

## Before Starting the CoC Application

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

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

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

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.  
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

### Answering Multi-Part Narrative Questions

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

### Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

## 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

**1A-1. CoC Name and Number:** DC-500 - District of Columbia CoC

**1A-2. Collaborative Applicant Name:** The Community Partnership for the Prevention of Homelessness

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** The Community Partnership for the Prevention of Homelessness

## 1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

In the chart below for the period from May 1, 2023 to April 30, 2024:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Budget Advocacy Organization (DC Fiscal Policy Institute)	Yes	Yes	No
35.	Legal Advocacy Organization (Washington Legal Clinic for the Homeless)	Yes	Yes	No

<b>1B-1a.</b>	<b>Experience Promoting Racial Equity.</b>	
	NOFO Section III.B.3.c.	

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

**(limit 2,500 characters)**

The CoC has a disproportionate representation of Black and Brown communities among those experiencing homelessness. Ninety-three (93) percent of all persons experiencing homelessness (including children) counted during the CoC's 2024 Point-in-Time Count identified with a race and ethnicity other than White/Non-Hispanic/Latin(a)(e)(o) while this number is just 62 percent for the District at large (according to U.S. Census data). Recognizing that an end to homelessness cannot be achieved without addressing structural racism across our system, the CoC's work to effectively address the needs of underserved communities, particularly Black and Brown communities, is extensive and ongoing. First, the CoC stood up a workgroup dedicated solely to issues of racial equity and inclusion within CoC structures and policies. The workgroup is charged with the advancement of key CoC policies and priorities focusing on reviewing system operations, establishing a racial equity and inclusion assessment tool, and advancing housing as a right. Second, the CoC recognizes the importance of representative leadership in governance and decision-making roles. To that end, the CoC prioritizes people with lived experience in its voting structure, builds leadership opportunities for frontline staff and people with lived experience, and is establishing workgroup Leadership Slates to formalize roles, ensure transparency, and promote power sharing at all levels of the CoC. Additionally, the CoC promotes technical assistance and capacity building for Black, Indigenous, and People of Color (BIPOC) led organizations to support provider infrastructure for Medicaid billing under the 1915i Housing Supportive Services benefit (see 1D-6a) and shape affordable housing development efforts. Further, the CoC recognizes the importance of working on upstream solutions to expand access to income, employment, entrepreneurship, food, health care, and coordination with the justice system. In addition to the overrepresentation of Black and Brown communities, the District has surmised a disparity in housing outcomes between families and single adults, including unaccompanied transition age youth (TAY). To address this, the CoC is leveraging available data to inform community discussions and decision-making for the prioritization of funding and housing resources targeted to single adults with particular attention on unaccompanied TAYs in an effort to promote equity in the access to housing opportunities.

1B-2.	Open Invitation for New Members.	
NOFO Section V.B.1.a.(2)		
Describe in the field below how your CoC:		
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

The DC Interagency Council on Homelessness (ICH) serves as the CoC's governance board; it was established in 2005 and is chaired by the City Administrator. Formal members established in local legislation and ICH bylaws include members of the mayor's cabinet, key government agencies, and community representatives who serve 2-year terms (advocates, service providers, business/philanthropic partners and persons with lived experience). The ICH holds an annual nominations process to fill vacant and expiring seats. The invitation is open to the public, posted online, communicated through CoC listservs, and shared with stakeholder groups, including culturally specific organizations. DCICH convenes a group of non-conflicted CoC board & Executive Committee members to review candidate submissions and advance selections to the DC Mayor's Office of Talent and Appointments (MOTA) for confirmation and Mayoral appointment. All meetings of the DCICH committees and working groups are open to the public and include time for public comment. Committees are co-chaired by one local government representative and one community representative. The calendar of Committee meetings and meeting materials are available at [ich.dc.gov](http://ich.dc.gov). The ICH ensures that written meeting materials are in accessible formats, distributed electronically, and posted at [ich.dc.gov](http://ich.dc.gov) in accordance with the DC Accessibility Policy. To center the work on equity, ICH established the Racial Equity and Inclusion Workgroup (REI WG) which reports to the Executive Committee of the ICH and makes formal recommendations to advance equity across the system. In an effort to align priorities within the District's broader racial equity plan and ensure inclusive and comprehensive community engagement, the REI WG is co-chaired by a representative from the Mayor's Office of Race Equity. Additionally, all ICH committees and workgroups include participation and engagement of organizations serving culturally specific communities, including Latino community services with specialized bilingual staff, programs dedicated to individuals who identify as LGBTQ+, and neighborhood-based organizations. The ICH is committed to expanding the existing lived experience advisory group to include persons representing all subpopulations and key culturally specific groups.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
	1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
	2. communicated information during public meetings or other forums your CoC uses to solicit public information;	
	3. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
	4. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

The DC Interagency Council on Homelessness (ICH) serves as the CoC's governance board and includes key government agencies and community representatives (advocates, providers, business/philanthropic partners, and persons with lived experience). The ICH facilitates five standing committees (CMTE) & 12 workgroups (WG) across issue areas. CMTEs have voting members with expertise relevant to the scope of each forum. CMTEs & WGs are open to the public to ensure transparency and input from an array of stakeholders with specific focuses. CMTE & WG meetings are virtual (video/phone call). Meeting materials, including presentations and meeting summaries, are sent out electronically and/or posted online in accordance with the DC Open Meetings Act. ICH solicits feedback via CMTE and WG meetings, scheduled special sessions, and via electronic surveys. Examples of the feedback process, include: a) in its strategic plan development, ICH held over 40 public community meetings to ensure comprehensive input into plan development; and b) The ICH holds open Full Council board meetings in-person on quarterly basis, including a pre-meeting dedicated to engaging people with lived experience. All ICH meeting materials are made available in accessible formats, distributed electronically post-meeting, and posted at [ich.dc.gov](http://ich.dc.gov) in accordance with the DC Accessibility Policy. The CoC provides meeting recordings upon request and is working with the DC Office of Human Rights (OHR) to increase language access and provide translation of the entirety of its meeting materials. The CMTE & WG structure provides space to identify challenges and brainstorm solutions. The cadence of meetings ensures a feedback loop for issues raised until they are resolved or delegated to the appropriate forum. Examples of information gathered to address improvements to preventing and ending homelessness, include: a) priorities for funding opportunities such as this NOFO, HUD CoC Builds NOFO, and HOME ARP funds; b) constituent concerns and recommendations related to things like seasonal planning and the necessity of increased access to water and cooling options for unsheltered persons during extreme heat events, improved food options at shelter sites, and the shift from overnight only to 24-hour shelter; and c) design for interventions like non-congregate shelter & bridge housing development (temporary sites for individuals who are matched to a housing resource but waiting to move into housing).

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

**(limit 2,500 characters)**

The CoC remains committed to considering project applications proposed by organizations that have not received funding. The Collaborative Applicant (CA) meets with entities that have not received public funding to educate providers on funding opportunities made available by the local and federal government, including the HUD CoC Program. Prior to and after the release of NOFOs, the CA notifies funded and non-funded providers and stakeholders about the opportunities and advertises them via email, on the CA’s website, and on social media. Following meetings led by the CA about the CoC Program, the CA held trainings on the HUD CoC application process, the process for submitting proposals, and the Ranking Committee’s process for deciding which projects would be included in the Project Listing and how each would be scored and ranked. The CA set a September 18 submission deadline for projects seeking funding; materials were submitted for review via the Smartsheet application. For renewing projects, this process included notifying the CA about any changes they wanted to make to their 2023 application and submitting documentation of match commitments and other supplemental materials for the Ranking Committee to consider. Projects seeking new funding were also required to submit match commitment documentation, supplemental narratives describing their proposed project and its alignment with HUD policy priorities and threshold criteria and a copy of their project application. The Ranking Committee reviewed these materials and informed the CA of their decisions regarding inclusion in the Project Listing and the ranked order for the CA to pass on to providers by October 15. The Ranking Committee determined which project applications would be included in the Project Listing through a review of the applications, match sources, budget information, past performance, and congruency with HUD and local priorities and requirements of the CoC Program. Each project was given a numeric score by the Ranking Committee, but they also did a qualitative review to ensure that strategic decisions were made regarding the placement of new proposals alongside renewing applications in the ranking so that any decision on HUD’s part to not fund a project would have minimal impacts on the CoC. Throughout the process, the CA made American Sign Language interpretation available and prepared meeting and follow up materials in accessible formats such as providing documents in large fonts.



## 1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	DV Housing Providers, Consumer Engagement Groups, Outreach/Drop-in Centers, & Advocacy Organizations	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

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

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

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

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

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

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

**(limit 2,500 characters)**

The CoC's State Education Agency (SEA), the Office of the State Superintendent of Education (OSSE), is a voting member of the DC Interagency Council on Homelessness (ICH), which serves as the CoC Board, and participates in the ICH's Youth Committee. An MOU between OSSE and the CoC's Collaborative Applicant/HMIS Lead allows for bi-directional data sharing between the SEA and the CoC; this, by extension, facilitates coordination with the 60+ LEAs, also known locally as school districts, comprising the District of Columbia Public Schools (DCPS) and each charter school. Collaboration exists at different points throughout both the education system and the CoC. This agreement: a) assists McKinney-Vento Liaisons at each charter or DCPS school with identifying students whose families are receiving services through CoC programs but are unknown to schools; b) provides the CoC with data on students experiencing homelessness, resulting in improved estimates on service need; and c) facilitates ongoing coordination between the school system and the CoC with a goal of improving educational outcomes for students experiencing homelessness. The Department of Human Services (DHS), a voting member of the CoC Board, also has a standing MOU with the SEA which allows them to facilitate coordination and support to all the Homeless Liaisons across the DC Public and Charter School Systems. DHS provides DC LEA's annual training to inform Liaisons about resources for youth experiencing homelessness including emergency shelter for youth under 18 and a variety of housing programs for youth 18-24. For homeless youth interested in college, DHS partners with the LEA to identify college opportunities and to pursue financial assistance. Proof of Homelessness letters can be obtained from the Homeless Liaisons to assist youth in identifying funding to support their college education.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

**(limit 2,500 characters)**

The Office of the State Superintendent for Education (OSSE) is the CoC's State Education Agency (SEA) and is the home of DC's Homeless Education Program (HEP). HEP ensures that every child and youth experiencing homelessness receives free, appropriate, public educational opportunities; provides training and support to schools, shelters, and the community; and increases awareness about the issues experienced by children, youth and families experiencing homelessness. The Dept. of Human Services (DHS) is the primary local funder of homeless services, including services for minors and youth. Both agencies are voting members of the CoC Board and have coordinated on policies and procedures for informing households experiencing homelessness on their eligibility for educational services. Case managers at family shelters track students' attendance through a secure OSSE system and assist families in transportation and other supports, as needed. DHS's policy is that when households present at central intake, staff must ensure that children are enrolled in school and/or with the McKinney-Vento program and facilitate warm handoffs to OSSE, as necessary. Additionally, OSSE and the Collaborative Applicant/HMIS Lead have a bi-directional MOU which is used to match the CoC's record of students experiencing homelessness (via HMIS) with OSSE's list of students who are receiving McKinney-Vento educational services. Through a secured database set up by OSSE that includes monthly updates from the CoC, liaisons at each school within DCPS and the charter system have access to the list of students enrolled in their school and currently residing in a CoC program, assisting them to identify any student eligible, but not yet enrolled, in educational supports. OSSE has trained liaisons on procedures for targeting families who have been identified by the CoC and on coordinating with CoC case managers for additional support. OSSE also operates the DC ReEngagement Center (REC), which is a "single door" through which youth ages 16-24 who are not enrolled in school can reconnect to educational options and other critical services to support their attainment of a high school diploma or GED. The DC REC, through their case management team, creates educational plans for youth that support the reenrollment process (e.g., collecting required documents and connecting to resources that will address reconnection barriers); and provides ongoing support for at least one year once re-enrolled.

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

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

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

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

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

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

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	DC Office of Victim Services and Justice Grants, Culturally Specific DV Organizations, DV Housing Providers	Yes

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

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

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

(limit 2,500 characters)

The CoC regularly coordinates with and seeks input from a broad network of agencies serving survivors of DV, formally, the DC Interagency on Homelessness (ICH), the CoC Board, has included voting members from agencies that serve the population to ensure that CoC policies and the ways in which the broader CoC approaches service delivery is trauma-informed, equipped to provide safe shelter, and able to connect those fleeing DV to appropriate housing resources. Additionally, the DC Coalition Against Domestic Violence (DCCADV), the federally recognized state DV coalition, and DV housing and service providers are represented across all workgroups of the ICH where policy decisions are made, collaborate with the CoC on projects like the Point-in-Time Count, and advise on funding decisions – including serving on the ranking committee of the annual HUD CoC NOFO application. The DCCADV also provided expertise to update coordinated entry system (CES) policies so that DV providers can make and receive referrals in a uniform way while adhering to requirements around protecting the personal identifying information of survivors. Moreover, the CoC worked with DCCADV to establish an HMIS comparable database and the Collaborative Applicant for the CoC assisted with the cost of bringing the system online. This helps programs comply with HUD requirements, such as submission of an APR at the end of each grant cycle, has enabled the CoC to incorporate DV program data into the information used to implement the District’s strategic plan to end homelessness, and has created a more complete data picture for updating CoC policies. The CoC’s inclusion of and partnership with DV providers and advocates has helped elevate the concept of trauma-informed services across the CoC. This is reflected in the CoC’s shelter redesign work, RFPs for new locally funded programs, and the kinds of projects the CoC seeks to prioritize for funding. DCCADV provides specialized training on trauma-informed care and survivor-centered service delivery to agencies across the CoC and DV shelter and housing systems and across all funding streams -- both local and federal. This training is mandated and the DC Department of Human Services (DHS), which is the CoC’s ESG recipient, a voting member of the ICH, and the primary local funder of homeless services, has provided the funding to resource this training across all programs serving households experiencing homelessness.

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

(limit 2,500 characters)

The CoC partnered with the DC Coalition Against Domestic Violence (DCCADV), the statewide DV coalition, to retool its Coordinated Entry System (CES) to ensure it is accessible to DV survivors and that it aligns with confidentiality requirements while maximizing client choice for housing. The CoC’s CES works with DV crisis housing partners that provide immediate shelter placements 24 hours a day and assist the CoC in the development of safety plans for survivors. DV crisis housing providers conduct a Lethality Assessment to inform the referral process with the CoC to make an immediate placement with a DV service provider while the CES can evaluate households’ situations and circumstances so an appropriate long-term placement can be identified. CES for families is centralized at a single location where both homeless services and DV provider agencies are co-located. All families presenting are assessed with a short questionnaire and those that indicate they are fleeing DV are immediately routed to the on-site DV provider agency to complete intake and conduct safety planning. They are then referred to an appropriate agency within the DV continuum of housing and services for safe shelter, case management, and permanent housing, as needed. For unaccompanied adults the CES process is decentralized and occurs across the entire continuum of services, including street outreach, site-based programs, and day services. The protocol followed by CES providers that work with unaccompanied persons fleeing DV is to facilitate rapid connection to the DV continuum of housing and services by utilizing the DC’s Victim Services Hotline through which a survivor is connected to a DV-specific agency to complete intake and safety planning. To further strengthen collaboration, the CoC is creating a DV-focused CES position to liaise between the DV provider network and non-DV specific services to better support safety planning and expedite transfers between from CoC programs to DV-specific programs. The CoC has implemented a double-blind referral process to ensure confidentiality and protection throughout the CES referral process for families and unaccompanied individuals fleeing DV. These processes are anonymized, and persons can choose whether to be connected to DV-specific or general housing services depending on their preference. Additionally, the CoC has built in the ability to anonymize a client’s information in the CoC’s HMIS.

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

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

	Project Staff	Coordinated Entry Staff
1. Training Occurs at least annually?	Yes	Yes
2. Incorporates Trauma Informed best practices?	Yes	Yes
3. Incorporates Survivor-Centered best practices?	Yes	Yes
4. Identifies and assesses survivors' individual safety needs?	Yes	Yes
5. Enhances and supports collaboration with DV organizations?	Yes	Yes
6. Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes

Other? (limit 500 characters)			
7.		No	No

**&nbsp;nbsp;**

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

Describe in the field below:

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

**(limit 2,500 characters)**

The CoC's written emergency transfer plan was devised with an eye toward operationalizing transfers that stem from instances of domestic or dating violence, sexual assault and/or stalking (hereafter, "DV"). The CoC and its federally recognized statewide DV coalition, the DC Coalition Against Domestic Violence, developed this plan which ensures that the CoC's Coordinated Entry System (CES): is accessible to DV survivors, aligns with confidentiality requirements, and uses trauma-informed, survivor-centered approaches and maximizes client choice for housing. Information on how to initiate an emergency transfer request may be provided at program intake during entry into CoC shelter and housing programs and/or during a households' communication with various system intake points, including the DC Victim Hotline, the CoC's Shelter Hotline, the Mayor's Call Center, or CES. The CoC's CES for families is a central site where homeless services and DV service providers are collocated. Families requesting DV services (at intake or when requesting a transfer) are connected to a DV provider to address their service needs with victim-centered, trauma-informed approaches. For unaccompanied persons who are survivors, the CoC successfully piloted a CES process wherein CoC providers make referrals to programs based on individuals' service needs. Both processes are anonymized, and households may choose whether to be connected to DV-specific or general housing services. The CoC has implemented a double-blind referral process to ensure confidentiality and protection. When households already receiving CoC services experience DV and request a transfer, the DV provider network can help facilitate transfers so that clients receive appropriate services. Additionally, the CoC plans to use CoC funds to create a DV-focused CES position to liaise between the DV provider network and non-DV specific services. In response to requests for transfers the CoC partners with DV crisis housing partners who provide immediate safe housing placements; these partners conduct a Lethality Assessment to help inform safety planning. This allows the CoC to make an immediate placement for safety with a service provider specializing in the unique needs of victims and survivors of DV while the CES can evaluate households' situations and circumstances so a transfer that best meets the survivor's needs can be identified. These processes are anonymized and incorporate client choice.



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

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

**(limit 2,500 characters)**

The CoC's robust, years-long collaboration with the DC Coalition Against Domestic Violence (DCCADV), the statewide DV coalition, and its member agencies has resulted in a coordinated system of delivering services and matching households to permanent housing resources across both the DV continuum of housing and the CoC, enabling survivors to access resources in either continuum while ensuring confidentiality and safety. When family households and individuals fleeing DV present at the front door of CoC programs immediate connection to the DV continuum of housing and services is established, however the referral process for placement in shelter is bidirectional, where both the CoC and DV agencies work in tandem to determine the most appropriate resources and services to meet the immediate needs of the survivor and honor their choice. In the case that a household chooses to access services within the CoC, protocols are enacted to safeguard against revictimization and preserve confidentiality, including facilitating emergency transfers where necessary. The DCCADV and the CoC have also worked together to ensure permanent housing resources across both continuums are available to households fleeing DV. In addition to collaborating with DCCADV on designing CES policies and procedures to open access to the slate of housing resources across the CoC to survivors of DV, the two continuums have worked together to earmark new general housing opportunities for survivors. First, in the spring and summer of 2021, the CoC and DCCADV made plans to allocate 10% of the city's American Rescue Plan-funded Emergency Housing Vouchers (EHVs) to provide permanent supportive housing to survivors of DV and the CoC contracted with two DV agencies to provide supportive case management services; this collaboration distributed 48 EHVs to survivors. Additionally, in the spring of 2022, DCCADV worked with the DC Housing Authority (DCHA), a member of the CoC Board, to distribute 60 tenant-based Local Rent Supplement Program (LRSP) vouchers to survivors: 40 vouchers for families and 20 for single survivors; the 60 slots filled within 15 minutes of launching the program. Finally, to buttress the CoC's commitment to meeting the needs of survivors, the CoC plans to establish a "Supporting Justice Workgroup" to better serve those at the intersection of homeless services, DV services, and the justice systems and expand access to and improve delivery, navigation, and performance management.

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

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

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

**(limit 2,500 characters)**

The CoC, together with the DC Coalition Against Domestic Violence (DCCADV), the statewide DV coalition, uses every opportunity to ensure that all mechanisms through which the CoC receives feedback on its services and any barriers that clients face in accessing those services includes input from DV provider agencies in their design and targets persons with both lived experience of homelessness and DV; examples of this follow. The CoC actively includes DV provider agencies, DCCADV, and persons with lived experience of DV and homelessness in the project design of regular survey efforts, such as the Point-in-Time Count and the local Homeless Youth Census, and special projects like recent research completed by the Collaborative Applicant and the Urban Institute to measure and better understand housing insecurity in DC. In those efforts, the CoC included questions specific to both a respondent's experiences of domestic violence and also barriers to accessing services and safe, appropriate housing in the CoC. Data is also gathered from the CoC's new Homeless Services Hotline and navigation tool which includes survivor specialized questions. Data from the aforementioned examples help inform the CoC policies, ensuring trauma-informed service delivery, and give insights into barriers to access that are prevalent among those fleeing DV. Additionally, representatives from DV specific agencies, including DCCADV, and persons with lived experiences of homelessness and DV actively participate in twelve (12) regular, monthly CoC committee meetings where time is dedicated in each meeting for general feedback on any new and emerging concerns from attendees. This process is critical to identifying barriers specific to survivors and strategies to address challenges in both the CoC and the DV continuum of housing and services. In an effort improve our identification of barriers and develop solutions to removing those barriers, the CoC is establishing a Supporting Justice Workgroup to better serve populations at the intersection of homeless services, victim services, and the justice systems and expand access to and improve delivery, navigation, and performance management of critical services. This workgroup will provide an important input to the CoC on how to address the specific barriers faced by households fleeing DV. To advance this, the CoC is working with the District's Office of Victim Services and Justice Grants to ensure adequate governmental support.

<b>1C-6.</b>	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

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

1C-6a.	<b>Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.</b>	
	NOFO Section V.B.1.f.	
	Describe in the field below:	
	1. how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;	
	2. how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;	
	3. your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and	
	4. your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.	

**(limit 2,500 characters)**

The CoC is committed to the safety, dignity, and well-being of all persons served by DC's homeless services system and ensures that sexual orientation, gender expression, gender nonconformity, or the fact that a person is a member of the LGBTQ+ population is not a barrier to service. The CoC tasked The Community Partnership for the Prevention of Homelessness (TCP) in its roles as both the District Government's prime contractor for the oversight and management of CoC Operations and the HUD Collaborative Applicant, with writing the CoC's policy for members of the LGBTQ+ community. The policy explicitly articulates the CoC's stance on the following: access to single-sex facilities and programs, access to family facilities and programs, access to bathrooms, accommodations for safety and/or privacy, use of preferred names and gendered-pronouns, documenting clients' preferred name and gender identity in Homeless Management Information System (HMIS) and intake and other data collection forms. Prior to implementation, the draft policy was reviewed by the CoC's Youth Committee, Strategic Planning Committee, and Executive Committee. It was also sent to the Mayor's Office of LGBTQ Affairs, City Council Staff, and LGBTQ-led and –serving providers and advocates for review, comment, and assessment of alignment with existing policies. TCP monitors its providers' compliance with the policy in the following ways: a) Site visits. During a program site visit, TCP interviews staff and program participants to assess knowledge on the policy and to see how the policy has been operationalized in the program monitor compliance with the policy. During the interviews, both staff and clients are questioned about client rights, the process for requesting and granting accommodations, and access to bathrooms and sleeping quarters; b) TCP also monitors compliance with this policy during the review and investigation of unusual incident reports and client complaints. Following receipt of a complaint from an LGBTQ client or an unusual incident report involving an LGBTQ client, TCP initiates an investigation in an effort to ensure adherence to the policy on serving this population. c) If non-compliance with this policy is verified, TCP can issue a contract deficiency notice and implement a corrective action plan; conduct an onsite monitoring visit which may be announced or unannounced; or withhold contract payment until compliance with the policy is observed by TCP.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
DC Public Housing Authority (DCHA)	17%	Yes-HCV	No

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

Describe in the field below:

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

(limit 2,500 characters)

The District CoC has one PHA within the geographic area, the DC Housing Authority (DCHA). The admission policy for households experiencing homelessness is part of the District’s Municipal Regulations and includes a limited local homeless admission preference for HCV. DCHA closely coordinates with the CoC, especially the DCICH and DC Dept. of Human Services (DHS) to advance housing outcomes and improve service delivery for households experiencing homelessness. This is demonstrated in the following examples: a) The DCICH Housing Solutions Committee is focused on strategic and annual priorities which advance the work to reinstate homeless preference and expand housing resources dedicated to persons experiencing homelessness. The DCICH Housing Solutions Committee members and other CoC stakeholders can provide public comment to DCHA during its annual review and update of their Administrative Plan and Admissions and Continued Occupancy Plans. Further, DCHA is implementing Three-Year Recovery Plan issued in June of 2024 which details the agency’s strategic goals following the transition in executive leadership, outcomes of the HUD 2022 Assessment, and DC Office of the Inspector General 2021 Audit; b) At the executive level of the city there are efforts underway to reduce the risk of homelessness for households impacted by the end of pandemic-era federal funds. At the request of the mayor, DCHA allocated 1,300 Housing Choice Voucher (HCVP) resources to families exited from RRH following the extended length of stay during the public health emergency; c) The CoC and DCHA are engaged in establishing real time and sustainable data sharing to identify the overlap in households experiencing homelessness and on DCHA’s program and voucher waitlists to inform targeting and preference; and d) Further, the Executive Director of the ICH, serves as a Commissioner on the DCHA Board, a role appointed by the Mayor and critical to fostering collaboration.

<b>1C-7b.</b>	<b>Moving On Strategy with Affordable Housing Providers.</b>	
	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:

<b>1.</b>	<b>Multifamily assisted housing owners</b>	Yes
<b>2.</b>	<b>PHA</b>	Yes
<b>3.</b>	<b>Low Income Housing Tax Credit (LIHTC) developments</b>	Yes
<b>4.</b>	<b>Local low-income housing programs</b>	Yes
	<b>Other (limit 150 characters)</b>	
<b>5.</b>	<b>Targeted Affordable Housing (TAH) Appropriated through Local Rent Supplemental Program (LRSP)</b>	Yes

<b>1C-7c.</b>	<b>Include Units from PHA Administered Programs in Your CoC’s Coordinated Entry.</b>	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
		No

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

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

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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## 1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

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

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

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	47
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	47
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

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

**(limit 2,500 characters)**

Evaluation of an individual project’s Housing First approach is based off of project narratives submitted as part of their application to this NOFO. Factors that are not in line with the expectation of a Housing First project include: income requirements for participants, setting "clean time" requirements, restricting participants with criminal records from entering, or requiring clients to participate in any kind of program to remain in the project. Moreover, projects cannot terminate participants for not making progress on their service plan or losing income. The CoC provides monthly training sessions on Housing First and a host of topics to service providers to ensure that they are aware of their responsibilities and the criteria the CoC uses to evaluate their standing as such. Evaluation of Housing First adherence is conducted by the CoC at the program and systems levels. The CES and HMIS Administrator analyze the rate at which programs are filling vacancies through the CES, the rate at which potential program participants are rejected for a particular program or if participants are terminated once in the program, as well as the time between CES match and lease up. These data are reported to the CoC so it can assess the extent to which programs are in compliance with Housing First principles. Additionally, the CoC's program monitoring staff look for evidence that the approach is being followed when doing program site visits including reviewing the intake documents and interviewing participants and staff on program policies and procedures related to Housing First principles. The CoC continues to improve fidelity to Housing First principles in three ways. First through continued improvement efforts in CES to make the matching process to permanent housing programs less burdensome and more efficient, ensuring that households can be swiftly connected to permanent housing. Secondly, all applicants seeking new or renewal CoC Program funding are required to provide a written commitment that their programs will operate according to Housing First principles and that they will participate in the CoC’s Coordinated Entry System (CES). The Collaborative Applicant (CA) includes the written commitment as part of each project’s contract at the time of award. Lastly, by completing consistent and regular compliance evaluation activities to monitor project’s adherence to the priority.

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

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.
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**(limit 2,500 characters)**



CoC street-based outreach efforts include coordinated teams that are on the ground every day, with extended hours during severe weather events, and that cover 100 percent of the jurisdiction including publicly accessible federal property. The coordinated street outreach strategy is led by the DC Dept of Human Services' (DHS) Comprehensive Street Outreach Network (CSON) which is comprised of three provider agencies that cover designated areas of the city. CSON coordinates with the District's behavioral health services for crisis response and other outreach providers that are not part of CSON. This network of outreach performs health and safety checks, case management, referrals, and connection to the CoC's Coordinated Entry System (CES). Providers use HMIS documentation of service needs, service provision, and for connecting individuals to CES. CSON teams use GIS-maps to assign teams specific geographic areas where teams conduct their daily outreach, allowing for regular and consistent "touch points" with unsheltered persons and the Dept of Behavioral Health has also partnered with Business Improvement Districts to coordinate outreach efforts to maximize coverage. To connect with the persons least likely to request assistance, CSON teams are trained in progressive engagement strategies to build rapport with those who may be resistant to engagement, who have declined housing, and who are otherwise disconnected from services. The District has also focused its attention on identifying and finding solutions to barriers to getting connected to CoC services that have been identified through feedback from individuals with lived experiences. To wit, where transportation is a barrier to services, the District's shelter hotline can dispatch vans to transport an individual to shelter. The CoC has also employs a language access hotline to outreach teams for interpreting services as needed (though providers may have bilingual staff, including Sign Language). Outreach providers are staffed with persons who have formal training in working with persons living with disabling conditions and those who may not seek services on their own. The CoC has invested in drop in and day centers to meet basic needs including meals and laundry, with the aim of building a rapport and ease connection to services, the CoC's day centers also provide medical services, employment services, and sites where clients may obtain copies of their vital records (e.g. birth certificates).

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

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

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

3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		
	Implemented a legal right to shelter during cold weather months	Yes	Yes

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

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	9,206	10,156

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

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

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

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

Describe in the field below how your CoC:

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

**(limit 2,500 characters)**

The CoC & housing projects coordinate with health care organizations on several fronts. 1.a. The Dept of Human Services(DHS) the ESG recipient & its Economic Security Administration(ESA) runs CoC employment assistance programs: SNAP Employment/Training, TANF Employment Program & Food Stamp Employment & Training Program(FSET) which provides employment & training to adults who receive SNAP. It manages TANF, Medical Assistance, SNAP, Child Care Subsidy, Burial Assistance, Interim Disability Assistance(IDA), Parent & Adolescent Support Services(PASS) & Refugee Cash Assistance. Providers attend quarterly training on local & federal mainstream benefits, application and recertification processes. 1.b. The Calling All Sectors Initiative(CASI) (Health Impact Project grant) coordinates & provides health care and homeless services to pregnant persons in the first & second trimester. 1.c. Collaboration with the Dept of Behavioral Health(DBH) to ensure access to services & substance use treatment, provide regular training on how to access DBH services, centralized through the 24-hour Access HelpLine which can activate immediate help or ongoing care connection. Street outreach & housing providers work closely with DBH and its Community Response(CRT) & Assertive Community Treatment(ACT) teams for crisis and ongoing support. 1.d. Medicaid enrollment is standard for eligible households upon permanent housing connection, especially through the District's 1915i State Plan Housing Supportive Services(HSS) benefit approved by the Centers of Medicare & Medicaid Services(CMS) in Spring 2022. The HSS benefit was a result of 6+ years of collaboration between DHS, DBH, DC Dept Health Care Finance(DHCF), Interagency Council on Homelessness(ICH) bolstered by meaningful ongoing input from community-based providers and advocates. HSS is paired with Local Rent Supplement Program (LRSP) vouchers. The CoC supports provider and client connection to DHCF regular open sessions on Medicaid enrollment & is collaborating to leverage the 1115 Medicaid Waiver. 2. CoC implements the SOAR Works initiative to increase access to SSI/SSDI for eligible adults who are or at risk of experiencing homelessness, have a mental illness, medical impairment and/or co-occurring substance use. HUD funded & other CoC provider staff are trained on SOAR to ensure clients are connected to these resources. Providers are supported by SOAR TA Center Liaisons & Local SOAR Leads for connection to SSA & DDS offices.

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

**(limit 2,500 characters)**

The CoC understands impact of homelessness on health overall, including access to proper care. The CoC effectively collaborates with District government and health agencies as demonstrated in its response to the COVID-19 pandemic and MPX outbreak. The pandemic presented many challenges and required service providers and system level partners to rethink service delivery models, establish or strengthen coordination to meet the changing needs. The pandemic also provided opportunities to transform the system of care. Using cost performance and outcome data, the CoC improved allocation of resources as demonstrated in the CoC’s use of CARES Act and American Rescue Plan to address homelessness. Federal partners encourage CoCs to maximize the use of mainstream & community-based resources, work closely with public and private healthcare organizations and support access to primary care and medical insurance. The CoC has further developed partnerships with DC Depts of Human Services (DHS), Behavioral Health (DBH), and DC Health as well as Unity Health Care (UHC) to analyze data and design approaches that reduce homelessness, improve health outcomes for people experiencing homelessness, and prevent and address outbreaks. These collaborations have modeled and exceeded Federal expectations. Additionally, the CoC continues to invest in permanent housing with a focus on improving the health and wellbeing of vulnerable populations. For example, the CoC funds two PSH programs serving chronically homeless individuals living with severe health care needs that cannot be addressed by traditional housing providers. The program provides intensive medical care while supporting clients to live as independently as possible. The CoC also funds two PSH programs through Pathways to Housing DC, serving chronically homeless individuals living with severe mental illness. Pathways matches rental assistance with Medicaid funding to provide behavioral health focused case management and supportive services. To further develop policies & procedures in partnership with public health agencies, the CoC launched two forums at the intersection of homeless services and healthcare focused on: ending and preventing disparities in health care outcomes for people experiencing homelessness, leveraging Medicaid to address Social Determinants of Health (SDOH), performance planning, crisis intervention & prevention, and addressing concerns related to the opioid epidemic and the risk of fatality.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

To maintain system operations, the CoC’s response to COVID & MPX required partnership among the public health agency (Dept of Health, DOH), the primary local funder of homeless services (Dept of Human Services, DHS), the primary healthcare provider for people experiencing homelessness (Unity Health Care, UHC) & The Community Partnership for the Prevention of Homelessness (TCP) which serves as the CA, HMIS Lead, CES Administrator & local government’s prime contractor for the management & oversight of CoC operations. During the pandemic, these agencies held weekly calls with providers & stakeholders to share updates on the CoC’s response to COVID & MPX. TCP implemented a) Contact Tracing where providers report positive cases, close contacts & request disinfecting services, and b) a daily reporting tool for providers across federal, local & private funding streams to report staffing impacts. Information was reported to DHS weekly to identify gaps in coverage, monitor positive cases & make decisions about redistributing staff & resources. DOH & UHC held weekly COVID testing & vaccine events. TCP provided gift cards to incentivize testing & vaccination. TCP provided PPE, cleaning supplies, bottled water, food & other emergency supplies to providers within 48 hours of request. TCP enhanced facility cleaning, sanitation services & established new contracts for more frequent services. Cleaning vendors implemented CDC guidance, including disinfecting walls, floors, bathrooms, cafeteria areas, & high touch areas (railings, elevators, & door handles). PEPV&ISAQ: DHS established Pandemic Emergency Program for Vulnerable Populations (PEPV) contracts with hotels for clients at greatest risk of COVID exposure. PEPV was staffed with housing focused case managers & medical staff. DHS also established Isolation & Quarantine (ISAQ) contracts with hotels, staffed by UHC medical personnel, for clients who tested positive, were close contact to, or had symptoms of COVID or MPX to isolate or quarantine. While PEPV & ISAQ sites were phased down with the end of emergency funding, the CoC has incorporated lessons and similar service models in the a) development of non-congregate shelter with collocated health care services & medical respite beds, and b) updates to standard shelter operating (i.e. flex beds for isolation needs). The CoC now regularly monitors public health concerns/trends and impacts/needs of homeless services system in its standing Committees & Workgroups.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC’s geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

The CoC’s Coordinated Entry System (CES) covers the entirety of District of Columbia’s geographical area through shelters, drop-in centers, and outreach services. Each access point is connected through CES to dedicated locally and federally funded permanent housing resources. Mental health providers and non-traditional providers, like the public library, also connect clients to resources through the CAHP system. The CES has used the SPDAT suite of assessment tools to provide a standardized way to assess individuals and families. This includes the TAY-VI SPDAT, VI-SPDAT, Individuals Full SPDAT and Family Full SPDAT. Trainers facilitate monthly sessions to prepare staff to deliver the assessments accurately and ensure fidelity to the tools across the system. The tool gives the CAHP team a first look at client housing needs. Staff are trained to prioritize relationship over all and seek to understand the impact of trauma on their clients. They are encouraged to use person-centered strategies to connect with clients and collect personal information. Additionally, releases of information (ROIs) are important to the HMIS and CAHP system. Clients have a right to privacy, and in our advocacy with them, we have an obligation to protect it. An ROI ensures informed consent to gather and share information. Clients are informed how their personal information will be protected and given the option not to sign an ROI. If clients opt out, their information is still documented, but it is not shared beyond their level of comfort. They’re informed this choice will not affect future housing placement to ensure no re-traumatization occurs, and administrative staff work with providers to ensure that is true. Throughout the year, we gather and respond to feedback from the community, making small changes as needed. Then, annually, the CES team leads a process to review and update prioritization criteria and matching policies. This ensures the system continues to reflect the needs of the population and respond to changes in policy and program capacity. While the content of the prioritization review will be unique to each subsystem, they all follow the same process. This includes meeting with and taking recommendations from current programs/providers, stakeholders, and people with lived experience involved in the CAHP system.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC’s coordinated entry system:	
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
	2.	prioritizes people most in need of assistance;
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
	4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

The CoC's CES uses a de-centralized "no wrong door" approach with a standardized process from initial engagement to housing placement. Outreach teams, drop-in centers, and shelters cover the entire geographic area and offer housing services to everyone they encounter. Primary outreach organizations are also mental health providers, improving engagement quality and service co-enrollment. A specialized mental health outreach team visits shelters to further support clients who may historically avoid services due to trauma and mental health symptoms. Additionally, our Veterans outreach teams use a strategy to track and continually engage clients declining housing assistance to provide unconditional support for when they may decide to start the housing process. CES has developed a locally informed prioritization method unique to each population. It combines our standard assessment with criteria further defining vulnerability, including length of time experiencing homelessness, health acuties and chronic conditions, and past housing placement attempts. The CES team pulls a by-name-list using HMIS data each month and applies prioritization criteria to the list so that those with the highest vulnerabilities are offered housing resources first. Providers are trained to submit case conference requests for clients whose vulnerability exceeds the assessment's limitations. Those clients are matched before the rest of the by-name-list due to their status as most vulnerable. The availability of resources is the primary barrier to timely exits. CES facilitates matches on a consistent and speedy timeline. By maintaining HMIS data and referral records, the CES team notes client needs and preferences and works to connect them to the most appropriate intervention for immediate and long-term housing needs. CES staff delivers training and case navigation support to providers across the system. Improving staff competency decreases the burden on those seeking assistance as staff are better able to navigate on clients' behalf. Due to our significant outreach footprint, providers reach clients where they are, rather than requiring them to use transportation to meet. The CES team created touchpoints where providers get real-time updates on their clients' statuses in the housing process. Finally, DC DHS shortened the voucher application, and DCHA has allowed self-certification, reducing documentation barriers.

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

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

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

**(limit 2,500 characters)**

All CoC and locally-funded housing resources dedicated for those experiencing homelessness are matched through the CoC's CES. They are available to all eligible clients served by the system. To ensure clients are aware of all resources available, the CES team delivers training and educational materials to housing navigation staff: program eligibility and match processes are included in trainings; project-based sites are listed with pictures online; program flyers are available. All trained providers are invited to attend match meetings and submit case conference requests and referrals to housing programs, and the CES team seeks to bring new providers and non-traditional service providers, such as the public library, into the system to ensure all persons experiencing homelessness have equitable access to housing services. Additionally, CES provides educational presentations at public forums hosted by the local ICH. Finally, the CES team has trained the city's only peer-run outreach team to participate in the process, and as a result, we have matched clients who have historically declined services. When receiving services at any access point, staff provide clients with the ROI and a privacy rights statement. During intake at housing programs, they receive the program rules and guidelines and information on their rights and responsibilities. This information includes grievance and complaint procedures and provider obligations. These rights, responsibilities, and processes align with federal and local legislation requirements. Clients can report discrimination claims and other grievances at several points within the system. Each provider maintains their own grievance process and provides instruction to clients about how to make complaints upon intake. Then, there are several system-level processes available. Clients can submit a complaint to TCP, the Collaborative Applicant, through a hotline or via email; to the DC DHS Office of Program Review, Monitoring, and Investigation via online form, email, fax, hotline, and in person; and to the DC Office of Human Rights via email, fax, and phone. Each claim is fairly and thoroughly investigated and remedies provided as appropriate.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	05/15/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.



**(limit 2,500 characters)**

Over the past five years, the CoC has conducted several analyses focused on outcomes and service provisions disaggregated by race to examine common metrics used to track performance from a lens of racial equity. In late 2021, the CoC conducted an updated audit using the HUD CoC Analysis Tool: Race and Ethnicity, HMIS data, Point-in-Time Count data, and Coordinated Entry data. Key areas for the analysis included the proportionality of race and ethnicity at the population level of DC and that of the individuals and families in CoC programming, and the following metrics disaggregated by race and ethnicity: length of time homeless, first time homeless, exit destinations, returns to homelessness, and CES intervention prioritizations. In addition, the CoC annually reviews program and system level Key Performance Indicators (KPIs) by race, ethnicity, gender identity, age and chronic homelessness. The proportion of Black individuals in DC is much higher than the national rate (44.3% in DC versus approximately 12.4% nationally), and the proportion of white individuals is lower than the national rate (40.5% in D.C. versus 71% nationally). Despite this, Black households are still disproportionately represented in homelessness in DC and are 1.9 times more likely to be counted as experiencing homelessness in the PIT count (89%) when compared to the general population (48%). This disproportionality is a direct result of systemic racism, historical housing discrimination, and more recently, gentrification and displacement. While Black and other non-White households make up the greatest share of households in the homeless services system, when assessing outcomes using the key metrics listed above, there was little to no difference between race and outcomes across all areas. These findings highlight the need for further and rigorous coordination with the upstream systems, including mainstream affordable housing development, child welfare, juvenile and adult justice, education, healthcare, among others, to address this disproportionality within the homeless services system, while also recognizing other work needed within our system to ensure services are provided in an equitable way, respecting each person’s dignity and acknowledging the trauma of racism.

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

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

1.	Are your CoC’s board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC’s geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes

7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	No
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

The CoC is committed and poised to advance ongoing evaluation of system-level processes, policies and procedures for racial equity by: a) Implementing improvements to governance practices, to promote transparency in decision making and creating a pipeline of leaders to advance work plans from a lens of racial equity and lived experience, the CoC Board's proposed Leadership Slates at the Workgroup level aligned with the member categories of the CoC Board and Committees. This is a direct opportunity to expand participation and leadership of people with lived experience and frontline staff; b) Meeting CoC legislated mandates including but not limited to preparing an annual update to the mayor informed by an annual needs assessment, stakeholder input, shifts in the landscape and subpopulation service needs; soliciting stakeholder feedback on the Mayor's proposed annual budget; and preparing and publishing a strategic plan for CoC services reflective of data and community input. The current strategic plan ends FY2025 (Oct 2024 – Sept 2025), so the CoC has the opportunity establish a new plan, informed by the latest data, and priorities given shifts in the fiscal and affordable housing landscape and in alignment with the District's equity framework; and c) To improve service quality and performance, the CoC is working to establish metrics for each DCICH Committee & Workgroup and their corresponding work plans aligned with the strategic plan, annual priorities & projects. To ensure this is sustainable and systematic, DCICH is working to leverage the District government agency performance process to understand the improvements and challenges at the intersection of homeless services. For example, establishing a sobering center/other harm reduction model is an objective in the strategic plan (4.4.2) directly advanced by the DC Dept of Behavioral Health (DBH) and opened in Oct 2023. While not a service dedicated to people experiencing homelessness, it is a low barrier stabilization center providing crisis intervention care while alleviating a demand on emergency services and transportation. Given the crossover in population served, the DCICH can leverage data reported to and by DBH to inform further care coordination between homeless services and medical & behavioral health services. The CoC also uses HUD established KPIs and other local metrics to evaluate program and system performance, including housing outcomes, across subpopulations and demographic groups.

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

(limit 2,500 characters)

The disproportionality of race in the homeless services system is evidence that action is required not just within our system but also upstream. The Racial Equity and Inclusion Workgroup (REI WG) of the CoC is tasked with identifying the areas for improvement and tracking progress toward building a more equitable system. As such, the CoC is committed to at minimum, annually reviewing system metrics and outcomes to track progress over an extended period of time, adding lenses of intersectionality to deepen the understanding of that progress. Additionally, with the recommendations of the REI WG, the CoC will foster coordination with the various systems at the intersection of homelessness by focusing on sustainable partnerships in programming that will help to prevent a household entering the CoC’s homeless services system, using the development of new partnerships or shared programming as a measure of progress. 1) The specific measures mirror those established by HUD and included in the National Alliance to End Homelessness (NAEH) framework and equity toolkit – who experiences homelessness, returns to homelessness, who has access to and uses shelter and temporary housing, who has access to and is prioritized for permanent housing. The District is also exploring additional detailed metrics related to housing outcomes, including the length of time it takes to lease up into permanent housing. 2) The tools the CoC plans to use to continuously track progress include HUD CoC Analysis Tool for Race and Ethnicity, HUD established performance metrics, locally identified metrics specific to program scope and system flow, the annual Point in Time (PIT) Count, annual Homeless Youth Count (HYC), CES assessment and By-Name list data, and the NAEH and USICH’s racial equity framework.

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

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

**(limit 2,500 characters)**

The DC Interagency Council on Homelessness (ICH), the CoC Board, is purposeful in its inclusion of persons with lived experience in all aspects of its work. Persons with lived experience serve as voting members of the CoC and serve as Committee and Workgroup Co-Chairs. DCICH’s Committee structure includes a Consumer Engagement Workgroup (CEWG) which identifies critical concerns and improvements to be made across the CoC and informs system processes, program design, and special projects undertaken by the CoC. For example, CEWG members: a) co-designed the Peer Case Management Institute program, a strategic priority for the CoC and advanced by the Dept. of Human Services (DHS), b) informed design and supported client and community engagement on shelter redevelopment, c) led the process for improving and expanding food options at the CoC’s shelter sites and d) annually provide insight on the content of the questionnaires used for the CoC’s Point-in-Time Count and Youth Census. Members from the CEWG regularly participate in project ranking and selection activities and in conversations about setting funding priorities and performance standards. Members participated in the CoC’s Ranking Committee for this and previous NOFOs and played a direct role in approval, scoring, and ranking of the CoC’s Project Listing. CEWG meetings are open to all constituents with lived experience and are encouraged to join meetings via direct outreach from current members, engagements at townhalls, outreach during open ICH Full Council meetings and connections through consumer-led advocacy groups. Further, as noted in III.B.3.c, the ICH is also establishing workgroup Leadership Slates to formalize roles, ensure transparency, and promote power sharing at all levels of the CoC, mirroring the representation of the ICH’s Full Council and Committee Voting Slates set forth by local legislation and ICH bylaws. The intention is to build leadership and opportunities for frontline staff and people with lived experience. To support outreach for this effort, ICH is working with service providers to outreach to people with lived experience via members of boards and residency councils, townhall engagements, and a public call for interest and nominations for both Leadership Slates and Full Council representatives.

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

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	15	5
2.	Participate on CoC committees, subcommittees, or workgroups.	15	5
3.	Included in the development or revision of your CoC’s local competition rating factors.	15	5
4.	Included in the development or revision of your CoC’s coordinated entry process.	15	5

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

**(limit 2,500 characters)**

The CoC recognizes the importance of connecting persons experiencing homelessness to employment resources, especially in a high cost jurisdiction like the District. Whereas the chance of housing retention increases when persons are employed, the CoC and its member organizations work to provide professional development and employment opportunities in the following ways: 1) engaging the DC Dept. of Employment Services (DOES), a CoC member agency, to promote the hiring of persons with lived experience among employers throughout the city, 2) collocation of DOES at day centers serving persons experiencing homelessness, 3) CoC stakeholder and service organizations encourage persons with lived experience to apply for openings at their respective organizations, including peer outreach and specialist positions, and 5) the CoC used YHDP Planning funding to create fellowships for youth with lived experience in local government and provider organizations, a model for additional opportunities. Most recently, in FY24, the District invested locally to launch a Peer Case Management Institute to train and certify individuals with lived experience. The certification program is a collaboration between the Dept. of Human Services, The Community Partnership (TCP, CoC CA, HMIS and CES Lead), Howard University School of Social Work, Pathways to Housing DC. Training consisted of 3 weeks of computer training, 7 weeks of classroom training and 80 hours of practicum or field training with homeless and housing service providers in the CoC. The first cohort of 35 individuals graduated from the program in July 2024, over 50% of whom are now employed, including 8 who secured employment prior to program end. A second cohort is planned for FY25. It is important to highlight the CoC's continued efforts to expand professional development and employment for consumers in the CoC infrastructure. Currently, the CoC supports 6 people with lived experience who receive stipends for participation in up to 5 Committee or Workgroup meetings per month (rate of \$50 per 1.5 hour meeting). To increase the number of individuals supported and ensure diversity in participants, the District has proposed leveraging CoC Planning Dollars under this NOFO. Lastly, in recognition of this ongoing effort, the CoC Governance Board has proposed a forum focused on Expanding Opportunities for Increased Income, Employment and Entrepreneurship, set to launch in 2025 in collaboration with consumer representatives and DOES.

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

Describe in the field below:

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

**(limit 2,500 characters)**

As demonstrated in responses to other questions in this section, people with current or past experience of homelessness are integrally involved at all levels of the CoC. 1. The CoC regularly engages with its membership who have lived experience, and particularly those who have received assistance through CoC and ESG program resources, to learn from their experiences to inform system planning and improvement. This has involved focus groups with persons in CoC programs to learn about where they see the need for improvement, one-on-one interviews with shelter and outreach consumers to learn more about what led them to the CoC's services and what could help them on their way to finding permanent housing, and by conducting biannual Client Satisfaction Surveys wherein program participants can provide qualitative and quantitative insights into where improvements can be made at the program level. As noted in 1D-10a-c., the CoC includes in its committee structure workgroups that are specifically for persons experiencing homelessness to provide feedback and the workgroups' participants are active in other CoC work as well. 2. The CoC actively works to address challenges raised in these forums by tasking staff and agencies for follow up on a particular issue, delegating further tracking to the appropriate Committee or Workgroup to check on progress on a particular issue or project, and/or by working with the CoC's CA and Dept. of Human Services to directly address a challenge. As an example, in response to COVID-19 the CoC shifted its shelter operating hours from overnight only to 24 hour access and provided pre-packed meals instead of serving food in a buffet style. When these changes were set to expire the CoC heard overwhelming feedback that the changes should be made permanent and the CoC Board, CA, and primary (local) funder worked collaboratively to ensure that these services could continue. To ensure the CoC is accurately and transparently tracking constituent concerns, including progress on resolving, the CoC Governance Board (DC Interagency Council on Homelessness, ICH) documents and synthesizes all feedback received via meetings and email by way of meeting materials, monthly and annual reports, all of which are distributed to the infrastructure of Committees and Workgroups. This allows the CoC to track shifts in the landscape, themes and priorities to inform annual work plans and performance monitoring.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1.	reforming zoning and land use policies to permit more housing development; and
	2.	reducing regulatory barriers to housing development.

**(limit 2,500 characters)**

The DC Interagency Council on Homelessness (ICH), the CoC’s Board, is the principal forum for stakeholder and government engagement to advance priorities including expansion of affordable housing and reducing barriers to development. The DC Dept of Housing & Community Development (DHCD) is a voting ICH member and participates in the Housing Solutions Committee. DHCD administers the DC’s Inclusionary Zoning (IZ) Program, which requires 8-10% of residential space set-aside for affordable units in most new residential development projects of 10+ units and rehab projects creating 10+ units in existing building or addition. DHCD administers the Housing Production Trust Fund(HPTF), the main tool to produce/preserve affordable housing in DC. The HPTF (created by the Housing Production Trust Fund Act of 1988) requires that each FY: at least 50 % of HPTF spending serves households with incomes below 30% of the area median income (AMI); at least another 40% serve households with incomes between 30 – 50% AMI; and the balance of funds can serve households with incomes up to 80% AMI. The HPTF is funded through 15% of revenue from deed recordation and transfer taxes as well as the District’s general fund. The Pipeline of HPTF units is public and regularly reviewed by the ICH. DHCD also ensures compliance with Affordable Dwelling Unit (ADU), generally produced in exchange for zoning relief, tax incentives, public financing, and/or right to purchase or lease DC owned land. CoC stakeholders are active participants in the process of amending and updating DC’s Comprehensive Plan, adopted by City Council, which memorializes policies and actions that set priorities for land use. Amendments directly address housing needs, promote affordable housing development in high-cost areas and more equitably across the District. The Plan is critical to advancing the District’s goal to add 36,000 new units by 2025, set by the Mayor in 2019 and achieved and surpassed in July 2024. DHCD, the HPTF Board & the CoC collaborate to sustain progress and address issues including broad market factors (high interest rates, increases in insurance premiums) and property-level issues (high levels of delinquent rent, increased security and maintenance costs) especially as the District continues pursuit of 12,000 net new affordable homes at 80% MFI by 2025. The CoC is committed to continued partnership on these issues and other priorities in its annual Work Plan.



## 1E. Project Capacity, Review, and Ranking—Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/27/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/27/2024

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	38
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
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NOFO Section V.B.2.d.

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

The Interagency Council on Homelessness (ICH), the CoC's governance board, convened a Ranking Committee comprised of non-conflicted group of CoC stakeholders including persons with lived experience, non-HUD funded providers, funders, and advocates that was also demographically diverse in its make up. The CoC's HMIS Lead provided the Ranking Committee with information from HMIS and HMIS comparable data on several metrics including the rates at which persons were placed in or obtained PSH or RRH, or, for participants who exited the programs, whether they exited their programs to other permanent housing destinations. This was a scored metric for each renewing project in the CoC's ranking. The HMIS/HMIS comparable database data reviews that the CoC conducts also includes information on the time it takes to connect people to permanent housing by looking at program entry data from outreach, shelter, and transitional housing providers, housing move-in data from permanent housing providers, and data from the CoC's coordinated entry system to determine how long a move from experiencing homelessness to becoming housed takes in the CoC. As a part of the ranking process, providers wrote narratives about their programs for the Ranking Committee to consider. These narratives included information on how the programs worked with households served to address their vulnerabilities and how their service models ensure that participants were aided in obtaining or maintaining permanent housing. The narrative response was a scored part of the ranking for both renewing and proposed projects (providers proposing projects gave prospective information on how this would be incorporated into their program design). Barriers considered as a part of this process included homelessness chronicity, participant histories of incarceration, domestic violence or trauma, mental health or substance abuse issues, medical fragility, and whether projects predominantly serve youth or older adults.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
NOFO Section V.B.2.e.		
Describe in the field below:		
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

The Interagency Council on Homelessness (ICH), which serves as the CoC's governance Board, convened a Ranking Committee comprised of non-conflicted group of CoC stakeholders including persons with lived experience, non-HUD funded providers, funders, and advocates. This group was also demographically diverse and included persons from demographic groups that are over-represented in the local population of experiencing homelessness. Committee members reviewed HUD guidelines about threshold, performance, and objective criteria in selecting the rating factors used in the 2024 ranking; in addition to using some metrics that past Ranking Committees had used previously, this year's members added new criteria to review including the review of participant satisfaction surveys and cost per household data as a part of their evaluation. The Ranking Committee members who selected the rating factors also reviewed the application materials and performance information from the providers seeking funding through the NOFO and determined which projects would be included in the Consolidated Application Project Listing (as well as which projects should be rejected or reduced) and decided on both the process for ranking and where each project in the Project Listing fell in the ranking. The CoC has reviewed performance data on whether successful outcomes from CoC programs are achieved inequitably and has not noted a marked difference outcome obtainment by under or overrepresented groups. That said, the projects requesting funding wrote narratives that included information on how they address any barriers and work to eliminate bias within their projects. These narratives were part of the scored criteria that the Ranking Committee used to determine their decisions around whether a project should be included in the Consolidated Application and where it was placed in the CoC's ranking.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

The CoC's Ranking Committee reviewed project performance data from existing programs with an eye toward deciding whether any particular project should not be included in the Consolidated application or if it should be reallocated to establish a new program. This review included identifying the projects whose scores placed them toward the bottom of the ranking (before considering where to place new project proposals) and discussing whether or not these projects had been in the bottom of the renewal ranking previously. The CoC's Ranking Committee did not identify any projects in 2024 that it determined warranted needing to be reallocated in 2024. The Ranking Committee did not elect to reallocate any projects as it determined that those toward the bottom of the ranking were still needed and that there could be work done with the provider in the coming grant cycle to improve their performance.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/15/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/15/2024
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<b>1E-5b.</b>	<b>Local Competition Selection Results for All Projects.</b>	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	<b>Does your attachment include:</b> 1. Project Names; 2. Project Scores; 3. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-	Yes
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<b>1E-5c.</b>	<b>Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.</b>	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	<b>Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included:</b> 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/22/2024
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<b>1E-5d.</b>	<b>Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.</b>	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	<b>Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.</b>	10/28/2024
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## 2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

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

**(limit 2,500 characters)**

The Community Partnership (TCP), the CoC's HMIS Lead, has partnered with the DC Coalition of Domestic Violence (DCCADV) to establish an HMIS comparable database for the CoC's DV housing and service providers. DCCADV is the federally recognized statewide DV coalition. TCP and DCCADV identified Osnium as the tool that would be used by DV providers who had HMIS reporting requirements but needed to use an HMIS comparable database due to their mission. Currently, all CoC and locally funded DV programs use Osnium and DCCADV offers training and help desk support to Osnium users in the CoC and works with Osnium staff for technical assistance. The CoC's HUD Collaborative Applicant uses a portion of its CoC Planning dollars to help recipients of the HUD CoC DV Bonus establish and maintain their implementation of Osnium; this enables providers to dedicate more their DV Bonus funding to housing and service activities as opposed to HMIS costs. Osnium software is compliant with the FY24 HMIS Data Standards and works with the CoC's HMIS Lead to ensure inclusion of (deidentified) Osnium data in the CoC's federal reporting projects such as Point in Time, the LSA, and System Performance Metrics; CoC funded DV projects use Osnium to submit their APRs via SAGE as well. The implementation of these standards are mirrored by the CoC's primary HMIS tool, Wellsky's Community Services, and TCP is able to seamlessly incorporate data from both systems into its reporting to funders such as HUD.

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	3,344	161	3,178	90.67%
2. Safe Haven (SH) beds	20	0	20	100.00%
3. Transitional Housing (TH) beds	1,466	227	1,322	78.09%
4. Rapid Re-Housing (RRH) beds	10,021	135	10,156	100.00%
5. Permanent Supportive Housing (PSH) beds	11,856	0	11,763	99.20%
6. Other Permanent Housing (OPH) beds	5,842	0	5,819	99.60%

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

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



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

**(limit 2,500 characters)**

The CoC has increased its bed coverage rate for Transitional Housing since the information that was used for the HIC was collected. There were TH-VSP providers not using a comparable database at the time PIT who have begun to use the system, thereby increasing the CoC's coverage rate for that category.

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

<b>2B-1.</b>	<b>PIT Count Date.</b>	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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<b>2B-2.</b>	<b>PIT Count Data–HDX Submission Date.</b>	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/31/2024
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<b>2B-3.</b>	<b>PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.</b>	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

During the planning phase for the 2024 PIT Count, the CoC collaborated with youth with lived experience and youth serving organizations to: a) refine and enhance the PIT survey tool; b) conduct hot spot mapping leading up to the Count to identify areas where unsheltered youth are known to spend the night; c) ensure that drop-in centers and day programs inform visiting youth about the upcoming PIT Count; d) coordinate with all youth serving shelters and transitional housing locations, including non-CoC programs, to equip and train them to complete surveys with youth or complete data entry in HMIS, and e) assemble PIT Count survey teams comprised of youth with lived experience and youth serving providers to deploy to youth hot spot areas on the night of the count. Additionally, the CoC provides monthly HMIS training tailored to youth providers. As the PIT Count approaches, this training includes specific guidance on accurately submitting data for PIT purposes. The CoC conducts hot spot mapping with youth with lived experience and youth serving providers during its Homeless Youth Census which happens annually at the end of September. This information is updated and incorporated into PIT Count surveying plans for the following January PIT Count. The CoC recruits youth with lived experience through advocates connected to the DC Interagency Council on Homelessness (ICH) and youth serving organizations, specifically targeting youth serving organizations to lead survey teams and include program participants as surveyors on those teams. The CoC makes sure these teams cover areas with a high likelihood of identifying youth, fostering more youth-to-youth engagement during the process. These procedures are also used for the Homeless Youth Census, which is a local effort at understanding youth homelessness and housing insecurity in the DC.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
3.	describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and	
4.	describe how the changes affected your CoC’s PIT count results; or	
5.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.	

(limit 2,500 characters)

Not Applicable

## 2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

<b>2C-1.</b>	<b>Reducing the Number of First Time Homeless–Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	

In the field below:

1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time

**(limit 2,500 characters)**

The CoC worked with the Urban Institute to identify the risk factors that lead to homelessness and to quantify the potential demand for shelter or prevention resources in the jurisdiction thereby determining how many persons were at risk of experiencing homelessness for the first time. This study helped identify which demographic groups might be in the largest need, where (at the council ward level) the need was the greatest, and how far removed from needing services at-risk household were at the time of their survey. This helped to target resources and develop plans for potentially expanding prevention resources to limit demand for shelter when possible. The CoC works to address housing insecurity through with prevention and diversion resources targeted to specific demographic groups such as unaccompanied youth, single adults, and families with children. The District Dept. of Human Services' (DHS) administers the CoC's prevention and diversion programs which are funded by a combination of local and federal funding. These programs provide help with rent arrearages, eviction fees, security deposits, and first month's rent. Prevention/diversion resources targeting persons exiting justice, foster care, and behavioral health systems are also available, and DHS's Project Reconnect program provides diversion resources for those at risk of homelessness, those newly presenting to the shelter system, as well as households that are returning to shelter after a previous stay. The DC Dept. of Housing and Community Development (DHCD) also offers tenant-based rental assistance using HOME funds to prevent homelessness and provide housing stability, and DCHD uses local and federal funding to create, preserve, and protect affordable housing through the District's Housing Production Trust Fund. Reducing the number of households experiencing homelessness for the first time is one of the CoC's Key Performance Indicators and is tracked quarterly. DHS, DHCD, the District's Interagency Council on Homelessness (the CoC Board), the Collaborative Applicant/HMIS Lead work collectively to oversee the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for these households. Progress on this indicator is monitored through HMIS data; the formula for determining the number of households experiencing homelessness for the first time follows HUD reporting parameters.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	
	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	
1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	Yes

(limit 2,500 characters)

As noted in last year's application, other states have bussed undocumented individuals and families to the District of Columbia many of whom have had to rely on services for persons experiencing homelessness that are offered locally. The District's Office of Migrant Services (OMS) and Dept. of Human Services (DHS) have worked with these households to help stabilizing their housing crises but the CoC is unable to quantify to what extent these households may be impacting our overall counts (as immigration or citizenship status is not something tracked locally in HMIS). Apart from these households, the CoC regularly serves households from other jurisdictions as the CoC does not have residency requirements for the use of its shelter services and the CoC expands its shelter capacity during winter months to a greater extent than CoCs in the area. HMIS data gives the CoC information on the number of persons who report a ZIP code outside of the CoC as part of their last permanent address but information on why services were specifically sought in the CoC as opposed to elsewhere is not collected.

<b>2C-2.</b>	<b>Reducing Length of Time Homeless—CoC's Strategy.</b>	
	NOFO Section V.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

**(limit 2,500 characters)**

The CoC works to reduce the length of time households experience homelessness by leveraging its coordinated entry system, a combination of prevention, diversion, and housing resources, and monitoring HMIS data on length of stay in individual programs. Coordinated entry staff use HMIS to identify households whose lengths of time experiencing homelessness are the longest and use that as part of their criteria to determine their priority in the matching process. This may involve assessing whether a household is experiencing chronic homelessness (and therefore eligible for permanent supportive housing) or if rapid rehousing exit assistance may address their housing needs. Furthermore, the DC Housing Authority allows voucher applicants to “self-certify” for vital documents to hasten their application and lease up process. The CoC uses its HMIS – which dates back more than 20 years – to track and understand the extent to which households have used the system over time and to determine their households’ length of time experiencing homelessness in their current episode. Coordinated entry staff use HMIS to aggregate the days of all street outreach, supportive service, and coordinated entry engagements along with shelter and transitional housing stays for each individual and family served by the CoC. This helps identify who has the longest lengths of time experiencing homelessness and is used to match individuals to the appropriate housing intervention. When there are gaps in HMIS, the CoC has encouraged outreach staff to work with participants to understand their housing histories and self-attest to the time they’ve experienced homelessness. Length of time homeless is one of the CoC’s Key Performance Metric and is tracked quarterly. The DC Dept. of Human Services (DHS), the DC Interagency Council on Homelessness, and the CoC’s Collaborative Applicant/HMIS Lead oversee the CoC’s strategy for reducing the length of time experiencing homelessness in the CoC.

2C-3.	<b>Successful Permanent Housing Placement or Retention –CoC’s Strategy.</b>	
	NOFO Section V.B.5.d.	
	In the field below:	
1.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

**(limit 2,500 characters)**

The CoC works to both exit households experiencing homelessness to permanent destinations and to help those who have been placed in permanent housing retain it. The Housing First approach is a key local policy priority and informs the strategy on this area of system performance as well. The CoC’s strategy is operationalized by the Coordinated Entry staff’s work to identify households that are ideal matches for housing program vacancies in rapid rehousing (RRH), permanent supportive housing (PSH), and other interventions like targeted affordable housing (TAH) and the local rent supplement program (LRSP), and initiatives like Project Reconnect that help unstably housed residents by providing financial supports and case management to resolve housing crises. Local and CoC dollars have increased the available resources and, in the case of TAH, can assist households that need to “step up” to a permanent subsidy from RRH when the service intensity of PSH is not needed for the household. The CoC’s housing resources have been successful in helping households placed retain their housing long term. System performance metrics show high rates of housing stability, low rates of return to shelter, and increasing rates of exit from the street or shelter. Assessing rates of exit to permanent destinations and housing stability for PSH programs are part of the CoC’s continuous quality improvement review and are tracked quarterly. The DC Dept. of Human Services (DHS), DC Interagency Council on Homelessness, and the CoC’s Collaborative Applicant/HMIS Lead oversee the strategy for increasing the rate of exiting and retaining permanent housing.

<b>2C-4.</b>	<b>Reducing Returns to Homelessness—CoC’s Strategy.</b>	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate that individuals and families return to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

**(limit 2,500 characters)**



The CoC uses HMIS to identify households experiencing homelessness who have a previous stay and have returned to the CoC following an exit to permanent housing. This review includes using HMIS to identify the households that for which this is true and how much time elapsed between their exit and subsequent return. In turn, the information on whether the return occurred, how long between exit and return, and from where the exit took place help the CoC identify where there might be systemic or program issues causing the returns at a higher-than-expected rate. Situations such as a provider exiting households too quickly or to an intervention that does not provide ultimately provide stability because of the household’s needs are the two most common factors. The CoC works to reduce returns to homelessness by using both population-based approaches and individualized reviews of data which occur on a quarterly basis. Through these reviews, the CoC identifies providers with higher return rates and works with them directly to address internal processes that might cause high rates of return after exit and establishes plans to change flawed processes. The CoC also reviews returns among subpopulations targeted for placement in specific housing resources that were ultimately unsuccessful for them. This allows the CoC the opportunity to improve service delivery at the provider-level for specific populations. The coordinated entry system also utilizes case conferences to ensure clients who have returned are matched with a more appropriate resource for their unique needs, rather than applying a one-size-fits-all approach. The DC Depts. of Human Services (DHS) Project Reconnect can be used as a resource for diverting individuals who have returned to shelter after an extended absence to help quickly exit persons who have returned but who can avoid a new long episode of homelessness. Taken together, these processes have helped maintain low rates of return relative to the size of the population served over the course of the year. Assessing the rate of return to homelessness is a part of the CoC's continuous quality improvement review, is a CoC Key Performance Indicator, and is tracked quarterly. The DC Depts. of Human Services and Housing and Community Development, the DC Interagency Council on Homelessness, and the CoC’s Collaborative Applicant/HMIS Lead.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

Increasing income through employment is a key metric that the CoC reviews on a quarterly basis. Given high costs of living and limited affordable housing in the District of Columbia, employment (for those who are able) is key to mitigating housing crises and ending homelessness locally. The CoC’s strategy is District-wide and involves public-private partnerships to train the workforce and increase employment opportunities, providing employment services at shelters and day centers, expansion of work bed programs at shelters for those who are working and need a regular place to stay while unhoused, and providing targeted employment training such as the CoC’s peer case management institute where service consumers can work toward a position with one of the CoC’s providers. Providers work with program participants to ensure that they are working on housing and employment related goals simultaneously, and services are designed to support with mitigating barriers to employment (e.g. histories of job cycling, a lack of secondary education credentials or technical skills, felony convictions, etc.). The DC Department of Employment Services (DOES) works with CoC participants, especially those in RRH, to fast-track them to training programs and open positions in DOES’s network. DOES’s Project Empowerment is specifically designed to support individuals experiencing homelessness to find employment and gain skills to increase their income. The DC Public Library System also provides support to job seekers via a drop-in program to help with job search, completing online applications, and resume writing. Assessing the rate at which program participants increase income through employment is part of the CoC’s continuous quality improvement reviews and are done quarterly. The organizations responsible for overseeing the CoC’s strategy to increase income from employment are DOES, the District Depts. of Human Services (DHS), and Housing and Community Development (DHCD), the District of Columbia Interagency Council on Homelessness, the Collaborative Applicant/HMIS Lead, the DC Public Library System, and the University of the District of Columbia.

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

The CoC's local strategic plan to end homelessness stresses the importance of economic security for all, regardless of their employment status. Along with the quarterly reviews of the rate at which income from employment increases the CoC also looks at the rate of increase from non-cash income sources as well. The CoC ensures all providers have the requisite information for determining resource eligibility, shortening intake processes, and reinforcing early and consistent access to benefits for participants. The CoC has also expanded its SOAR teams to help provide greater access to non-employment income across the District. These specially trained staff help participants navigate the SSI/SSDI application process. Locally funded programs are contractually required to have SOAR specialists integrated into their services ensuring access for all clients across the CoC. Additionally, any family household not connected to TANF resources are assisted at intake to connect with those benefits. The District, led by DHS and DC Dept. of Health Care Finance, are working to launch the Housing Supportive Services (HSS) Medicaid benefit approved to begin in 2022. This will enable DC to use Medicaid monies, instead of local funding, to pay for permanent supportive housing (PSH) services. For families and individuals not eligible for Medicaid, PSH services for non-HUD funded programming will continue to be covered under the local funding. This will enable the District to redirect local savings into additional programming for consumers. The District is exploring additional incentives for families and individuals to increase successful permanent housing exits, case management goals and lease up.

### 3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
The Community Par...	PH-RRH	45	Both

### **3A-3. List of Projects.**

1. What is the name of the new project? The Community Partnership - DV Bonus

2. Enter the Unique Entity Identifier (UEI): P4RAZM1UDNK6

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 45

5. Select the type of leverage: Both

### 3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

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

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

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

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

**(limit 2,500 characters)**

Not applicable.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

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

(limit 2,500 characters)

Not applicable.

## 4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

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

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

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

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

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

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

1.	Enter the number of survivors that need housing or services:	1,328
2.	Enter the number of survivors your CoC is currently serving:	976
3.	Unmet Need:	352



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

**(limit 2,500 characters)**

The CoC's Collaborative Applicant and HMIS Lead uses information collected in the CoC's HMIS and HMIS Comparable Database along with data available to the CoC through the Crime Victim's Compensation Fund and the National Network to End Domestic Violence to determine how many persons in households (both single persons and families) who have histories of domestic or dating violence, sexual assault, or stalking (hereafter, "DV") are in need of housing or services. These data can be used to identify the number of persons in need of services on a given day (as was done for the response to 4A-3), at single points in time, or at other longitudinal intervals such as an annualized count. The primary barrier to meeting the needs of survivors is the lack of housing resources available in the CoC that serve DV survivors; in response, the CoC is using the DV Bonus funds made available through this NOFO to expand three existing HUD CoC programs and to establish a new project as well. The additional capacity brought online could potentially halve the unmet need for the CoC as reported above.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

<b>Applicant Name</b>
The Community Par...

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

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

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

1.	Applicant Name	The Community Partnership for the Prevention of Homelessness
2.	Rate of Housing Placement of DV Survivors–Percentage	25%
3.	Rate of Housing Retention of DV Survivors–Percentage	85%

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

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

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

**(limit 1,500 characters)**

The applicant calculated the rate of housing placement using data from the CoC's HMIS and HMIS comparable database which included both information on exits from outreach, shelter, and transitional programs to HUD-defined permanent destinations and placement information from rapid rehousing, permanent supportive housing, and other housing programs that use the HMIS/HMIS comparable database. Information from system-generated unique identifiers (as opposed to identified information) was deduplicated to ensure that no placements were counted twice. The rate of housing placement does account for exits to safe housing destinations when the exit destination type is documented in the HMIS/HMIS comparable database. The rate of retention is calculated by reviewing HMIS/HMIS comparable data from PSH programs to determine how many households are either not exiting from their PSH placement or, if exiting, are leaving for a HUD-defined permanent destination. That figure is divided by the total number of households served in those programs to determine the rate of housing retention. As noted, the data used is from the CoC's HMIS (Wellsky's ServicePoint) and HMIS comparable database (Osnum).

4A-3c.	<b>Applicant's Experience Housing DV Survivors.</b> NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

**(limit 2,500 characters)**

The applicant requires its CoC providers to participate in the CoC's Coordinated Entry System (CES) to best enable to movement of survivors into housing. Each subrecipient must provide written commitments at the time of application stating that they will do so and this requirement is written into their subcontracts issued by the applicant to subrecipients. The DC Coalition Against Domestic Violence, the CoC's federally recognized statewide Domestic Violence coalition) helped the CoC to update its CES and emergency transfer plan to ensure that the CoC is accessible to survivors, that providers with requirements for the protection of survivor data, and that services are survivor centered. Moreover, the CoC understands that a Housing First approach which requires its permanent housing programs to operate without prerequisites or conditions is key to ending homelessness. Potential subrecipients seeking funding from the CoC are required to provide written commitments that their programs will operate according to Housing First principles as well and this is also written into subcontracts. The CoC further recognizes that survivors need access to a broad range of supports and potential subrecipients seeking funding from the CoC must provide written survivor centered service plans that include their plans clients to case management, housing search assistance, mental health services, & medical services. Potential subrecipients must describe their staffing plan to ensure the delivery of services. If an applicant proposes to have any part of its service plan delivered by a third-party partner, the applicant is required to provide a written agreement between the applicant and the partner outlining the services to be provided. CoC resources are finite, and providers must continually assess clients to tailor service plans as service needs change. When appropriate, providers must work with participants to plan for a transition out of care so the CoC can maximize resources. Subrecipients are required to submit a written move-on strategy to the CoC describing their process for determining when clients can be transitioned out of services to full independence. Move-on strategies must include descriptions of the ongoing assessment of clients' needs, milestones, safety planning, and a survivor-centered approach to a transition out of care.

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

**(limit 2,500 characters)**

The applicant requires potential subrecipients to complete the 40-hour Domestic Violence Advocate Core Competency Training (DVACT) through the DC Coalition Against Domestic Violence (DC's federally-recognized DV coalition) and are trained in Seeking Safety, an evidenced based Present-Focused coping skills strategy to help program participants address trauma and must provide written commitments at the time of application. This requirement is written into their subcontracts at the time of award. DVACT covers modules on the Dynamics of Domestic Violence, Self-Care, Safety Planning, Trauma and Trauma-Informed Care, Crisis Intervention, Risk Assessment, Data Confidentiality, and more. The CoC requires that all DV providers have private offices where confidential intakes occur and offer virtual meetings using HIPPA compliant software. When couples present for services, interviews are done separately to ensure that both partners can be as transparent about their circumstances as possible; when appropriate and safe, couples may be served as a household unit. The CoC understands the need for trauma informed case planning and that survivors should be active in determining their service needs and the plan for addressing those needs. Applicants seeking funding from the CoC must provide written survivor centered service plans that include working with clients to select units in scattered site or rental assistance programs, customized safety plans have included taking steps to secure the unit such as purchasing security bars for a client's windows; speaking with management at apartments to ensure they understand confidentiality practices for client safety; advocating to ensure front desk staff are a part of safety plans regarding stalking; and purchasing flashlights for clients who work late and walk from their car at night. For program participants who work non-traditional hours or who have expressed a concern about their safety on public transportation, alternative transportation such as the use of ride sharing services are provided by the CoC.

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

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

**(limit 2,500 characters)**

The CoC evaluates its ability to ensure DV survivor safety in the following ways: Provider agency leadership has weekly conversations with staff about participants' safety plans and their status. Disruptions to safety plans require a team approach that includes the participant, and providers are required to record incidents in the CoC's HMIS-comparable database and to conduct assessments after incidents to understand better approaches and client follow-up. When a participant experiences issues like a relapse or trauma, the team works to link the participant with additional therapy sessions, interventions, and makes offers for and/or facilitates transfers. The team will meet throughout and following the response to gauge progress and to identify weakness, strengths, and lessons learned. Moreover, the providers' quality assurance strategy is reviewed quarterly to identify any gaps. This audit consists of open discussions around where our policies and practices can be improved to meet client needs. Providers conduct SWOT analyses of what needs to be improved and what is going well in order to improve the system moving forward.

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

**(limit 2,500 characters)**

As noted the CoC, the applicant, and the DC Coalition Against Domestic Violence (DCADV) have worked together to build out a Coordinated Entry System (CES) that is accessible to survivors and takes their needs into consideration when placing survivors into housing or CoC programs either as they newly enter the system or when requesting an emergency transfer due to a DV situation. The Applicant is responsible for administering the CoC's CES and built on that experience when working with the DCADV to enhance the existing system. The applicant's experience includes being one of the first CoC HMIS Leads nationally to use HMIS to inform CES procedures and in developing the mechanisms for prioritizing housing resources based on the needs to persons and families presenting for services. The tools used in these processes also take stated preferences about housing type, location, and service engagement level into consideration and matches based on these criteria in addition to program type and service need preferences are taken into account to largest extent possible. The applicant will pass on requirements to participate in CES and to follow these policies and procedures to any identified subrecipients as awards are made.

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

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

(limit 5,000 characters)

The DC Coalition Against Domestic Violence, the CoC's federally-recognized DV coalition, helped the CoC adapt the coordinated entry system (CES) to ensure that it is accessible to survivors, that it complies with requirements for the protection of survivor data, and that operates in a survivor-centered way. The Applicant requires all potential subrecipients to participate and they must provide written commitments to do so when applying for funding. The CoC understands that permanent housing without prerequisites or conditions is key to survivor-centered services. Applicants seeking funding from the CoC are required to provide written commitments that their programs will operate according to Housing First principles and this is written into their subagreements at the time of award. When referrals are made from the CES Applicants are required to make contact with survivors within 48 hours and schedule the intake appointment within one week of contact. The intake process triages clients' needs and provides referrals to the appropriate program/service provider. This process expands our inter-agency relationships to ensure that there is a trauma-informed "warm handoff" to the housing provider. Housing and safety plans are guided by the client's experience, as survivors know their circumstances best. The CoC understands that unbalanced power dynamics can be triggering and retraumatizing for survivors. Applicants are required to describe their plan for delivering strengths-based services that follow clients' preferences and maximize client choice and focus on establishing a client's sense of self and accessing resources. Services will remain culturally humble, allowing each individual's unique experience to shape the flow and timeline of services. These components include: Peer support specialists who will destigmatize accessing care and resources, along with allowing for mentorship in addition to clinical care. Peer support specialists will also provide feedback to the clinical team. Trauma-informed case management addresses the unique needs of survivors by following the client's own goals and pace to focus first on establishing a sense of self. Housing will tie clinical and programmatic services together. The clinical supervisor will provide trauma-informed, crisis support, as well as advocate for long-term care. By providing two stages of clinical care for the gentle care of those coming most recently from domestic violence and sexual assault experiences, as well as an extended warm handoff in the second stage, this second stage of transitional care will address long-term root causes of trauma and advocate for client needs within the broader mental health system. Case management services are provided to every adult and child survivor. Case management includes relationship-building, assessments, goal-planning, referrals and linkages to key resources, coordination of services, and assistance in overcoming barriers to services. Service-enriched housing case managers help survivors identify and prioritize their needs and those of their children while supporting their rights and responsibility to make appropriate choices to achieve their desired goals.

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

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

**(limit 5,000 characters)**

The applicant works with subrecipients who recognize that long term stability is made possible by offering services that meet participants where they are. The services provided include individual and group counseling, domestic violence education, daily life skills support, case management, and referrals to mental health services, employment services, financial literacy, furniture assistance, assistance obtaining benefits/entitlements, and advocacy for obtaining community resources. Applicants case management plans include relationship-building, assessments, goal-planning, referrals and linkages to key resources, coordination of services, and assistance in overcoming barriers to services. Service-enriched housing case managers help survivors identify and prioritize their needs and those of their children while supporting their rights and responsibility to make appropriate choices to achieve their desired goals. There is an initial and ongoing emphasis on safety. Case managers help each client identify and address threats to their physical and emotional safety. The response to threats includes both developing the client’s internal resources through counseling, creating a safety plan, and accessing external resources through case management. Financial literacy is critical to addressing financial abuse and supporting survivors in learning the necessary skills to manage, budget and gain control of their financial decisions and destiny. Therefore, applicants were required demonstrate their plan for providing these services internally or through external partnerships. Upon completion of financial literacy training are supported in opening a bank account and accessing debt remediation program funds to clear their negative credit history and support their gaining credit worthiness. Applicants were also required to describe their plan for making external referrals for services not offered at their programs to ensure there were not unnecessary limitations on their ability to meet clients’ needs.

4A-3h.	Applicant’s Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

**(limit 2,500 characters)**



The applicant will be the primary recipient for the project applied for under the New DV Bonus and will build on the experience noted in 4A-3e. The applicant will leverage the CoC's Coordinated Entry System (CES) which has been enhanced to be more accessible to survivors seeking either new housing placements or emergency transfers to identify potential participant households. The new project created through the DV Bonus opportunity was conceptualized as one without a specific priority or service need in mind aside from the need to work with survivors. That will free participants and case managers to work together to develop individualized service plans and housing arrangements. This builds on what the applicant knows from its work with the statewide DV coalition about trauma informed services: that case managers must work closely with participants to develop their own goals and develop an actionable plan together to assist participants with meeting their goals and addresses their articulated needs.

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

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

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

**(limit 5,000 characters)**

The applicant will be the primary recipient for the project applied for under the New DV Bonus and will build on the experience noted in 4A-3f. The new program will build on existing best practices within the CoC including implementing a policy of the participant identifying their own goals by giving them the autonomy to identify what they feel are the most important areas for them to work on and what is most important to them. Participants will be held accountable to the goals they set and adjustments are made when circumstance change. This approach uses a strengths-based approach for assessing for strengths in addition to obstacles. Case managers and participants will also develop a safety plans, housing plans, and connections to other as-needed resources such as legal services, life skills, educational resources, etc. If participants are unable to meet stated goals the approach should not be punitive and program staff will work to provide the supports needed to help the participant be successful. Participants will also have access to monthly support groups which allow them to connect with peers and other survivors to build community and support networks.

4A-3j.	<b>Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).</b> NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**

The applicant's plan for involving survivors in policy and program development, operations, and evaluation in the New DV Bonus Housing Project include convening community meetings with program participants to gather feedback on all of these areas as well as to provide an opportunity for participants to communicate about what is going well and what can be improved about the program, the services received, and any area relevant to the community. Participants will also be encouraged to participate in similar discussions on a CoC-wide basis through the CoC's its committee and workgroup structure, particular via the consumer engagement workgroup which is a forum for persons with lived experience to discuss the CoC at large. To gather evaluative information, the program participants will also have the opportunity to submit "satisfaction surveys" at regular intervals which allow them to anonymously provide feedback about the program and their feelings about how the program is operating and what they would suggest for changes to the program design, service offerings, etc.

## 4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
  - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
  - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/12/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/12/2024
1E-2. Local Competition Scoring Tool	Yes	CoC Ranking Scori...	10/12/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/12/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Rejected Notice	10/16/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/16/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/25/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting—CoC-A...	10/29/2024

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	10/29/2024
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	08/29/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/29/2024
3A-2a. Healthcare Formal Agreements	No	Unity health care...	10/29/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description: Lived Experience Support Letter

## Attachment Details

Document Description: Housing First Evaluation Tool

## Attachment Details

Document Description: CoC Ranking Scoring Tool

## Attachment Details

**Document Description:** Scored Forms for One Project

## **Attachment Details**

**Document Description:** Rejected Notice

## **Attachment Details**

**Document Description:** Notification of Projects Accepted

## **Attachment Details**

**Document Description:** Local Competition Selection Results

## **Attachment Details**

**Document Description:** Web Posting—CoC-Approved Consolidated Application

## **Attachment Details**

**Document Description:** Notification of CoC-Approved Consolidated Application

## Attachment Details

**Document Description:** HUD's Homeless Data Exchange (HDX) Competition Report

## Attachment Details

**Document Description:** Housing Leveraging Commitments

## Attachment Details

**Document Description:** Unity health care commitment

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**



September 30, 2024

US Department of Housing and Urban Development Headquarters  
451 7th Street S.W., Washington, DC 20410

RE: District of Columbia Interagency Council on Homelessness Letter of Support for the FY2024 - FY2025  
HUD CoC NOFO

To Whom It May Concern:

The District of Columbia Interagency Council on Homelessness (ICH) sets the strategic framework for the city's response to homelessness and leads the District's Continuum of Care (CoC) Governance Board.

The ICH advances strategic goals within the CoC through a network of committees and working groups, including the Consumer Engagement Workgroup (CEWG) made up of representatives with single adult, family and youth experience of homelessness. Persons with lived experience lead and participate in ICH forums and are represented as voting members of the CoC Board.

CEWG representatives provided insight and feedback for the CoC's policy and programmatic priorities including supporting persons with severe service needs. Representatives from the CEWG participated in the CoC's Ranking and New Project Selection Committee for this FY2024 - FY2025 HUD CoC NOFO process and helped make decisions on which proposals the CoC put forth in response to the CoC and DV Bonus opportunities as well as the ranked order of proposals seeking new and renewal funding.

Should you have any questions, please do not hesitate to contact me at 202-727-1751 or [theresa.silla@dc.gov](mailto:theresa.silla@dc.gov).

Sincerely,

Theresa Silla

Executive Director  
DC Interagency Council on Homelessness (ICH)  
Office of the Deputy Mayor for Health and Human Services (DMHHS)  
202 727 1751 (d) | 202 853 5017 (c) | [Theresa.silla@dc.gov](mailto:Theresa.silla@dc.gov) (e)





## **THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS**

### **Housing First Evaluation Tool**

**Background:** Housing First is a homeless assistance model that prioritizes providing individuals/families experiencing homelessness immediate access to permanent housing and supportive services without the requirement of meeting prerequisites, preconditions, behavioral contingencies or other barriers. The Community Partnership for the Prevention of Homelessness (TCP) requires its subcontractors to comply with and enforce a Housing First Approach through programs funded by TCP.

TCP utilizes the below Housing First Evaluation Model to assess a program’s adherence to Housing First and project-level fidelity to Housing First.

Directions: The evaluator must review each Housing First standard and assess the program’s compliance with the standard utilizing the corresponding rating scale of “Not at all”, “Sometimes” or ‘Always”.

#### **Program Information:**

Provider Name:

Program Name:

Contract Number:

Contract Period:

#### **Housing First Evaluation Tool**

<b>Housing First Standard</b>	<b>Rating</b>	<b>Notes (If Applicable)</b>
Admission to the program is not contingent on employment status.	Choose an item.	
Admission to the program is not contingent on minimum income requirements.	Choose an item.	
Admission to the program is not contingent on criminal background.	Choose an item.	
Admission to the program is not contingent on physical or mental health history/diagnosis or usage of substances.	Choose an item.	
The program has an expedited admission process (to the greatest extent possible) including helping individuals or families seeking services to obtain needed	Choose an item.	

documentation, as well as processes to admit individuals or families seeking services regardless of the status of their eligibility documentation whenever applicable.		
Intake and assessment procedures are focused on the individual's or family's strengths, needs and preferences.	Choose an item.	
Assessments utilized in the program are focused on identifying needs, resources, as well as identifying barriers to housing that can inform the basis of a housing plan for the individual or family.	Choose an item.	
The program participates in the Coordinated Entry process or has an established referral process.	Choose an item.	
The program engages in a continued effort to hold housing for participants/families if they leave their housing for a short period of time due to treatment, illness, or any other temporary stay outside of the program facility or unit.	Choose an item.	
For programs that require participants/families to pay rent, when necessary, participants/families are offered payment arrangements for rent arrears and/or assistance with financial management.	Choose an item.	
Services offered to program participants/families are housing focused to include at minimum the following areas of support: employment/income and housing attainment/ stabilization.	Choose an item.	
The program offers case planning that is person/family-centered.	Choose an item.	
Language translation and interpretation services are offered and provided to	Choose an item.	

participants/families upon request in their preferred language.		
Services offered by the program support a participant's/family's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants/families are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices.	Choose an item.	
Housing in the program is not dependent on participation in services.	Choose an item.	
On an ongoing basis, the program assesses a participant's/family's needs for continued assistance and provide tailored assistance based on those assessments.	Choose an item.	

Evaluator's comments based off of completion of the evaluation:

**Evaluation Completed By/title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Project	Project Score (out of 100 possible points)	Project Status (Accepted/Rejected)	Project Application Type (New/Renewal)	Project Rank	Amount Requested from HUD	Reallocated Funds
House of Ruth - New Foundations	89.90	Accepted	Renewal	1	\$510,866	\$0
SMYAL - Rapid Rehousing II (New Project CoC Bonus)	89.14	Accepted	New	2	\$741,854	\$0
Christ House - Kairos Program	89.03	Accepted	Renewal	3	\$2,135,874	\$0
Friendship Place - Bridges 1 & 2	88.00	Accepted	Renewal	4	\$327,676	\$0
The Community Partnership - Permanent Singles	87.80	Accepted	Renewal	5	\$474,719	\$0
New Endeavors by Women - New Journeys 2	87.46	Accepted	Renewal	6	\$212,645	\$0
Pathways to Housing - Streets to Homes	87.33	Accepted	Renewal	7	\$599,719	\$0
Housing Up - Youth Families	87.03	Accepted	Renewal	8	\$803,172	\$0
Community of Hope - Housing Families First	87.00	Accepted	Renewal	9	\$713,476	\$0
The Community Partnership - CHI 6	86.93	Accepted	Renewal	10	\$1,011,528	\$0
Housing Up - Family Connections	86.81	Accepted	Renewal	11	\$597,693	\$0
Housing Up - Veterans Connections	86.64	Accepted	Renewal	12	\$1,092,684	\$0
Calvary Women's Services - New Foundations 2 (First Time Renewal)	86.48	Accepted	Renewal	13	\$469,719	\$0
House of Ruth - Hope Rising - PSH IND	86.34	Accepted	Renewal	14	\$302,614	\$0
Pathways to Housing - Home, Health & Hope DC	85.97	Accepted	Renewal	15	\$1,248,938	\$0
Friendship Place - Bridges 3	85.93	Accepted	Renewal	16	\$277,875	\$0
New Endeavors by Women - Rachael's Women's Center	85.77	Accepted	Renewal	17	\$146,695	\$0
Housing Up - Housing with Care 2	85.49	Accepted	Renewal	18	\$574,146	\$0
Christ House - Kairos House (Expansion CoC Bonus)	85.43	Accepted	New	19	\$550,000	\$0
Calvary Womens Services - Reach Up	85.40	Accepted	Renewal	20	\$421,930	\$0
DC Doors - Beacon of Home (New Project CoC Bonus)	85.14	Accepted	New	21	\$676,928	\$0
Sasha Bruce - Independent Living Program	85.03	Accepted	Renewal	22	\$200,977	\$0
DC DHS - Shelter Plus Care	85.01	Accepted	Renewal	23	\$5,410,769	\$0
Calvary Women's Services - Reach Up (Expansion DV Bonus)	84.50	Accepted	New	24	\$391,672	\$0
Calvary Womens Services - Sister Circle	84.10	Accepted	Renewal	25	\$254,491	\$0
Pathways to Housing - CHI 7	83.99	Accepted	Renewal	26	\$223,484	\$0
New Endeavors by Women - New Horizons	83.80	Accepted	Renewal	27	\$598,986	\$0
House of Ruth - Families First - PSH FAM	83.26	Accepted	Renewal	28	\$363,709	\$0
Pathways to Housing - Serial Inebriates	82.53	Accepted	Renewal	29	\$719,799	\$0
Housing Up - Partner Arms 2	82.31	Accepted	Renewal	30	\$173,358	\$0
Housing Up - Partner Arms 1	82.29	Accepted	Renewal	31	\$180,914	\$0
My Sister's Place - RISE Plus	79.64	Accepted	Renewal	32	\$1,894,952	\$0
N Street Village - Miriam's House	75.23	Accepted	Renewal	33	\$143,904	\$0
Catholic Charities - Mount Carmel House	81.03	Accepted	Renewal	34	\$231,900	\$0
Catholic Charities - Chronic Homeless Initiative 5	80.59	Accepted	Renewal	35	\$629,443	\$0
DASH - Project Empowerment (First Time Renewal)	80.26	Accepted	Renewal	36	\$1,248,209	\$0
My Sister's Place - RISE Plus (Expansion DV Bonus)	81.57	Accepted	New	37	\$1,452,289	\$0
N Street Village - Miriam's House (Expansion CoC Bonus)	81.14	Accepted	New	38	\$110,000	\$0
DASH - Project Empowerment (Expansion DV Bonus)	79.63	Accepted	New	39	\$763,039	\$0
New Endeavors by Women - New Hope	74.06	Accepted	Renewal	40	\$255,579	\$0
Friendship Place - LIFT	69.00	Accepted	Renewal	41	\$559,808	\$0
Friendship Place - LIFT Plus	64.00	Accepted	Renewal	42	\$624,862	\$0
Echelon Community Services - Echelon PSH (New Project CoC Bonus)	77.71	Accepted	New	43	\$1,333,735	\$0
St. John's Community Services - Oasis House	72.57	Accepted	Renewal	44	\$629,974	\$0
The Community Partnership - DV Bonus	64.00	Accepted	New	45	\$247,847	\$0
Sasha Bruce - YHDP Thrive	86.43	Accepted	Renewal	n/a- YHDP does not need to be ranked	\$1,337,842	\$0
SMYAL - YHDP Rapid Rehousing	85.01	Accepted	Renewal	n/a- YHDP does not need to be ranked	\$733,863	\$0
St. John's - Oasis House (Expansion CoC Bonus)	58.71	Rejected	New	n/a-rejected		
St. John's Community Services - New Project - (New Project DV Bonus)	54.34	Rejected	New	n/a-rejected		

### For Providers

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### CoC Program NOFO

The HUD Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) was released on July 31, 2024; information about the NOFO can be found [here](#).

The Community Partnership and District of Columbia CoC seek organizations interested in applying for new and renewing projects under the NOFO. For more information, please review the documents linked below.

Application materials for renewing projects and projects seeking new funding under the HUD CoC Program are due September 18, 2024. The materials may be found below.

### CoC Builds

HUD has also released the CoC Builds NOFO. The Community Partnership and District of Columbia CoC are also seeking organizations in this opportunity that can jointly fund the construction or rehab of housing units to support a Permanent Supportive Housing program. Information on CoC Builds can be found [here](#). Application Materials are due October 10, 2024.

### CoC Program NOFO - Documents

[2024 Preliminary Provider Meeting \(June 2024\)](#)

[2024 Provider Meeting for Renewing Grantees \(August 2024\)](#)

[2024 Provider Meeting for New Project Applicants \(August 2024\)](#)

[2024 Instructions for Supplemental Application Materials, New and Renewing Grantees](#)

[2024 New Project Applicant Submission Form](#)

[Notification of Submission of CoC Approved Consolidated Application](#)

[Web Posting of 2024 CoC Approved Consolidated Application](#)

[Web Posting of 2024 Priority Listing](#)



**From:** [Tom Fredericksen](#)  
**To:** [Sue Marshall](#); [Fred Swan](#); [Kim Kendrick](#); [Clarence Stewart](#); [Michael Berry](#); [Xiaowei Zheng](#)  
**Cc:** [Candyce Coates](#); [Ashley Burrell](#); [Elisabeth Young](#); [Samantha LeBlanc](#); [Sarah Flinspach](#)  
**Bcc:** [Apyrll Green](#); [Jessica Clingerman](#); ["Liz Odongo"](#); ["Rich Bennett"](#); ["Rajendra Rawana"](#); ["Sherrie Harrison"](#); ["Rainer Rodriguez Pena"](#); ["CARLA BOWENS"](#); ["Christy Respress"](#); ["William Doyle"](#); ["Joann Beale"](#); ["wstepoe@nebwo.org"](#); ["Antoinette Norris"](#); ["Bryan Hamer"](#); ["dball@nccf-cares.org"](#); ["kmakell@nccf-cares.org"](#); ["sstrianse@metroedsolutions.com"](#); ["rmoya@layc-dc.org"](#); ["yepez@layc-dc.org"](#); ["rfarah@layc-dc.org"](#); ["Mohamed, Nada \(DHS\)"](#); ["Leora Ibraheem"](#); ["Tim Fretz"](#); ["merwin@nstreetvillage.org"](#); ["pmaroney@nstreetvillage.org"](#); ["tadams@hillcrest-dc.org"](#); ["tsmith@hillcrest-dc.org"](#); ["Deborah Shore"](#); ["Bianca Faccio"](#); ["Ivana Gutierrez"](#); ["Daniel Rico"](#); ["Lori Liffriq"](#); ["Corey Mendez"](#); ["Luis Vasquez"](#); ["Zelalem F. 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["Alex Hallen"](#); ["kngaaie@dashdc.org"](#); ["Corey Mendez"](#); ["Janethe Peña"](#); ["Daniel Rico"](#); ["etecde@gmail.com"](#); ["Cornelia Kent"](#); ["Alfonso Padron"](#); ["Angela Oehlerking"](#); ["humphreykungumwanji@gmail.com"](#); ["Tim Fretz"](#); ["Michaela Muttom"](#); ["Akilah Jackson"](#); ["Sharon Knight"](#); ["wstepoe@nebwo.org"](#); ["anorris@nebwo.org"](#); ["MinT Project"](#); ["kelly@gmctg.org"](#); ["amanda@icada.org"](#); ["alw@tzedekdc.org"](#); ["cw@tzedekdc.org"](#); ["becky@beckysfund.org"](#); ["bridgette@nvrdc.org"](#); ["dblanchon@lcpd.org"](#); ["jalejandro@lcpd.org"](#); ["kngaaie@dashdc.org"](#); ["Kris Thompson"](#); ["krittika@dvpr.org"](#); ["lul@thepersoncenterdc.org"](#); ["ssmith@marycenter.org"](#); ["tpavao@maryscenter.org"](#); ["Mercedes Lemp"](#); ["roberta@deafadawn.org"](#); ["notero@dcsafe.org"](#); ["bclaborn@dcsafe.org"](#); ["paula@ayuda.org"](#); ["ana.plaza@ayuda.org"](#); ["rkishnan@thewomenscenter.org"](#); ["stennen@dcvlp.org"](#); ["Sharon Knight"](#); ["sjackson@houseofruth.org"](#); ["boundforbetter@yahoo.com"](#); ["boundforbetter@yahoo.com"](#); ["grants@darcyrendonconsulting.com"](#); ["greg@accesshousingdc.org"](#); ["Jessica Clingerman"](#); ["karyn.cassella@christhouse.org"](#); ["MinT Project"](#); ["Akilah Jackson"](#); ["kelly@gmctg.org"](#); ["etecde@gmail.com"](#); ["theresa.silla@dc.gov"](#); ["Kally Canfield"](#); ["jill \(DHS-Contractor\)"](#); ["Rosa, Eileen \(EOM\)"](#); ["Pierre, Rachel \(DHS\)"](#); ["Bass, LoTova \(DHS\)"](#); ["Elisabeth Young"](#); ["Canfield, Kally \(EOM\)"](#); ["Silla, Theresa \(EOM-Contractor\)"](#); ["haley@everyonehomedc.org"](#); ["cegwaatu@dccadv.org"](#); ["rachelleellison74@gmail.com"](#); ["nikilasmith1@gmail.com"](#); ["reggieblackich@gmail.com"](#); ["mdeming@dccadv.org"](#); ["theresa.silla@dc.gov"](#); ["chikarlo.leak@dc.gov"](#); ["jolney@thecommunityfoundation.org"](#); ["streetreporter227@gmail.com"](#); ["ich\\_dmhhs@dc.gov"](#)

**Subject:** 2024 HUD NOFO Submitted  
**Date:** Tuesday, October 28, 2024 10:49:00 AM

Dear Providers and CoC Stakeholders:

This email serves as official notice that TCP has submitted the CoC's Approved Consolidated Application for the 2024 HUD CoC NOFO; it will be posted on TCP's website at: [HUD NOFO - The Community Partnership](#) later today. We thank providers for their efforts to submit project applications in a timely fashion and for the community's support throughout the process.

The application includes requests for \$34.6 million in funding including \$28.3 in renewal funding for 38 existing projects, and \$6.3 million in funding to expand existing or establish new housing programs through the CoC and DV Bonus opportunities.

We will keep the CoC updated as we hear information from HUD about the status of funding (which we expect to receive after the new year begins).

Thank you very much.

--

Tom Fredericksen, Chief of Policy and Programs

The Community Partnership

Office: 202-543-5298, ext. 203

[tfredericksen@community-partnership.org](mailto:tfredericksen@community-partnership.org)



**Match Letter**

October 24, 2024

DC Field Office, US Department of Housing and Urban Development  
820 First Street, NE  
Washington, DC 20002

RE: Sources of Match for DV Bonus Project

This letter serves as documentation of the resources required to meet the match requirement for The Community Partnership for the Prevention of Homelessness' (TCP) submission in response to the DV Bonus opportunity. TCP will be fully responsible for identifying the housing units and paying associated rent costs (with non CoC dollars) for program participants. The value of this is approximately **\$193,800** using the current FMR for a one-bedroom unit in the Washington metropolitan area.

These cash resources will come to TCP via its internal resources. Should you have any questions, please contact me at (202) 543-5298 or [tfredericksen@community-partnership.org](mailto:tfredericksen@community-partnership.org).

Regards,

Tom Fredericksen, Chief of Policy and Programs

CC: Sue Marshall, Executive Director  
Xiaowei Zheng, Chief Financial Officer



October 29, 2024

DC Field Office, US Department of Housing and Urban Development  
820 First Street, NE  
Washington, DC 20002

RE: Sources of Match for DV Bonus Project

To Whom It May Concern:

I am writing to express our strong support for the The Community Partnership for the Prevention of Homelessness (TCP) and their submission in response to the HUD Domestic Violence (DV) Bonus opportunity. As one of the leading healthcare providers for underserved communities, including unhoused persons, in the Washington, DC area, Unity Health Care recognizes the invaluable impact that this program has on our patients.

This letter serves as documentation that Unity Health Care will provide outpatient primary care and behavioral health services (including substance use disorder, as appropriate) to the participants in the Community Partnership – DV Bonus Program. The services will be provided by Unity on an as needed basis. Unity Health Care values the costs of these services at approximately \$23,777 annually.

Should you have any questions, please contact me at [RBuchholz@UnityHealthCare.org](mailto:RBuchholz@UnityHealthCare.org).

Sincerely,



Ryan Buchholz, MD  
Acting Chief Medical Officer | Chief Quality Officer  
Unity Health Care

CC: Jessica Henderson Boyd, MD, MPH | President/ CEO  
Tracy D. Harrison, MJ | Chief Operating Officer