_____/_____/_____		
# of Times Client has been Homeless on the Streets, in ES, or SH in the past three years:	☐ One time ☐ Two times ☐ Three times	☐ Four or more times ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
# of Months Homeless on the streets, ES, or SH in past three years:	☐ One Month (first month) ☐ 2-12 months (#____)	☐ More than 12 months ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
Covered by Health Insurance, if yes, indicate source:	☐ No coverage ☐ Medicaid (Medi-Cal) ☐ Medicare ☐ State Children's Health Insurance Program	☐ VA Medical Services (Military Insurance) ☐ Employer Provided Health Insurance ☐ Health Insurance obtained through COBRA ☐ Private Pay Health Insurance	☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other: _____

CHILDREN

1.	How many children under the age of 18 are currently with you?	_____ ☐ Refused
2.	How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	_____ ☐ Refused
3.	*IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant?	☐ Yes ☐ No ☐ Refused

4. Please provide a list of children's names and demographics:

	First Name	Last Name	Date of Birth	SSN	Disabled (Y or N)
Additional Child					

Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Health Ins. (Y or N)	List Insurance Source

	First Name	Last Name	Date of Birth	SSN	Disabled (Y or N)
Additional Child					

Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Health Ins. (Y or N)	List Insurance Source

	First Name	Last Name	Date of Birth	SSN	Disabled (Y or N)
Additional Child					

Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Health Ins. (Y or N)	List Insurance Source

	First Name	Last Name	Date of Birth	SSN	Disabled (Y or N)
Additional Child					

Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Health Ins. (Y or N)	List Insurance Source

	First Name	Last Name	Date of Birth	SSN	Disabled (Y or N)
Additional Child					

Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Health Ins. (Y or N)	List Insurance Source

Gender Codes:

(F) Female	(O) Other
(M) Male	(REF) Client Refused
(TG) Transgender	(D/K) Client Doesn't Know
(Q) Questioning	(DNC) Data Not Collected
(NSMF) Not Singularly Male or Female	

Race Codes *(use all that apply)*:

(AM) American Indian/Alaskan Native	(W) White
(AS) Asian	(REF) Client Refused
(BL) Black/African American Native	(D/K) Client Doesn't Know
(HA) Hawaiian/Other Pacific Islander	(DNC) Data Not Collected

A. HISTORY OF HOUSING & HOMELESSNESS

5.	Where do you and your family sleep most frequently? (check one)	☐ Shelters ☐ Transitional Housing ☐ Outdoors ☐ Other (SPECIFY): _____ ☐ Refused
6.	How long has it been since you and your family lived in permanent stable housing?	_____ ☐ Refused
7.	In the last three years, how many times have you and your family been homeless?	_____ ☐ Refused
	a) Total # of months homeless in past three years for you and your family?	_____ ☐ Refused

B. RISKS

8. In the past six months, how many times have you or anyone in your family……

	a) Received health care at an emergency department/room?	_____ ☐ Refused
	b) Taken an ambulance to the hospital?	_____ ☐ Refused
	c) Been hospitalized as an inpatient?	_____ ☐ Refused
	d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ ☐ Refused
	e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ ☐ Refused
	f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ ☐ Refused
9.	Have you or your family been attacked or beaten up since you've become homeless?	☐ Yes ☐ No ☐ Refused
10.	Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?	☐ Yes ☐ No ☐ Refused
11.	Do you or anyone in your family have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ Yes ☐ No ☐ Refused
12.	Does anybody force or trick you or anyone in your family to do things that you do not want to do?	☐ Yes ☐ No ☐ Refused
13.	Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ Yes ☐ No ☐ Refused

C. SOCIALIZATION & DAILY FUNCTIONING

14.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	☐ Yes ☐ No ☐ Refused
15.	Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Yes ☐ No ☐ Refused
16.	Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	☐ Yes ☐ No ☐ Refused

17.	Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Yes ☐ No ☐ Refused
18.	Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?	☐ Yes ☐ No ☐ Refused

D. WELLNESS

19.	Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health of you or anyone in your family?	☐ Yes ☐ No ☐ Refused
20.	Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ Yes ☐ No ☐ Refused
21.	If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	☐ Yes ☐ No ☐ Refused
22.	Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ Yes ☐ No ☐ Refused
23.	When someone in your family is sick or not feeling well, does your family avoid getting medical help?	☐ Yes ☐ No ☐ Refused
24.	Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	☐ Yes ☐ No ☐ Refused
25.	Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	☐ Yes ☐ No ☐ Refused
26.	Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:	
	a) A mental health issue or concern?	☐ Yes ☐ No ☐ Refused
	b) A past head injury?	☐ Yes ☐ No ☐ Refused
	c) A learning disability, developmental disability, or other impairment?	☐ Yes ☐ No ☐ Refused
27.	Do you or anyone in your family have any mental health or brain issues that would make it hard for you or your family to live independently because help would be needed?	☐ Yes ☐ No ☐ Refused
28.	Does any single member of your household have a medical condition, mental health concerns, **and** experience with substance use?	☐ Yes ☐ No ☐ Refused
29.	Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	☐ Yes ☐ No ☐ Refused
30.	Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	☐ Yes ☐ No ☐ Refused
31.	*YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	☐ Yes ☐ No ☐ Refused

E. FAMILY UNIT

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ Yes ☐ No ☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ Yes ☐ No ☐ Refused
34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ Yes ☐ No ☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ Yes ☐ No ☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Yes ☐ No ☐ Refused
37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ Yes ☐ No ☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ Yes ☐ No ☐ Refused
39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Yes ☐ No ☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...	
	a) 3 or more hours per day for children aged 13 or older?	☐ Yes ☐ No ☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ Yes ☐ No ☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ Yes ☐ No ☐ N/A or Refused

FOLLOW UP

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time:_____:_____or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____)_____-_____ email: _____
SURVEYOR: Take pictures (adults only). Any final notes that you'd like to convey?	

2021 COC NOFA

ATTACHMENT 1. PHA HOMELESS PREFERENCE, 1C-7

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1. Written Commitment from Housing Authority of Tulare County 2

Housing Authority
of the
County of Tulare

September 27, 2021

MAINSTREAM VOUCHER PROGRAM
ADMISSIONS PREFERENCE CERTIFICATION

The applicant understands and certifies to the following:

The Housing Authority of the County of Tulare will provide a preference in its administrative plan for non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. An updated to the administrative plan will be completed within one calendar year or award date.

Certified by: HOUSING AUTHORITY OF THE COUNTY OF TULARE

By: _____
MIGUEL PEREZ, PROGRAM COORDINATOR

5140 W Cypress Ave • PO Box 791 • Visalia CA 93279
Voice: (559) 627-3700 • TTY: (800) 735-2929 • Fax: (559) 733-0169
This institution is an equal opportunity provider, and employer.

EQUAL HOUSING OPPORTUNITY

2021 COC NOFA

ATTACHMENT 2. PHA MOVING ON PREFERENCE, 1C-7

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1. Written Commitment from Housing Authority of Tulare County 2
2. Written Commitment from Housing Authority of Kings County 3

Housing Authority
of the
County of Tulare

September 15, 2021

Ms. Laura Fisher, Program Manager
Kings/Tulare Homeless Alliance
P.O. Box 1742
Visalia, CA 93279

Re: Housing Authority and Alliance Partnership

Dear Ms. Fisher,

The Housing Authority of Tulare County is pleased to partner with the Kings/Tulare Homeless Alliance through the Every Door Open program. In an effort to address the lack of affordable housing as individuals and families move from Permanent Supportive Housing (PSH) to housing stability, the Housing Authority has set aside ten (10) vouchers in our Housing Choice Voucher (HCV) program to address homeless preferences.

In order to comply with the FY2021 COC Program competition NOFA, consider this letter to be documentation of coordination and engagement from the Housing Authority.

The Housing Authority looks forward to a continued partnership with the Kings/Tulare Homeless Alliance. Please contact me for further discussion, or with any questions or concerns. My contact information is (559) 627-3700 ext. 116.

Regards,

Miguel Perez
Moving to Work Program Coordinator

670 S. Irwin Street
Hanford, California 93230
(559) 582-3120
FAX (559) 582-8471
CSD: 711

Housing Authority of Kings County

700 – 6 ½ Avenue
Corcoran, California 93212
(559) 992-2957
FAX (559) 992-8415

September 14, 2021

Ms. Laura Fisher, Program Manager
Kings/Tulare Homeless Alliance
P.O. Box 1742
Visalia, CA 93279

Re: Housing Authority and Alliance Partnership

Dear Ms. Fisher,

The Housing Authority of Kings County is pleased to partner with the Kings/Tulare Homeless Alliance through the Every Door Open program. In an effort to address the lack of affordable housing as individuals and families move from Permanent Supportive Housing (PSH) to housing stability, the Housing Authority has set aside two (2) vouchers in our Housing Choice Voucher (HCV) program to address homeless preferences.

In order to comply with the FY2021 COC Program competition NOFA, consider this letter to be documentation of coordination and engagement from the Housing Authority.

The Housing Authority looks forward to a continued partnership with the Kings/Tulare Homeless Alliance. Please contact me for further discussion, or with any questions or concerns. My contact information is (559) 582-2806 ext. 112 or sjackson-bob@hakc.com.

Regards,

Sandra Jackson-Bobo
Executive Director

2021 COC NOFA

ATTACHMENT 4. LOCAL COMPETITION ANNOUNCEMENT, 1E-1

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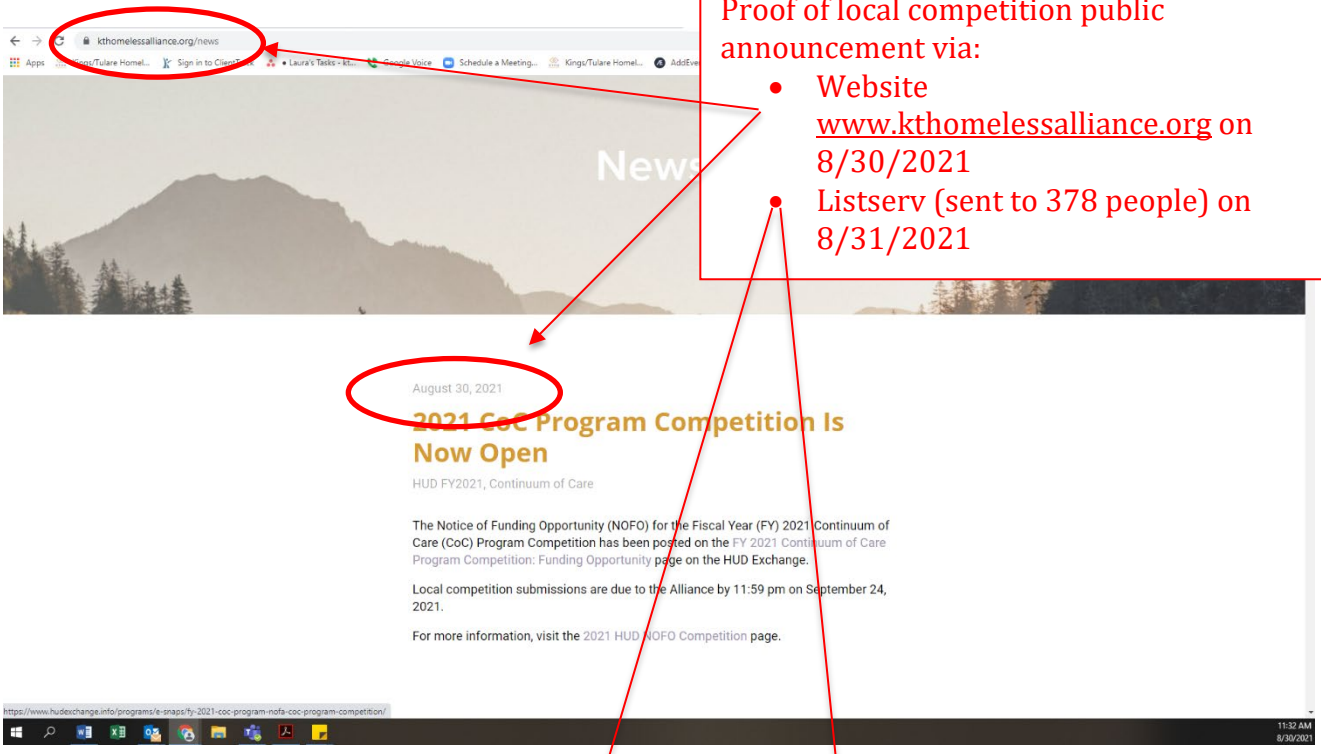
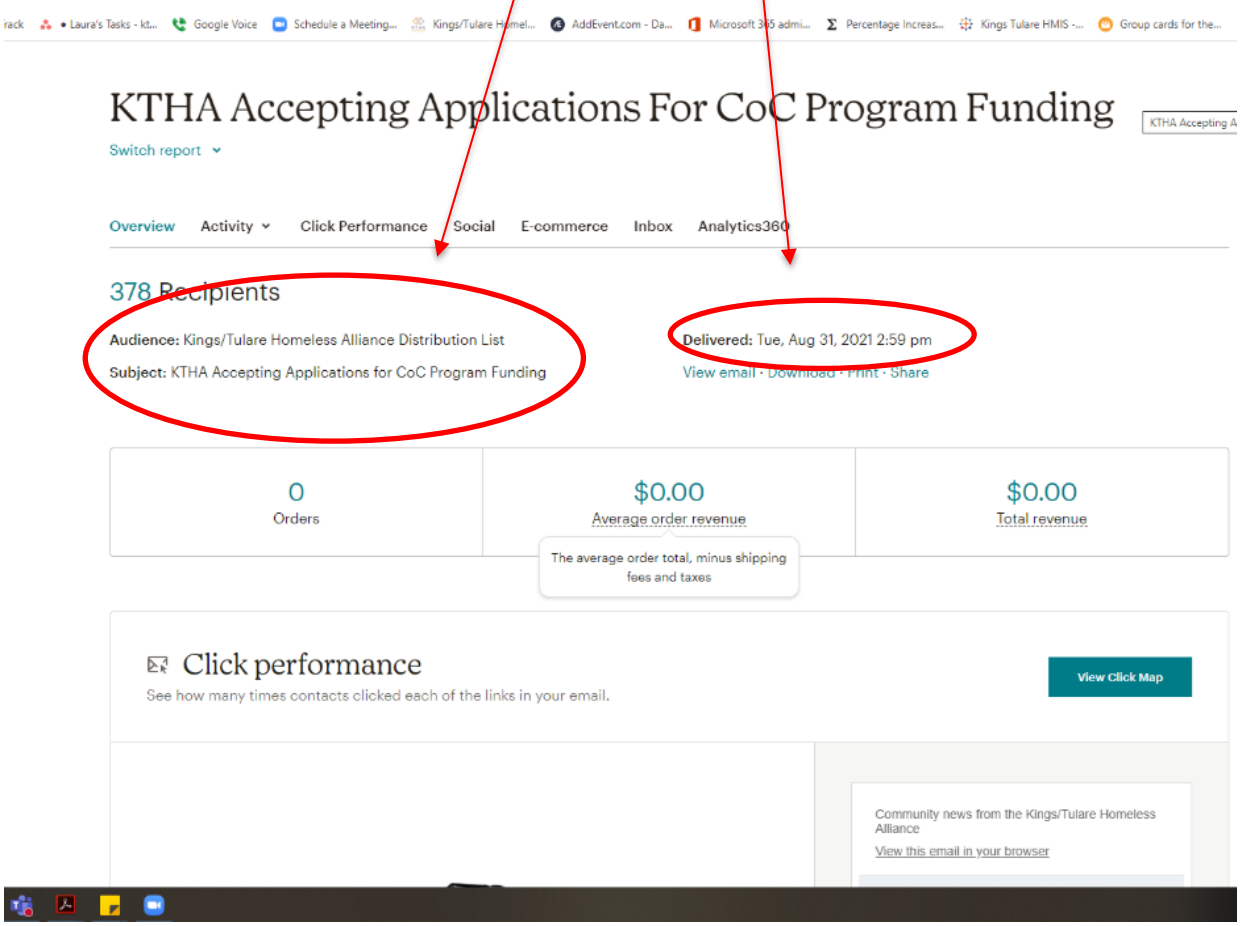
1. Local Competition Announcement, Proof of Posting
   a. Website & Listserv 2
   b. Social Media 3
2. Local Competition Announcement, Scoring Information
   a. Proof of Posting Objective Criteria & Point Values 4
   b. Project Selection & Ranking Process 5
   c. Renewal Project Scoring Matrix 6
   d. New Project Scoring Matrix 8

Proof of local competition public announcement via:

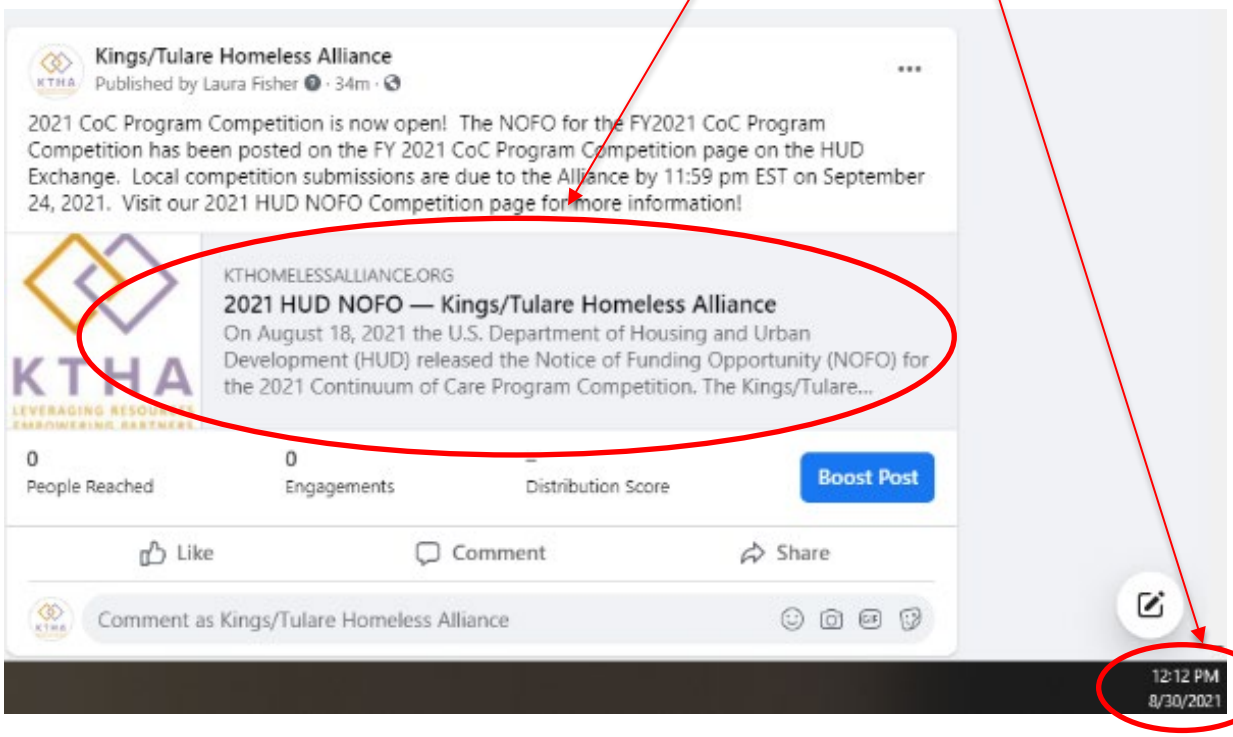
- Website www.kthomelessalliance.org on 8/30/2021
- Listserv (sent to 378 people) on 8/31/2021



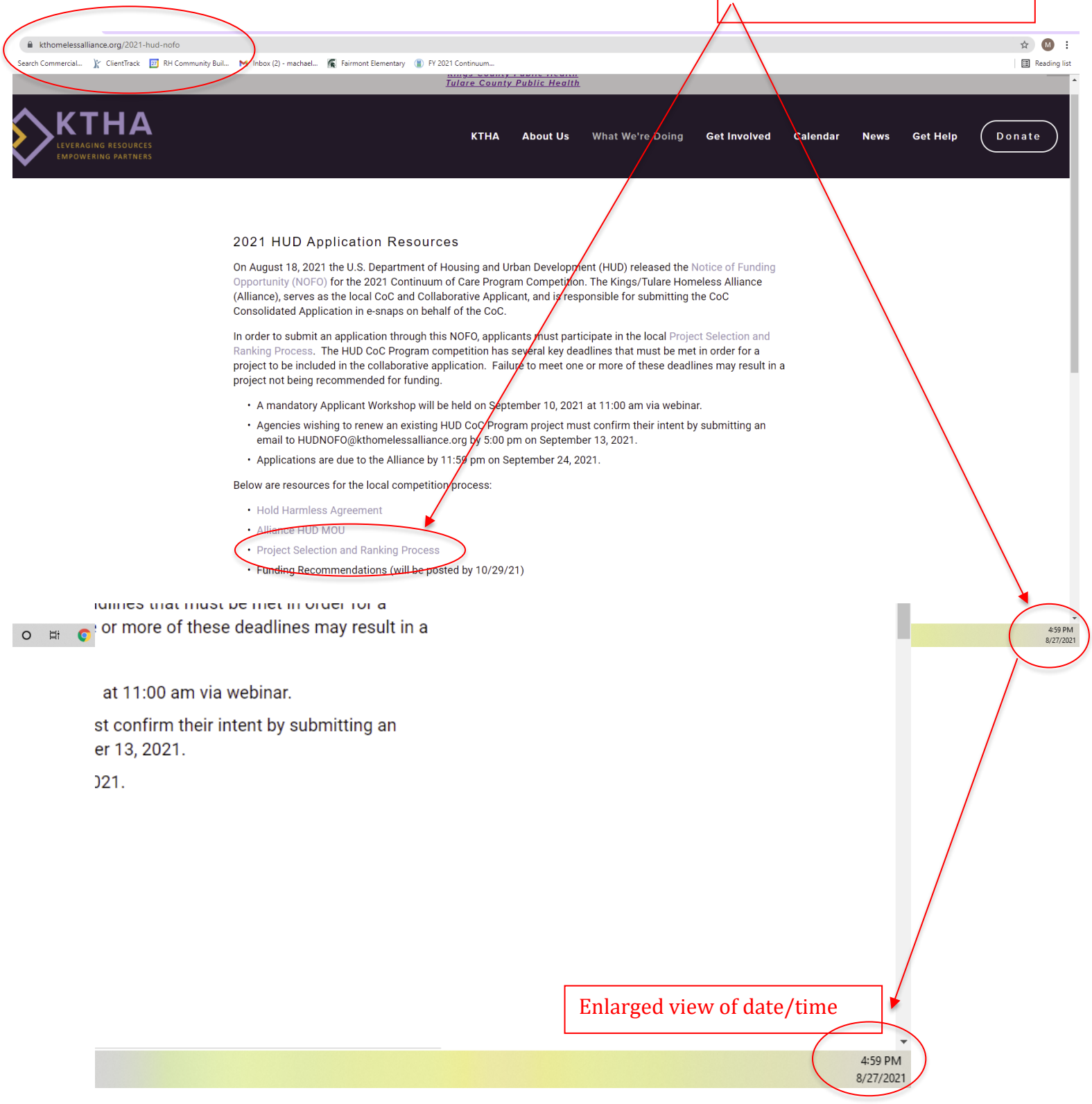


Proof of local competition public announcement via:

- Twitter on 8/30/2021
- Facebook on 8/30/2021



Proof of posting objective criteria on website 8/27/21:



Enlarged view of date/time

Posted on website on 8/27/21 (see previous page)

KTHA
LEVERAGING RESOURCES EMPOWERING PARTNERS

2021 HUD Continuum of Care (CoC) Program
Project Selection and Ranking Process

Introduction

On August 18, 2021 the U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Opportunity (NOFO) for the 2021 Continuum of Care Program Competition. The NOFO is available by visiting the HUD Exchange website or Grants.gov.

The Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

The Kings/Tulare Homeless Alliance (Alliance), serves as the local CoC and Collaborative Applicant, and is responsible for submitting the CoC Consolidated Application in e-snaps on behalf of the CoC. The CoC Consolidated Application is made up of the following three parts:

- FY 2021 CoC Application
- FY 2021 Project Applications
- FY 2021 CoC Priority Listing

Program Requirements

For interested parties of HUD COC Program funding, refer to the HUD CoC Program Interim Rule and the FY 2021 HUD CoC Program NOFO. Please refer to the Every Door Open, Coordinated Entry written standards for additional requirements on local coordination and service level provisions.

Amount Available

In 2021, the estimated amount available for the Kings/Tulare CoC is $3,100,572. The funding amounts below were derived from HUD's FY 2021 CoC Program Competition Estimated Annual Renewal Demand (ARD) Amount Report.

Part of Project Selection & Ranking Process Document

Project Name: _____

HUD COC PROGRAM – RENEWAL HOUSING PROJECT SCORING MATRIX					
Weight	**Scoring Factor**		**Scoring Criteria**	**Max**	**Actual**
15%	**Applicant Experience**	1.	Applicant and subrecipient's prior experience in serving homeless people and in providing housing similar to that proposed in the application.	15	
		2.	Satisfactory experience with prior HUD grants and/or other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	15	
			Subtotal	**30**	
30%	**Contribution to System Performance[1]**	3.	PSH: Percentage of participants who gained or increased earned income from entry to exit	10	
		4.	RRH: Percentage of participants who gained or increased earned income from entry to exit		
		5.	PSH: Percentage of participants who increased other (non-employment) income from entry to exit	10	
		6.	RRH: Percentage of participants who increased other (non-employment) income from entry to exit		
		7.	The extent in which participants are enrolled in health insurance	15	
		8.	The extent in which participants are connected to mainstream resources	15	
		9.	PSH Programs: Percentage of participants who remain in PSH or exited to permanent housing	10	
		10.	RRH Programs: Percentage of leavers that exit to permanent housing		
			Subtotal	**60**	
30%	**Project Design**	11.	Project's plan to address severity of needs and vulnerabilities such as low/no income, substance use, mental illness, criminal histories, chronic homelessness, and/or those experiencing domestic violence or human trafficking.	10	
		12.	Applicant demonstrates commitment to racial equity by implementing policies that measure and improve its response to racial disparities and biases	10	
		13.	Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	10	
		14.	Adheres to Fair Housing regulations and for having in place or agreeing to implement specific outreach to identify and engage homeless individuals and families, including meaningful outreach to persons with disabilities and limited English proficiency, and measures to market to those least likely to access services	10	
		15.	▪ For DV projects – Points based on the extent to which the project will improve the safety of survivors of domestic violence, sexual assault, stalking, and/or human trafficking. ▪ For non-DV projects – Points based on the extent to which the project offers trauma-informed, client-centered care.	10	
		16.	Project is in alignment with local funding priorities	10	
			Subtotal	**60**	

[1] DV projects that have unique circumstances regarding performance measures due to the nature of the DV population shall have an opportunity to provide additional information during the rating & ranking interview process. This information will be incorporated into the scoring for the System Performance section.

Weight	Scoring Factor		Scoring Criteria	Max	Actual
10%	Feasibility	17.	Project is cost-effective and is similar in cost to like-kind projects.	10	
		18.	Match is appropriate for project type and supports eligible activities.	10	
			Subtotal	**20**	
10%	**Community**	19.	Applicant meaningfully participates in Alliance governance through: ▪ Regular attendance at Alliance Meetings ▪ Participates in one or more Alliance committees ▪ Participates in monthly case management round table	10	
		20.	The level to which homeless or formerly homeless persons are engaged and involved in project design and policy making at the Agency and/or project level.	10	
			Subtotal	**20**	
5%	**HMIS**	21.	Agency has a history of high data quality, timeliness, and completeness. Agency is in compliance with site monitoring and has no outstanding findings. If a new agency, then agency has a strong plan for HMIS participation/quality.	10	
			Subtotal	**10**	
			Total Points Available	**200**	
BONUS		22.	Project submitted relevant, properly formatted versions of all required attachments. The project submission included only one project PDF that includes a table of contents with each section separated by a title page. The agency submission included only one PDF that included a table of contents with each section separated by a title page.	5	
		23.	Project has a written commitment from a healthcare organization to: ▪ Provide cash match to the project; or ▪ Provide health care services tailored to the program participants in an amount equal to 25% of the CoC funds being requested.	10	
			Total Points After Bonus	**215**	

Name of Rating & Ranking Committee Member: _____

Signature: _____

Date: _____

Part of Project Selection & Ranking Process Document

Project Name: _____

HUD COC PROGRAM – NEW HOUSING PROJECT SCORING MATRIX					
Weight	**Scoring Factor**		**Scoring Criteria**	**Max**	**Actual**
15%	**Applicant Experience**	1.	Applicant and subrecipient's prior experience in serving homeless people and in providing housing ~~similar to that proposed in the~~ application.	15	
		2.	Satisfactory experience with prior HUD grants and/or other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	15	
			Subtotal	**30**	
30%	**Contribution to System Performance[1]**	3.	Extent to which the applicant: ▪ Utilizes Housing First ▪ Establishes/meets performance measures for housing and income that are measurable, objective, and meet or exceed HUD and CoC benchmarks ▪ Has a strong plan to quickly place households in permanent housing	15	
		4.	Applicant identifies what types of severe needs and vulnerabilities its clients are likely to have. Applicant demonstrates how the project will meet the needs and vulnerabilities of its clients.	10	
		5.	Extent to which the project provides a sound plan to ensure that clients will be assisted to both OBTAIN and REMAIN in permanent housing.	10	
		6.	Extent to which the project ensures that clients will be assisted to both increase their INCOMES and to maximize their SELF-SUFFICIENCY.	10	
		7.	Extent to which project connects clients to mainstream benefits.	10	
		8.	Project is in alignment with local funding priorities	5	
			Subtotal	**60**	
20%	**Project Design**	9.	Project's plan to address needs and vulnerabilities such as low/no income, substance use, mental illness, criminal histories, chronic homelessness, and/or those experiencing domestic violence or human trafficking.	10	
		10.	Applicant demonstrates commitment to racial equity by implementing policies that measure and improve its response to racial disparities and biases	5	
		11.	Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	10	
		12.	Adheres to Fair Housing regulations and for having in place or agreeing to implement specific outreach to identify and engage homeless individuals and families, including meaningful outreach to persons with disabilities and limited English proficiency, and measures to market to those least likely to access services	5	
		13.	▪ For DV projects – Points based on the extent to which the project will improve the safety of survivors of domestic violence, sexual assault, stalking, and/or human trafficking. ▪ For non-DV projects – Points based on the extent to which the project offers trauma-informed, client-centered care.	10	
			Subtotal	**40**	

[1] DV projects that have unique circumstances regarding performance measures due to the nature of the DV population shall have an opportunity to provide additional information during the rating & ranking interview process. This information will be incorporated into the scoring for the System Performance section.

Weight	Scoring Factor		Scoring Criteria	Max	Actual
20%	Project Feasibility	14.	Applicant clearly describes a viable plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant within 6 months of the award.	20	
		15.	Project is cost-effective and is similar in cost to like-kind projects.	10	
		16.	Match is appropriate for project type and supports eligible activities.	10	
			Subtotal	**40**	
10%	Community	17.	Applicant meaningfully participates in Alliance governance through: ▪ Regular attendance at Alliance Meetings ▪ Participates in one or more Alliance committees ▪ Participates in monthly case management round table	10	
		18.	The level to which homeless or formerly homeless persons are engaged and involved in project design and policy making at the Agency and/or project level.	10	
			Subtotal	**20**	
5%	HMIS	19.	Agency has a history of high data quality, timeliness, and completeness. Agency is in compliance with site monitoring and has no outstanding findings. If a new agency, then agency has a strong plan for HMIS participation/quality.	10	
			Subtotal	**10**	
			Total Points Available	**200**	
BONUS		20.	Project submitted relevant, properly formatted versions of all required attachments. The project submission included only one project PDF that includes a table of contents with each section separated by a title page. The agency submission included only one PDF that included a table of contents with each section separated by a title page.	5	
		21.	Project has a written commitment from a healthcare organization to: ▪ Provide cash match to the project; or ▪ Provide health care services tailored to the program participants in an amount equal to 25% of the CoC funds being requested.	10	
			Total Points After Bonus	**215**	

Name of Rating & Ranking Committee Member: _____

Signature: _____

Date: _____

2021 COC NOFA

ATTACHMENT 5. PROJECT REVIEW AND SELECTION PROCESS, 1E-2

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   b. Renewal Project Scoring Tool (PSH/RRH) 4
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3. Funding Recommendations
   a. Final ranked list with total project scores 9

Project Name: _____

HUD COC PROGRAM – NEW HOUSING PROJECT SCORING MATRIX					
Weight	**Scoring Factor**		**Scoring Criteria**	**Max**	**Actual**
15%	**Applicant Experience**	1.	Applicant and subrecipient's prior experience in serving homeless people and in providing housing similar to that proposed in the application.	15	
		2.	Satisfactory experience with prior HUD grants and/or other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	15	
			Subtotal	**30**	
30%	**Contribution to System Performance[1]**	3.	Extent to which the applicant: ▪ Utilizes Housing First ▪ Establishes/meets performance measures for housing and income that are measurable, objective, and meet or exceed HUD and CoC benchmarks ▪ Has a strong plan to quickly place households in permanent housing	15	
		4.	Applicant identifies what types of severe needs and vulnerabilities its clients are likely to have. Applicant demonstrates how the project will meet the needs and vulnerabilities of its clients.	10	
		5.	Extent to which the project provides a sound plan to ensure that clients will be assisted to both OBTAIN and REMAIN in permanent housing.	10	
		6.	Extent to which the project ensures that clients will be assisted to both increase their INCOMES and to maximize their SELF-SUFFICIENCY.	10	
		7.	Extent to which project connects clients to mainstream benefits.	10	
		8.	Project is in alignment with local funding priorities	5	
			Subtotal	**60**	
20%	**Project Design**	9.	Project's plan to address needs and vulnerabilities such as low/no income, substance use, mental illness, criminal histories, chronic homelessness, and/or those experiencing domestic violence or human trafficking.	10	
		10.	Applicant demonstrates commitment to racial equity by implementing policies that measure and improve its response to racial disparities and biases	5	
		11.	Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	10	
		12.	Adheres to Fair Housing regulations and for having in place or agreeing to implement specific outreach to identify and engage homeless individuals and families, including meaningful outreach to persons with disabilities and limited English proficiency, and measures to market to those least likely to access services	5	
		13.	▪ For DV projects – Points based on the extent to which the project will improve the safety of survivors of domestic violence, sexual assault, stalking, and/or human trafficking. ▪ For non-DV projects – Points based on the extent to which the project offers trauma-informed, client-centered care.	10	
			Subtotal	**40**	

30% of score based on system performance

Rating & Ranking process looks at contribution to system performance and what vulnerabilities the project addresses.

DV providers receive pts based on improving safety and are able to provide additional information (e.g. comp database) regarding performance measures.

[1] DV projects that have unique circumstances regarding performance measures due to the nature of the DV population shall have an opportunity to provide additional information during the rating & ranking interview process. This information will be incorporated into the scoring for the System Performance section.

Weight	Scoring Factor		Scoring Criteria	Max	Actual
20%	Project Feasibility	14.	Applicant clearly describes a viable plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant within 6 months of the award.	20	
		15.	Project is cost-effective and is similar in cost to like-kind projects.	10	
		16.	Match is appropriate for project type and supports eligible activities.	10	
			Subtotal	**40**	
10%	Community	17.	Applicant meaningfully participates in Alliance governance through: ▪ Regular attendance at Alliance Meetings ▪ Participates in one or more Alliance committees ▪ Participates in monthly case management round table	10	
		18.	The level to which homeless or formerly homeless persons are engaged and involved in project design and policy making at the Agency and/or project level.	10	
			Subtotal	**20**	
5%	HMIS	19.	Agency has a history of high data quality, timeliness, and completeness. Agency is in compliance with site monitoring and has no outstanding findings. If a new agency, then agency has a strong plan for HMIS participation/quality.	10	
			Subtotal	**10**	
			Total Points Available	**200**	
BONUS		20.	Project submitted relevant, properly formatted versions of all required attachments. The project submission included only one project PDF that includes a table of contents with each section separated by a title page. The agency submission included only one PDF that included a table of contents with each section separated by a title page.	5	
		21.	Project has a written commitment from a healthcare organization to: ▪ Provide cash match to the project; or ▪ Provide health care services tailored to the program participants in an amount equal to 25% of the CoC funds being requested.	10	
			Total Points After Bonus	**215**	

Scoring tool lists total points available.

Name of Rating & Ranking Committee Member: _____

Signature: _____

Date: _____

Project Name: _____

HUD COC PROGRAM – RENEWAL HOUSING PROJECT SCORING MATRIX					
Weight	**Scoring Factor**		**Scoring Criteria**	**Max**	**Actual**
15%	Applicant Experience	1.	Applicant and subrecipient's prior experience in serving homeless people and in providing housing similar to that proposed in the application.	15	
		2.	Satisfactory experience with prior HUD grants and/or other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	15	
			Subtotal	**30**	
30%	Contribution to System Performance[1]	3.	PSH: Percentage of participants who gained or increased earned income from entry to exit	10	
		4.	RRH: Percentage of participants who gained or increased earned income from entry to exit		
		5.	PSH: Percentage of participants who increased other (non-employment) income from entry to exit	10	
		6.	RRH: Percentage of participants who increased other (non-employment) income from entry to exit		
		7.	The extent in which participants are enrolled in health insurance	15	
		8.	The extent in which participants are connected to mainstream resources	15	
		9.	PSH Programs: Percentage of participants who remain in PSH or exited to permanent housing	10	
		10.	RRH Programs: Percentage of leavers that exit to permanent housing		
			Subtotal	**60**	
30%	Project Design	11.	Project's plan to address severity of needs and vulnerabilities such as low/no income, substance use, mental illness, criminal histories, chronic homelessness, and/or those experiencing domestic violence or human trafficking.	10	
		12.	Applicant demonstrates commitment to racial equity by implementing policies that measure and improve its response to racial disparities and biases	10	
		13.	Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	10	
		14.	Adheres to Fair Housing regulations and for having in place or agreeing to implement specific outreach to identify and engage homeless individuals and families, including meaningful outreach to persons with disabilities and limited English proficiency, and measures to market to those least likely to access services	10	
		15.	▪ For DV projects – Points based on the extent to which the project will improve the safety of survivors of domestic violence, sexual assault, stalking, and/or human trafficking. ▪ For non-DV projects – Points based on the extent to which the project offers trauma-informed, client-centered care.	10	
		16.	Project is in alignment with local funding priorities	10	
			Subtotal	**60**	

30% of score based on system performance

Rating & Ranking process looks at contribution to system performance and what vulnerabilities the project addresses.

DV providers receive pts based on improving safety and are able to provide additional information (e.g. comp database) regarding performance measures.

[1] DV projects that have unique circumstances regarding performance measures due to the nature of the DV population shall have an opportunity to provide additional information during the rating & ranking interview process. This information will be incorporated into the scoring for the System Performance section.

Weight	Scoring Factor		Scoring Criteria	Max	Actual
10%	Feasibility	17.	Project is cost-effective and is similar in cost to like-kind projects.	10	
		18.	Match is appropriate for project type and supports eligible activities.	10	
			Subtotal	**20**	
10%	Community	19.	Applicant meaningfully participates in Alliance governance through: ▪ Regular attendance at Alliance Meetings ▪ Participates in one or more Alliance committees ▪ Participates in monthly case management round table	10	
		20.	The level to which homeless or formerly homeless persons are engaged and involved in project design and policy making at the Agency and/or project level.	10	
			Subtotal	**20**	
5%	HMIS	21.	Agency has a history of high data quality, timeliness, and completeness. Agency is in compliance with site monitoring and has no outstanding findings. If a new agency, then agency has a strong plan for HMIS participation/quality.	10	
			Subtotal	**10**	
			Total Points Available	**200**	
BONUS		22.	Project submitted relevant, properly formatted versions of all required attachments. The project submission included only one project PDF that includes a table of contents with each section separated by a title page. The agency submission included only one PDF that included a table of contents with each section separated by a title page.	5	
		23.	Project has a written commitment from a healthcare organization to: ▪ Provide cash match to the project; or ▪ Provide health care services tailored to the program participants in an amount equal to 25% of the CoC funds being requested.	10	
			Total Points After Bonus	**215**	

Scoring tool lists total points available.

Name of Rating & Ranking Committee Member: _____

Signature: _____

Date: _____

Highlighted areas use objective scoring criteria (more than 1 objective criteria used) and equal 47.5% of total points available.

Permanent Supportive Housing Scoring Tool

Project Name: Tulare Housing First II Bonus

Agency Name: FSTC

Total Score after bonus: 175.00

Max Points 215

Description					Scoring				
Weight	Factor	Scoring Criteria	Source Location	Calculation (If Necessary)	Max Score	Sandra	Margie	Alexis	Average
15%	Applicant Experience	Applicant and subrecipient's prior experience in serving homeless people and in providing housing similar to that proposed in the application.	Original Project Application (Dropbox)	-	15	15	15	15	*15.00*
		Satisfactory experience with prior HUD grants and/or other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants.	Project Appliction, 1K Recipient Performance 1-4a Project Application, LOCCS Report	-	15	14	14	13	*13.67*
30%	Contributing to System Performance [1]	PSH: Percentage of participants who gained or increased earned income from entry to lastest status or exit	APR, Q24b1 1st row, last column APR, Q24b2 1st row, last column APR, Q7 2nd row	# of clients who increased earned income at latest status + # of clients who increased earned income at exit ÷ total number of adults	10	0	0	0	*0.00*
		RRH: Percentage of participants who gained or increased earned income from entry to exit	APR, Q24b2 1st row, last column						
		PSH: Percentage of participants who increased other (non-employment) income from entry to lastest status or exit	APR, Q24b1 3rd row, last column APR, Q24b2 3rd row, last column APR, Q7 2nd row	# of clients who increased other income at lastest status + # of clients who increased other income at exit ÷ total number of adults	10	10	10	10	*10.00*
		RRH: Percentage of participants who increased other (non-employment) income from entry to exit	APR, Q24b3 3rd row, last column						
		The extent in which participants are enrolled in health insurance	APR, Q26a1 2nd, 3rd, and 4th row APR, Q26b1 2nd, 3rd, and 4th row APR, Q7 1st row	# of leavers who had at least one form of health insurance at exit or lastest status + # of stayers who had at least one form of health innurance at exit or lastest status ÷ total number of clients	15	15	15	15	*15.00*
		The extent in which participants are connected to mainstream resources	APR, Q26a2 2nd row, 2nd column APR, Q26b2 2nd row, 2nd column APR, Q7 2nd row	# of adult leavers who have at least one non-cash benefit + # of adult stayers who have at least one non-cash benefit ÷ total number of adults	15	15	15	15	*15.00*
		PSH Programs: Percentage of participants who remain in PSH or exited to permanent housing	APR, Q29a1, Q29a2	-	10	0	0	0	*0.00*
		RRH Programs: Percentage of leavers that exit to permanent housing	APR, Q29a1, Q29a2	-					

Weight	Factor	Scoring Criteria	Source Location	Calculation (If Necessary)	Max Score	Sandra	Margie	Alexis	Average
30%	Project Design	Project's plan to address severity of needs and vulnerabilities such as low/no income, substance use, mental illness, criminal histories, chronic homelessness, and/or those experiencing domestic violence or human trafficking.	Project Application, 3B 1 Project Application, 3B 3b	-	10	10	10	10	*10.00*
		Applicant demonstrates commitment to racial equity by implementing policies that measure and improve its response to racial disparities and biases	Project Application 3B 1	-	10	9	10	10	*9.67*
		Project does not present barriers to entry (e.g. sobriety, income, criminal background, number of children, LGBTQ status, etc.)	Project Application 3B 1 Project Application, 3B 3b	-	10	10	10	10	*10.00*
		Adheres to Fair Housing regulations and for having in place or agreeing to implement specific outreach to identify and engage homeless individuals and families, including meaningful outreach to persons with disabilities and limited English proficiency, and measures to market to those least likely to access services	Project Application 7B A	-	10	10	10	10	*10.00*
		* For DV projects – Points based on the extent to which the project will improve the safety of survivors of domestic violence, sexual assault, stalking, and/or human trafficking. * For non-DV projects - Points based on the extent to which the project offers trauma-informed, client-centered care.	Project Application 3B 1	-	10	10	10	7	*9.00*
		Project is in alignment with local funding priorities	CoC HUD Funding Priorities FY21.22	-	10	10	10	10	*10.00*
10%	Feasibility	Project is cost-effective and is similar in cost to like-kind projects.	Project Application 6E, Item 8 Project Application 5A	-	10	10	9	10	*9.67*
		Match is appropriate for project type and supports eligible activities.	Project Application, Match Letter(s) Project Application, 6D	-	10	10	10	10	*10.00*
10%	Community	Applicant meaningfully participates in Alliance governance through: * Regular attendance at Alliance Meetings * Participates in one or more Alliance committees * Participates in monthly case management round table	Meeting Attendance 2020-21	-	10	5	5	5	*5.00*
		The level to which homeless or formerly homeless persons are engaged and involved in project design and policy making at the Agency and/or project level.	Project Application 3B 1	-	10	9	9	7	*8.33*
5%	HMIS	Agency has a history of high data quality, timeliness, and completeness. Agency is in compliance with site monitoring and has no outstanding findings. If a new agency, then agency has a strong plan for HMIS participation/quality.	APR, Q7 Annual Site Visit Report	-	10	10	9	10	*9.67*

Weight	Factor	Scoring Criteria	Source Location	Calculation (If Necessary)	Max Score	Sandra	Margie	Alexis	Average
BONUS		Project submitted relevant, properly formatted versions of all required attachments. The project submission included only one project PDF that includes a table of contents with each section separated by a title page and one Excel file. The agency submission included only one PDF that included a table of contents with each section separated by a title page.	Application Submission Folder (Dropbox)	-	5	5	5	5	*5.00*
		Project has a written commitment from a healthcare organization to: * Provide cash match to the project; or * Provide health care services tailored to the program participants in an amount equal to 25% of the CoC funds being requested.	Project Application, Match Letter(s) Project Application, 6D	-	10	0	0	0	*0.00*

1 DV projects that have unique circumstances regarding performance measures due to the nature of the DV population shall have an opportunity to provide additional information during the rating & ranking interview process. This information will be incorporated into the scoring for the System Performance section.

Kings Tulare Homeless Alliance
HUD CoC Program Funding Recommendation

Tier	Score	Agency	Project	Amount
Tier 1	-	Kings United Way	HMIS	$157,533
Tier 1	-	Kings Tulare Homeless Alliance	Coordinated Entry	$169,590
Tier 1	175.00	Family Services of Tulare County	Tulare Housing First II Bonus	$150,071
Tier 1	164.83	CSET	Tulare County PSH	$360,511
Tier 1	162.67	Family Services of Tulare County	PSH III	$116,264
Tier 1	161.50	Family Services of Tulare County	PSH II	$70,999
Tier 1	160.83	CSET	PSH Visalia	$163,210
Tier 1	159.50	Central California Family Crisis Center	Ridge Connections 2	$173,079
Tier 1	159.00	Turning Point of Central California	Casa de Robles 3	$182,768
Tier 1	158.50	Family Services of Tulare County	Tulare Housing First	$68,020
Tier 1	158.17	Family Services of Tulare County	Tulare Housing First II	$46,133
Tier 1	157.00	Kings Community Action Organization	Anchors IV	$88,075
Tier 1	156.00	Kings Community Action Organization	Anchors II	$93,791
Tier 1	155.17	Turning Point of Central California	Casa de Robles 2	$293,486
Tier 1	145.17	Kings Community Action Organization	Hope Survives	$118,209
Tier 1	131.83	Champions	Grace Homes	$234,213
Total				**$2,485,952**
Tier 2	-	Kings Tulare Homeless Alliance	CoC Bonus	$133,613
Total				**$133,613**
Not Tiered	-	Kings Tulare Homeless Alliance	CoC Planning	$80,168
Total				**$80,168**
Grand Total				$2,699,733

Per the Project Selection & Ranking Process, HMIS and CES projects are not scored.

2021 COC NOFA

ATTACHMENT 5. PUBLIC POSTING- PROJECTS REJECTED-REDUCED, 1E-5

Table of Contents

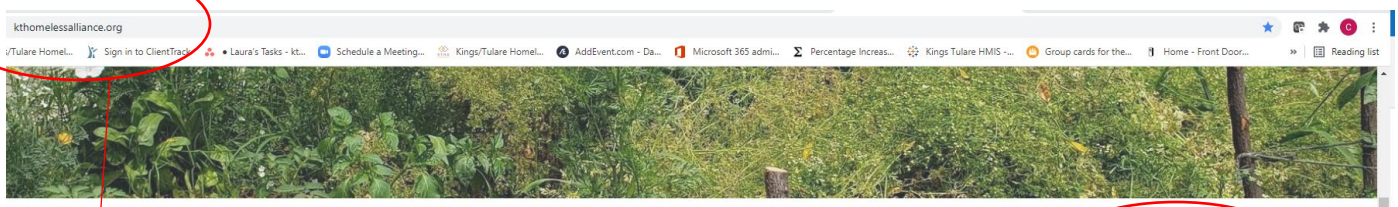
There were no projects rejected or reduced in the FY 2021 competition.

2021 COC NOFA

ATTACHMENT 7. PUBLIC POSTING- PROJECTS ACCEPTED, 1E-5A

Table of Contents

1. Projects Accepted Notification
   a. Proof of Posting on Website 2
   b. Proof of Posting on Social Media 3
   c. Proof of Posting on Listserv 4

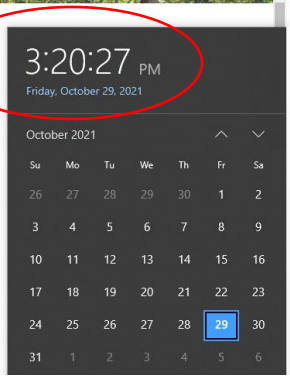


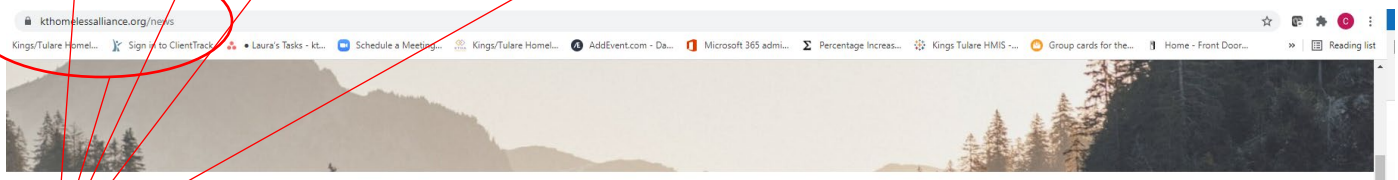
2021 HUD CoC Program Award Announcements

The Alliance is pleased to announce the projects selected for inclusion in the 2021 HUD CoC Program Consolidated Application. These funding recommendations were prepared by the Rating and Ranking Committee and voted on by Kings Tulare Continuum of Care on Homelessness (KTCoC) membership and the KTHA Board of Directors.

HUD CoC Program Awards

Note - These projects are not awarded directly through the Alliance. They will be included as recommended projects in the Consolidated Application that will be submitted to HUD on or before the deadline of November 16, 2021.





Proof of award announcement notification via website (www.kthomelessalliance.org) on 10/29/2021

October 29, 2021

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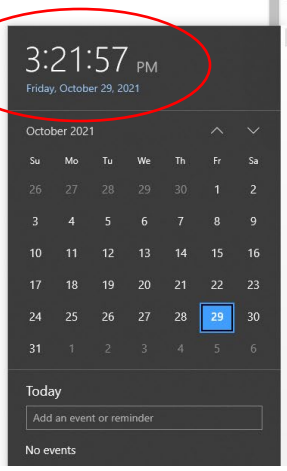
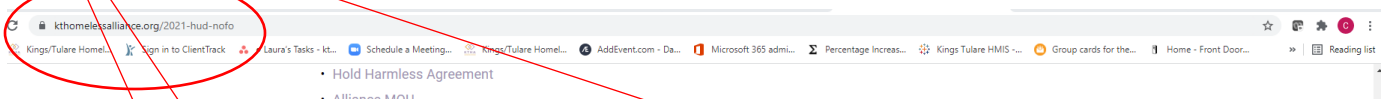
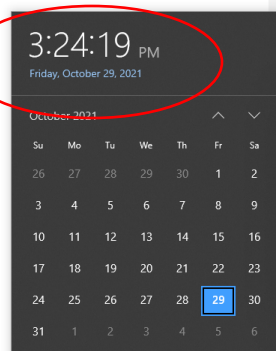




- Hold Harmless Agreement
- Alliance MOU
- Project Selection and Ranking Process, REVISED 10/01/21
- Applicant Workshop PPT
- New Project Scoring Matrix
- Renewal Project Scoring Matrix
- Funding Recommendations



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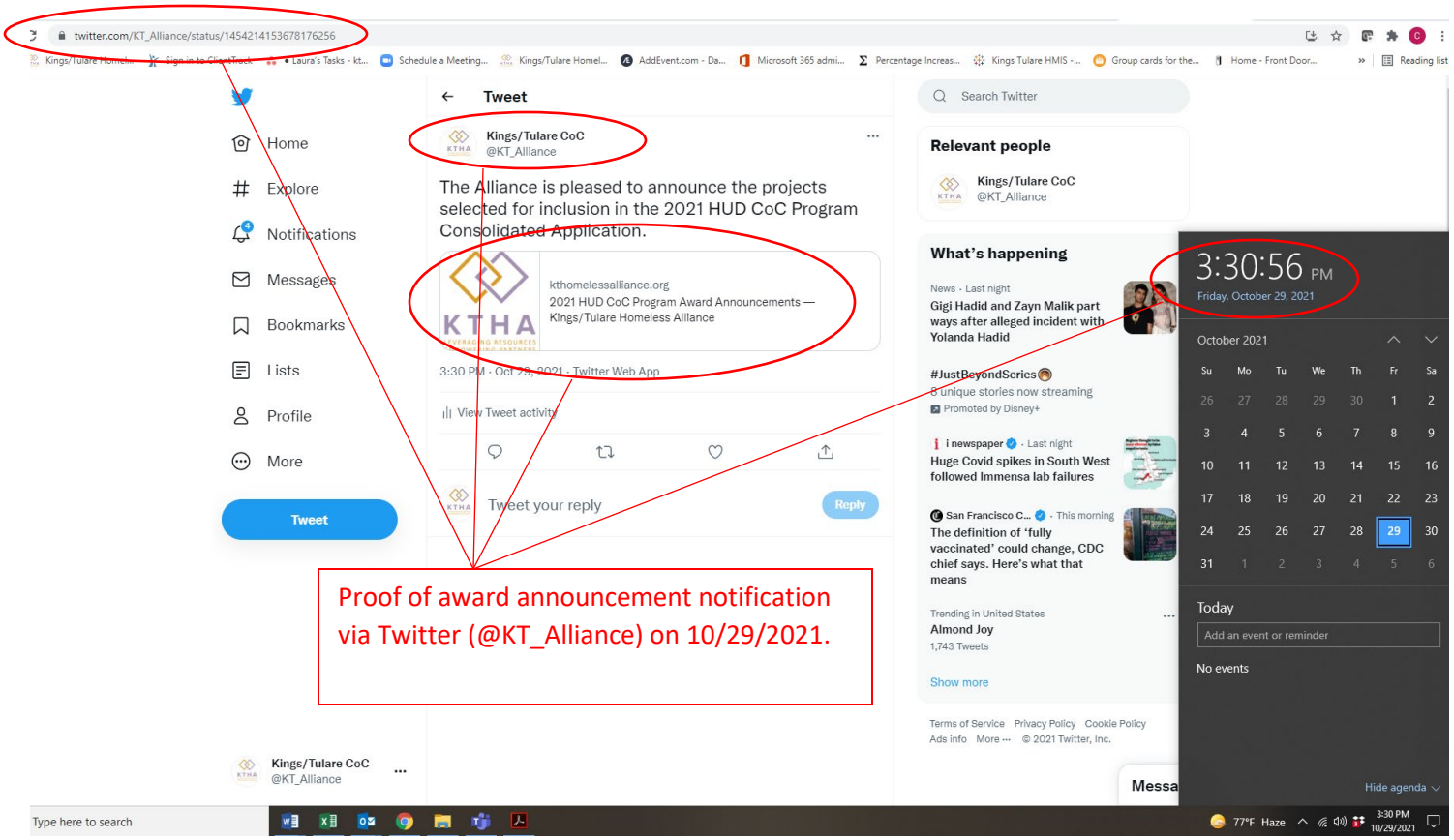
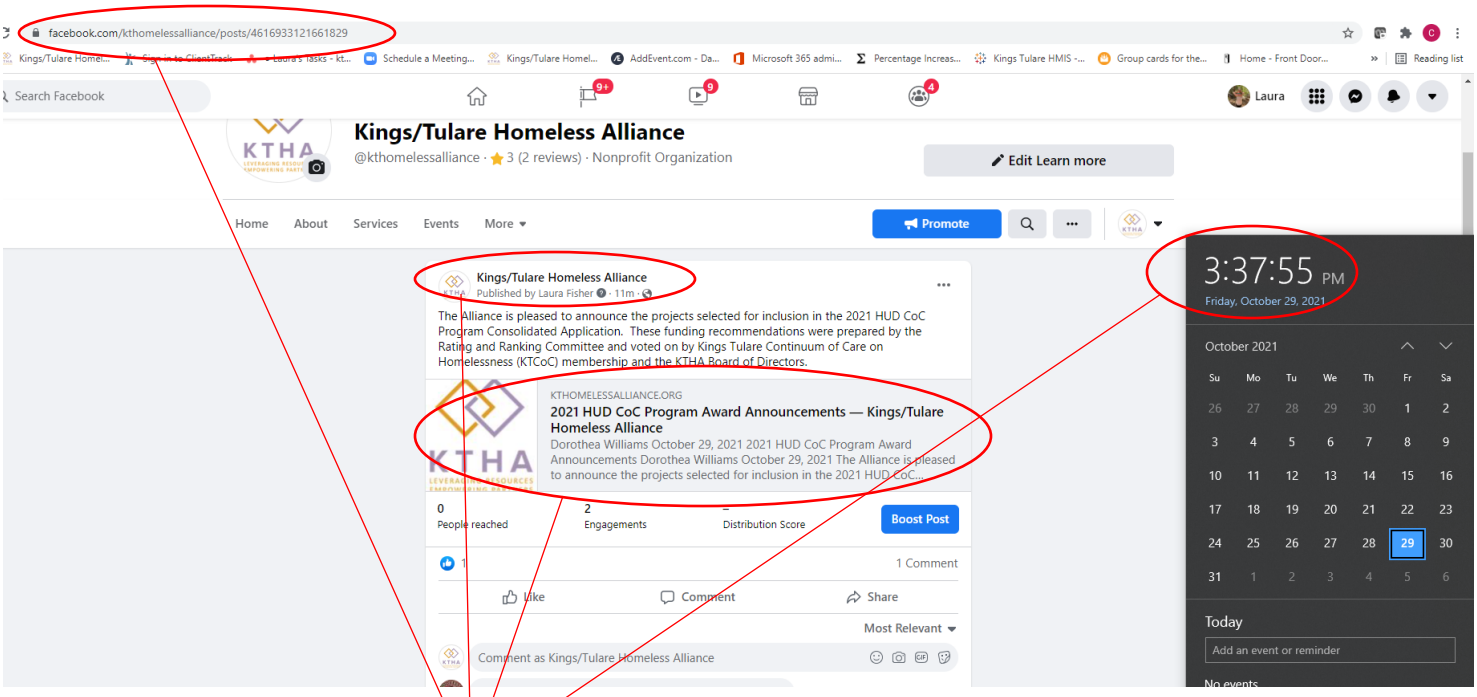
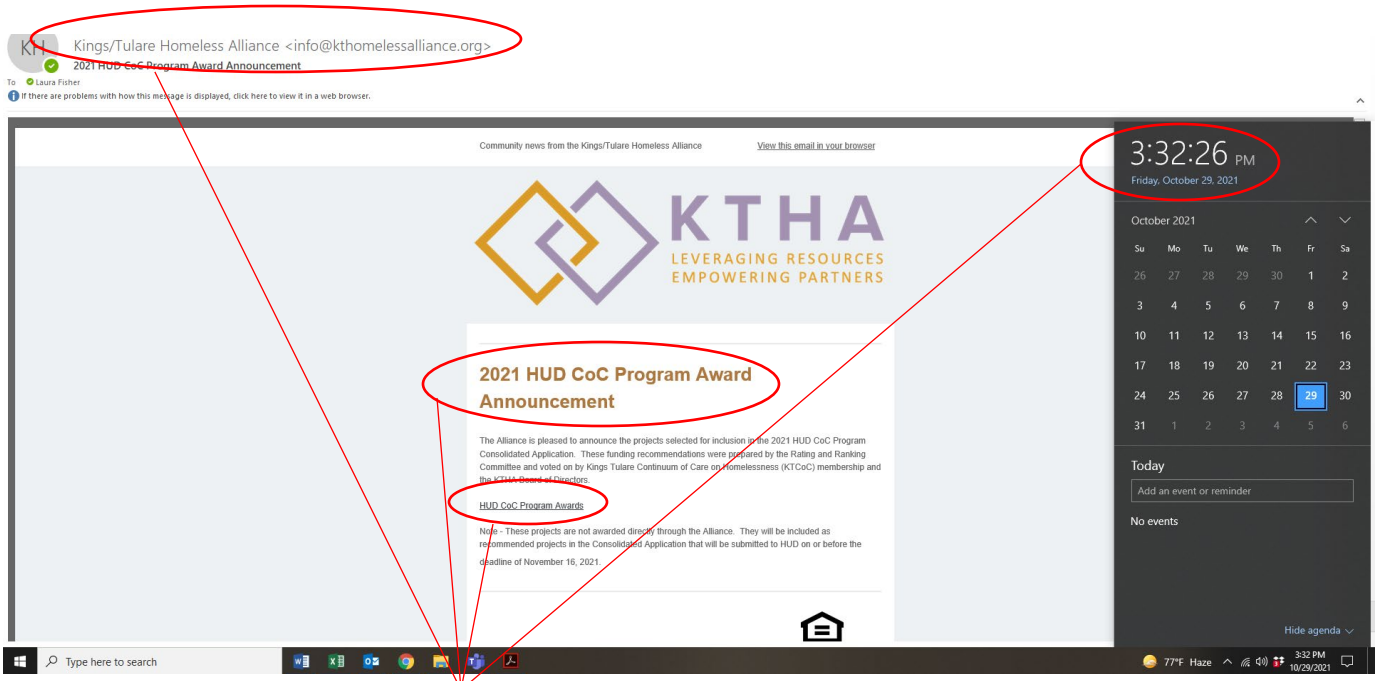


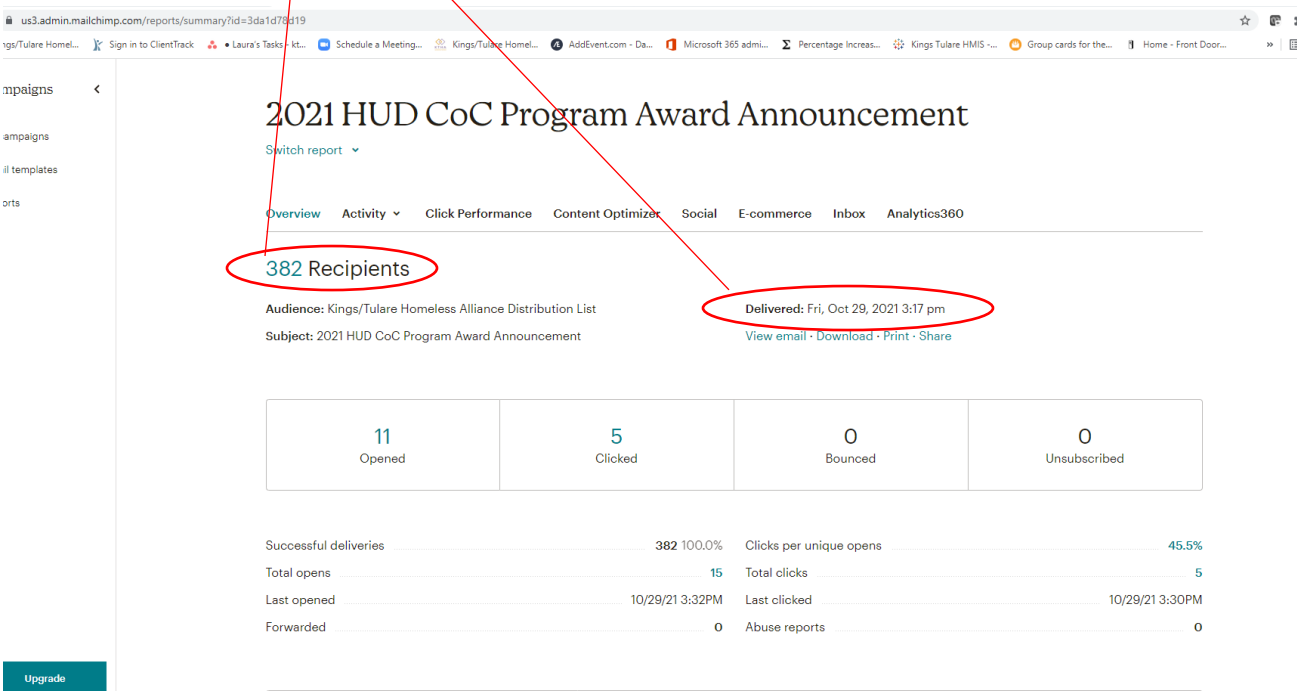
Proof of award announcement notification via Twitter (@KT_Alliance) on 10/29/2021.



Proof of award announcement notification via Facebook (@kthomelessalliance) on 10/29/2021.



Proof of award announcement notification via listserv (@kthomelessalliance) on 10/29/2021 to 382 recipients.

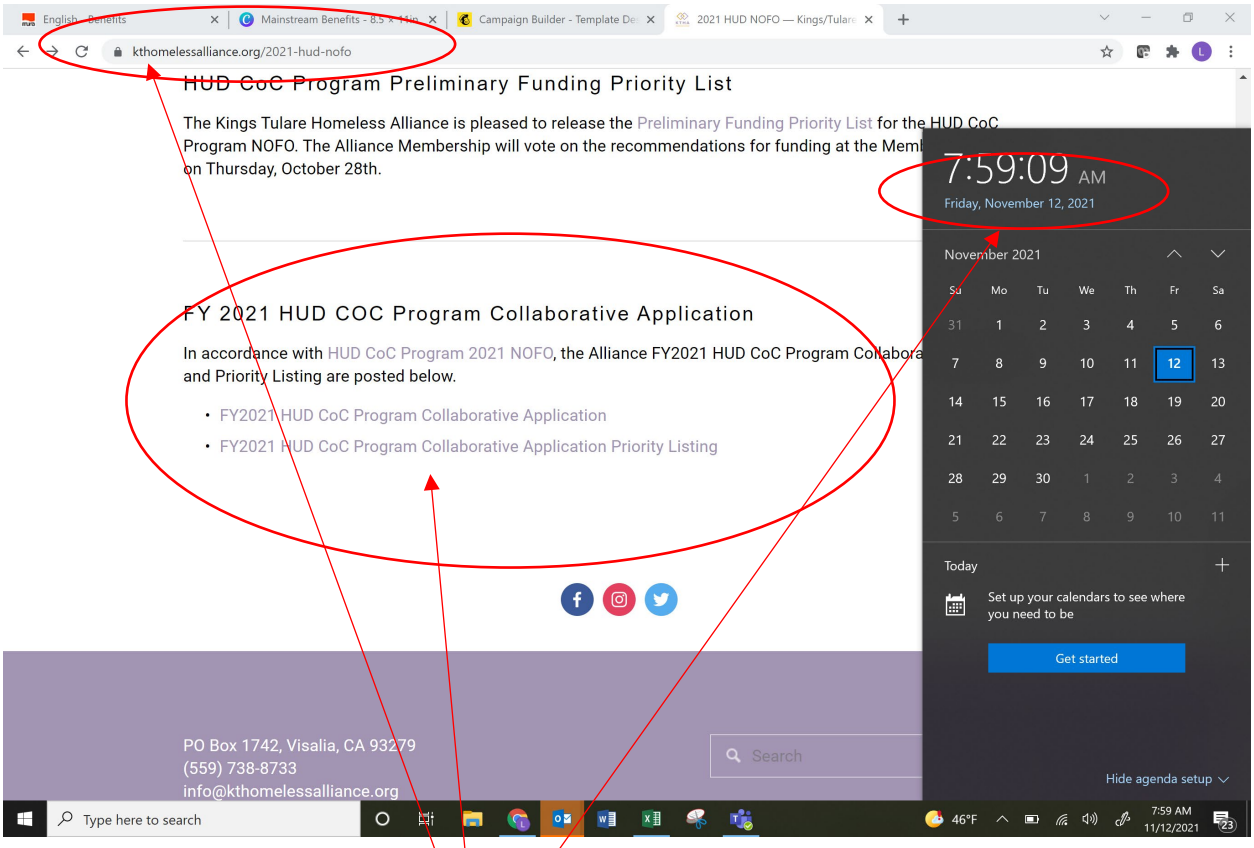


2021 COC NOFA

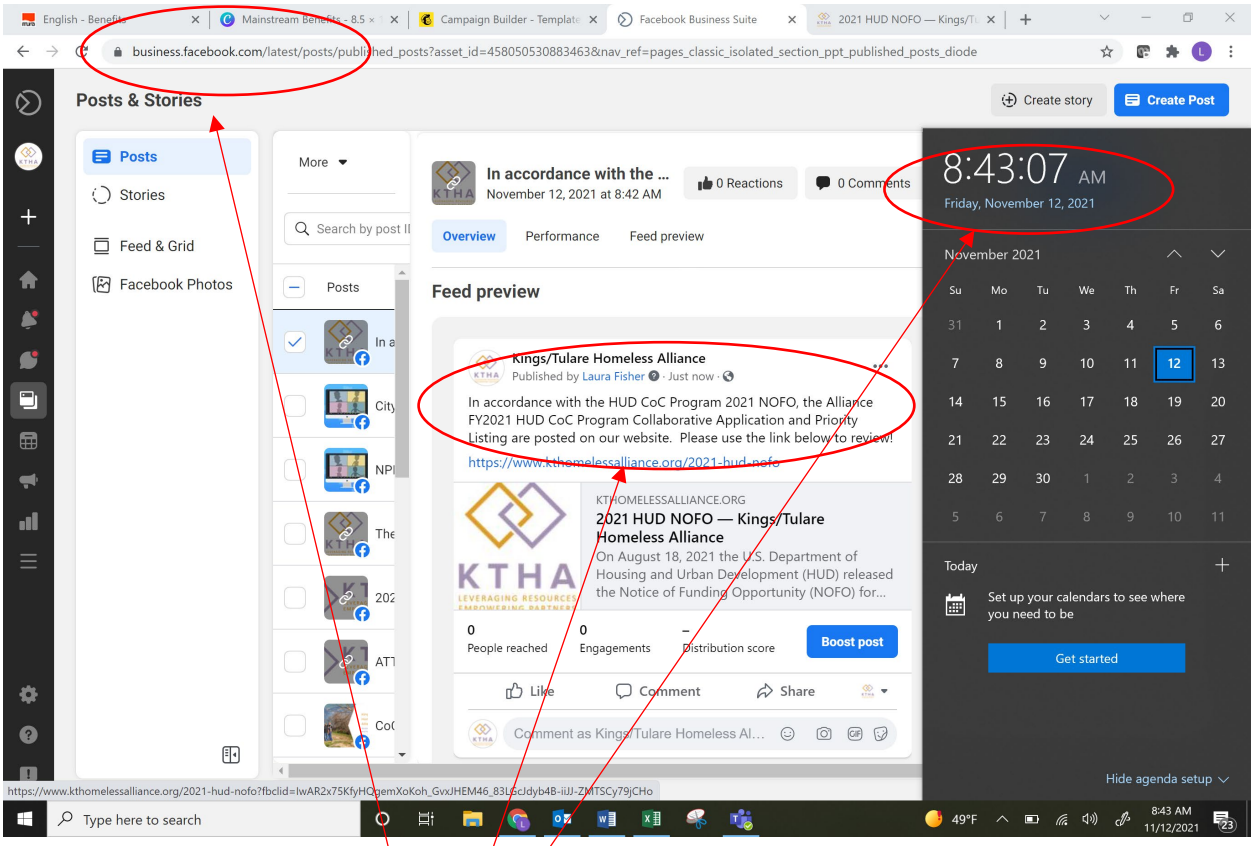
ATTACHMENT 8. WEB POSTING- COC-APPROVED CONSOLIDATED APPLICATION, 1E-6

Table of Contents

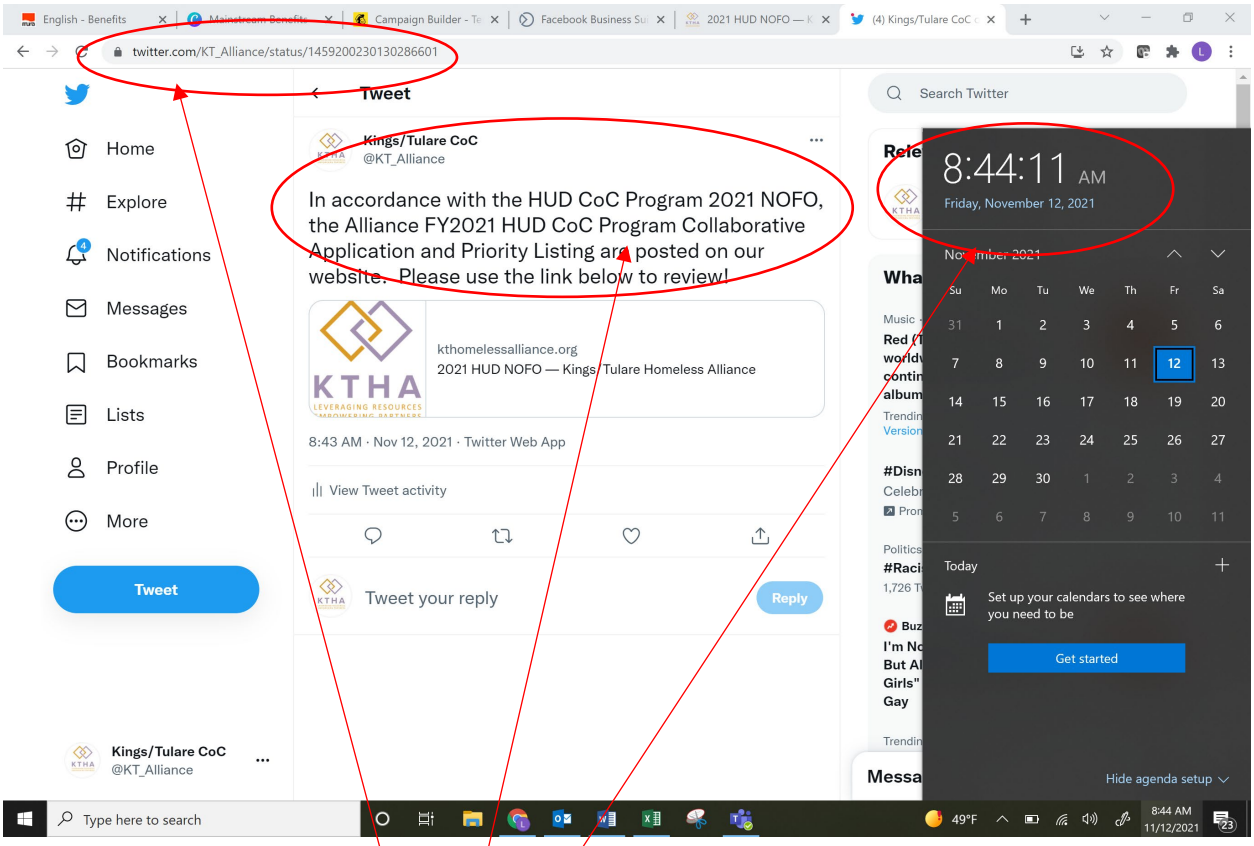
1. Evidence, Consolidated Application & Priority Listing Posting
   a. Proof of Posting on Website 2
   b. Proof of Posting on Social Media 3



Collaborative Application & Priority List were posted on the KTCoC website on November 12, 2021.



Collaborative Application & Priority List were posted on social media on November 12, 2021.



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