

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC

1A-2. Collaborative Applicant Name: Advocates for Healthy Citizens DBA HealthNet Gaston

1A-3. CoC Designation: CA

1A-4. HMIS Lead: HealthNet Gaston

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

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

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

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Faith Organizations/Houses of Worship	Yes	Yes	Yes
34.	Veterans Services Organizations	Yes	Yes	Yes

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

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

(limit 2,000 characters)

1. The NC-509 Membership Committee hosts an annual membership drive each Jan – Apr to engage new agencies and individuals to join the CoC for the upcoming FY which runs July 1 to June 30. On a rolling basis, nine (9) CoC Standing Committees prospect new community strategic partners from Gaston, Lincoln, and Cleveland Counties, NC to participate in CoC meetings and sponsored activities, and to join as members.
2. NC-509 is committed to working and communicating effectively with people who have physical or intellectual disabilities; cognitive, hearing, speech, and/or vision impairments; or other disabilities that may warrant accommodations. Accessible CoC materials, including membership applications, are available and/or can be requested in formats that make them useable across a wide-range of user needs, including but not limited to: print materials for those with limited technology skills, large print materials and/or braille for blind and visually impaired people, and interpreters and multi-language translation services for those with limited speech capabilities and/or English proficiency (LEP). Membership information can be completed on the phone and/or in-person by a committee member to assist someone with low-reading proficiency. Applications

are available in paper form, on-line at two websites, and as electronic fill out PDF documents.

3. The NC-509 Governance Charter requires that PWLE are included as members of the CoC and serve in leadership roles and/or on standing committees. Five (5) PWLE serve currently on the Advisory Board as Committee Chairpersons or at-large members. One (1) CoC staff member with lived experience serves as liaison to several CoC committees.

4. NC-509 recognizes that diversity, inclusion, and racial equity are imperative to strengthening the organization and the communities it serves. On 5/20/21, Gillian Morshedi, a TA Consultant for HUD Community Workshops, hosted a Racial Equity discussion for CoC members and community stakeholders

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

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

(limit 2,000 characters)

1. NC-509 cultivates and stewards a Membership & Community Stakeholder network of over 200 individuals from three counties that represents a broad and diverse cross-sector of industries committed to preventing and ending homelessness. This is evidenced by increased representation/participation (Item 1B-1).

2. CoC Members serve on/participate in a variety of public forums that exchange information on homelessness, including the homeless taskforces, Collaborating Hands for Those Experiencing Homelessness, Citizens Advisory Board, Emergency Food & Shelter Board, and health equity teams. Each county has a CoC-supported homeless workgroup that conducts monthly open meetings to solicit and use diverse feedback to advance its work to serve homeless populations. The CoC Planning Committee and Education Ad Hoc Committee designed a variety of key messages and talking points for CoC members to present at monthly City Council and Board of County Commissioners meetings. PWLE complement the presentations and share their stories of being homeless and navigating the complex systems to transition from homelessness to housing.

3. Each County’s 10-Year Plan to End Homelessness expired in 2019. The CoC Planning Committee convened for 8 months in 2020 to research evidenced-based best practices, update homeless data, solicit feedback from PWLE, and engage thought leaders in order to provide recommendations to City/County officials in each county to convene stakeholders to design new plans. This work inspired the Gaston County Board of County Commissioners to establish an Intergovernmental & Interagency Taskforce on Homelessness.

Recommendations to the community to invest in homelessness will be published in Dec. 2021. Lincoln County distributed a county-wide public survey, and in Fall 2021 formed the Steering Committee to Address Homelessness.

Now through Q1 2022, the Cleveland County CoC Workgroup continues to develop its recommendations to City/County Governments.

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

Describe in the field below how your CoC notified the public:	
1.	that your CoC’s local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1. NC-509 forwarded HUD’s FY21 CoC NOFO on 8/18/21 via an email with attachments to over 200 CoC Members & Community Stakeholders, and indicated that the competition is open to new applicants. CoC county workgroups forwarded information to their constituents. The Notice and information on how to apply were posted on the CoC website hosted by the City of Gastonia, and the HealthNet Gaston/Lead Agency website.
2. NOFO communications announcing webinars offered by HUD, NCCEH, and NAEH were sent regularly to the public via emails, announcements at public meetings, and presentations at CoC-facilitated meetings. Five new, non-CoC funded agencies expressed interest in applying for DV Bonus Projects and/or new PH-RRH collaborative projects with housing providers and healthcare agencies. The CoC offered 1:1 consult to prospective applicants to review project eligibility, CoC priorities, and tri-county needs.
3. CoC Grants Review Committee released its Threshold questionnaire with eligibility requirements and application Timeline via emails to its distribution lists. Documents were posted on the websites indicated above. The Committee provided e-snaps registration information, new project application templates, and NOFO project navigational guides via emails with attachments.
4. The Grants Review Committee received Threshold documents by the established deadline from two applicant agencies but none from new applicants. Follow-up calls were made to agencies that had expressed interest. Each indicated needing more time to develop strategic partnerships and project workplans/budgets to compete successfully. The CoC shared at the 11/5/21 Membership Meeting that it will provide T/A throughout 2022 to assist all prospective new applicants for FY22 competition.
5. Communications include "This notice and all documents mentioned in this notice are available for disabled individuals and individuals with limited English proficiency."

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

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Faith Communities/Houses of Worship	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. NC-509 has an active relationship with the NC ESG Program. Each year, the NC ESG RFA for prospective applicants runs simultaneously to the NOFA competition; making a natural connection for the CoC and the Grants Review Committee to make informed decisions on how best to leverage and allocate total funding and resources. The CoC is committed to expanding the number of NC ESG grantees and assisting agencies that are new to reimbursement grants. The CoC is working with SharonView Credit Union to serve as a fiscal sponsor in 2022-2023. The 2020-2021 NC ESG/NC ESG-CV awards grew the number of projects for Street Outreach, Non-Congregate Shelter, and RRH/Prevention (Back@Home NC).

2. CoC staff members and NC ESG/NC ESG-CV grantees participate weekly in NC ESG Office Hours. On a quarterly basis, and/or as needed, the CoC Grants Monitoring Committee works with grantees and NC ESG staff to ensure grantees meet fiscal and programmatic requirements. Grantees are required to submit NC-ESG desk monitoring results to the Grants Review Committee and the Grants Monitoring Committee who apply results to future funding decisions.

3. Upon final approval by HUD, the annual Point-in-Time and Housing Inventory Count are published broadly via email communications, on websites, in meetings, and at public forums. A five year comparative view of the PIT and HIC data demonstrates that the counties are experiencing homelessness & housing crises. CoC members, community stakeholders, funders, City/County elected officials, and the general public about the current system capacity and the trends indicating ongoing and future needs. The CoC provides a five-year comparison each time it updates and publishes the annual PIT/HIC data.

4)The CoC Grants Review Committee Chairperson, a tenured CoC member, is the CoC's primary point of contact for the local Consolidated Plan Jurisdictions. The CoC Lead Agency provides an annual update of CoC outputs and outcomes, including PIT/HIC data, to the Consolidated Plan Jurisdictions.

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

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC partners with education providers in the tri-counties that serve children under the age of 18, and youth ages 18-24, to address homelessness, assist with housing needs, and make meaningful referrals to mainstream organizations/community agencies that provide wrap around services to support educational needs.
2. CoC member agencies in the tri-counties have formal agreements among and between them, including but not limited to, Alliance for Children & Youth, Children's Homes/Cleveland County, Community Action Agencies (Early Head Start/Head Start), Communities in Schools, DHHS, Family Promise, Gaston County Schools, Gaston College, Goodwill Industries, Kintegra Health, Nurse-Family Partnership, The Hope Youth Network, Trailhead Resources, Veterans Services of the Carolinas (SSVF), and With Friends, Inc. Most of these agencies participate in weekly case conferencing sessions to identify needs and coordinate services for children/youth experiencing homelessness.
3. The CoC participates in SEA and LEA meetings and trainings. In the tri-counties, the CoC works with school case workers at four LEAs: Cleveland County Schools, Gaston County Schools, Lincoln County Schools, and Piedmont Community Charter Schools.
4. The CoC connects with SEA/NC Department of Public Instruction in collaboration with CoC agencies administering the Community in Schools (CIS) programs; and with the NC Homeless Education Program in collaboration with the McKinney-Vento Homeless Liaisons employed by each county school system.
5. When households with school-aged children and youth are placed in Emergency Shelter, Transitional Housing, and permanent housing, CoC

providers make every effort to place households close to their school of origin to reduce/eliminate any disruptions in the children’s education.

6. The CoC works with each school district to designate educators who can participate in the Coordinated Entry System and weekly case conferencing through the CES Sharing Agreement.

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

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

(limit 2,000 characters)

In each programmatic section in the Written Standards (street outreach, emergency shelter, transitional housing, rapid rehousing, homeless prevention, and permanent supportive housing), guidance is provided specifically to CoC- and/or ESG-funded programs to ensure that policies and procedures are in place so individuals and families who are experiencing homelessness are informed of their eligibility for educational and related services. Services include but are not limited to enrollment in early childhood development programs like Early Head Start/Head Start, Public Pre-K, supportive high-school completion and GED programs, and post-secondary education.

For CoC- and/or ESG-funded programs that provide housing and services to families with children, dedicated program staff are responsible for ensuring children are enrolled in school and accessing fully the services that are allowable under the McKinney-Vento Homeless Children and Youth Act, part C of the Individuals with Disabilities Education Act (IDEA), and programs authorized under subtitle B of the title VII of the HEARTH Act. To mitigate the effects of housing instability, program staff are responsible for connecting with the school’s homeless liaison and working with families to allow children to attend their school of origin, to the extent feasible, regardless of a family’s area of residency. However, students experiencing homelessness also have the choice to enroll in the local school in the attendance area where they are currently spending their nights.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes

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

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

Describe in the field below how your CoC coordinates to provide training for:

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

(limit 2,000 characters)

1. The CoC Education Ad Hoc Committee provides training annually for CoC members and community stakeholders that includes trauma-informed care and victim-centered service protocols. The CoC has access to Partners Health Management's "Partners Academy" which offers on-line evidence-based training in Seeking Safety, Domestic Violence During COVID, and Darkness to Light (child sexual abuse). The CoC encourages all CoC members to participate in on-line Victim Assistance Training provided by the Office for Victims of Crime. The CoC partners with the NC Coalition Against Homelessness (NCCADV) and has access to specialized training from NCCADV's Training Program and tailored technical assistance on topics related to serving survivors and ending Intimate Partner Violence (IPV). CoC Lead Agency staff participate in workshops year-round, on addressing safety & planning protocols and implementing DV best practices.

2. Three (3) Domestic Violence (DV) agencies are located in the CoC; one county and providing emergency shelter. Two agencies are NC ESG grantees providing comprehensive crisis response services and one houses an RRH program. Throughout the year, and at least semi-annually, these agencies provide training within their own counties to a variety of services agencies, including CES case managers, as to how to assist victims of domestic violence, dating violence, sexual assault, and stalking. The DV agencies work together and within the CoC to ensure that the special needs and protections of DV and SA survivors are considered when creating policies and procedures, including enhancements to the CoC Coordinated Entry System and CES Written Standards.

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

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

(limit 2,000 characters)

The CoC relies on DV and SA service providers in each county to obtain and report data regarding domestic violence, dating violence, sexual assault, and stalking. Each agency working with clients who are experiencing trauma collects information in Osnium, the DV-comparable database to HMIS, and submits de-identified data to the Lead Agency HMIS Local System Administrator for the PIT, HIC, CAPER, APR, and system performance measures. The de-identified data is added manually to the Coordinated Entry by-name list by the HMIS LSA. The DV agencies participate regularly in the weekly case conferencing calls and are able to coordinate efforts to move DV/SA households into permanent housing programs.

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1. The CoC CES prioritizes the safety of victims of domestic violence, dating violence, sexual assault, or stalking. At initial in-take, the CES Diversion and Shelter screening process asks if a consumer is currently living with, or trying to leave an intimate partner, family member, caregiver, and/or other person in the home who is abusive, threatening and/or causing fear. If the answer is “yes”, the individual is given the NC Coalition Against Domestic Violence Hotline #: 1 (800) 799-7233 (800-799-SAFE) which provides confidential access to law enforcement, protective orders, shelter, etc. The CES Assessor provides information on the level of security provided at each of the three DV emergency shelters in the CoC jurisdiction to help the person decide which location is preferred. If needed, assistance is provided to transport safely the individual/family to the selected shelter.
2. In accordance with the Violence Against Women Act (VAWA), the CoC permanent housing and/or transitional housing programs allow for tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. The ability to transfer is available regardless of sex, gender identify, gender expression, or actual or perceived sexual orientation. For program participants who qualify for an emergency transfer, but a safe unit is not available immediately for an internal emergency transfer, the individual/family shall have priority over all other applicants for rental assistance, transitional housing, and permanent supportive housing.
3. CES Assessors and DV staff use trauma-informed, victim-centered approaches in safety planning. At every stage of the process, whether initial in-take, sheltering, and/or housing case management, client choice and

confidentiality are upheld, including the provision of separate case managers within a DV household.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Gastonia Housing Authority	33%	No	No
Foothills Regional Commission	0%	Yes-Public Housing	No

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

Describe in the field below:

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

(limit 2,000 characters)

1.The CoC works closely with the two largest PHAs in its tri-county jurisdiction: Gastonia Housing Authority (GHA), serving Gaston County, NC; and Foothills Regional Commission (FRC) serving Cleveland County, NC, and other counties outside NC-509’s geography. The Executive Director of GHA is an active member of the CoC. She serves on the CoC Planning Committee which sets

strategic direction for the CoC, participates in the CES, and attends weekly case conferencing sessions. In 2019 the GHA received 57 Mainstream Vouchers and allocated 33 vouchers in 2020-2021 to households referred by homeless housing providers. Although not official set-asides, FRC has reserved 50 HCV program vouchers to support its non-profit entity that executes an NC ESG Street Outreach project award and NC-ESG-CV Back@Home RRH and Homeless Prevention awards. The FRC Housing Services Administrator is the CES Access Point In-take Assessor for Cleveland County. FRC has no Mainstream Vouchers currently. In 2022, the CoC will concentrate efforts on homeless admission preference with the GHA, FRC, the Lincoln Housing Authority (CoC member agency), The City of Shelby Housing Department, and the Belmont Housing Authority (BHA). As of July 2021, the CoC is cultivating a budding relationship with the BHA. The newly elected CoC Gaston County Workgroup Lead, serves on the BHA Board of Directors. As a Workgroup Lead, she sits on the CoC Advisory Board, participates in the CES, and serves on the 2022 PIT County Steering Committee. As part of her faith ministry, she leads a team of volunteers that conducts rigorous street outreach to unsheltered individuals/families who reside in small bedroom communities adjacent to the City of Gastonia and neighboring Charlotte-Mecklenburg (NC-505 CoC).

2. The CoC has limited contact with the remaining three PHAs serving the tri-counties. Two of the three (2:3) PHAs are headquartered in counties farther from NC-509's geography.

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

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

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

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

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

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

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

(limit 2,000 characters)

1. Indicated in 1C-7a, the Gastonia Housing Authority and Foothills Regional Commission have dedicated staff who participate actively in the CES and weekly case conferencing calls to keep the CoC apprised of available PHA-funded units in their geographical footprints. In each county, homeless housing case managers partner effectively with both PHAs to help their households apply for a variety of PHA housing options. In 2022, PHA-funded units will be recorded more specifically in HMIS and on the homeless housing priority list to provide enhanced data for tracking and reporting CoC/PHA-funded housing outcomes.

2. In July 2021, the CoC executed MOUs with the GHA and FRC for HUD's Emergency Housing Vouchers (EHV) program. The MOUs define program goals, intended outcomes, eligible and prioritized populations, and separate roles and responsibilities each for the CoC, PHAs, and service providers. GHA received 37 EHV's and FRC received 32 EHV's. CoC Lead Agency staff (CoC Coordinator and HMIS LSA) are the EHV Lead Liaisons who are responsible for vetting and approving all EHV applications received from persons on the homeless housing priority list. Each applicant's HMIS and/or DV identifier is confirmed and the VI-SPDAT score is added to the application before the liaisons refer applicants to the PHAs. The CoC and PHA EHV Liaisons rank applications according to the prioritized homeless populations established in the MOUs. An approved applicant is not issued a voucher until the eligible applicant participates in an EHV informational briefing, preferably with his/her case manager, and submits all additional, required documentation to the PHA. As of 11/10/21 the CoC has screened/forwarded 81 applications to GHA, and 31 applications to FRC. GHA approved 52 EHV applications, issued 22 vouchers, housed 2 households, and ported out 5 EHV's to Lincoln Housing Authority. FRC has processed its 31 applications and is scheduling briefings. Two (2) vouchers are issued and no household is housed, yet.

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

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

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

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

(limit 2,000 characters)

- 1. N/A
- 2. N/A
- 3. N/A

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

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

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

PHA
Gastonia Housing ...
Foothills Regiona...

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

Name of PHA: Gastonia Housing Authority

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

Name of PHA: Foothills Regional Commission

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

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

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

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

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

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

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

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

(limit 2,000 characters)

On behalf of the CoC, the Grants Review Committee, the Grants Monitoring Committee, and HealthNet Gaston CoC staff, work closely together, year-round to ensure CoC- and ESG-funded agencies are committed to administering a Housing First approach that prioritizes rapid housing placement and does not

require service participation or preconditions for program participants. The Grants Monitoring Committee reviews each agency's policies and procedures and shelter rules at least annually to ensure documents are compliant with the Housing-First model and low barrier approach. Policies and procedures are also part of the Grants Review Committee's threshold and application review/ranking process for applicant agencies.

Throughout the year, and prior to a formal monitoring, the Grants Monitoring Committee Chair, CoC Coordinator, and HMIS LSA schedule informal "site visits" at provider agencies to offer guidance and technical assistance. Following a formal annual monitoring, the Grants Review Committee Chair works with the agency's staff to develop a performance review plan with an established timeline if an agency is out of compliance. The formal monitoring includes interviews with staff members, a review of multiple client files, CAPRs, VI-SPDAT data, and any HUD, and NC-ESG fiscal and program monitoring reports/findings.

At least annually, the Education Ad Hoc Committee conducts training for all CoC Members and Community Stakeholders in the Housing First model, Low-Barrier approach, and the Fair Housing Act. At least quarterly, if not monthly, the Coordinated Entry Committee Chair and HMIS LSA provide training and encourage interactive discussion on in-take procedures, screening and assessment tools, including the VI-SPDAT and Social Determinants of Health, motivational interviewing, and person-centered/client-choice case management.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. In 2020-2021, the CoC prioritized Street Outreach (SO) projects for NC ESG/NC ESG-CV RFAs, in part, to support each county's COVID Response to Homeless Populations. Two agencies, The Hope Youth Network and Foothills Regional Commission received awards. Using a person-centered approach, motivational interviewing, harm reduction practices within the context of Housing First, SO teams identify and engage with the unsheltered homeless, prioritize their safety and well-being, and connect homeless households to the

CES, mainstream service providers, and community resources.
 2. SO covers 100% of NC-509's geography (Gaston, Lincoln, and Cleveland Counties, NC).
 3. SO is conducted by ESG-funded and non-funded agencies, and community partners, including faith-based groups. SO teams conduct outreach at least weekly and several teams provide daily outreach to targeted encampments and known living on the street destinations.
 4. The focus is Housing First and the strategy is to "meet people where they are" (physical locations and emotional/behavioral health and well-being). In Gastonia, The Hope Youth Network collaborates with Hope Vibes/HOPE TANK to offer free laundry and shower events at locations where the unsheltered are known to gather during the day. Displaced Roses has established routes and conducts SO every Saturday and Sunday, from morning to sundown, to provide food, clothing, PPE and medical supplies, etc. to those living on the streets and/or in encampments in Gaston County. Weekly, Hesus House of Hope canvases the woods adjacent to its Emergency Shelter in Lincolnton. In Cleveland County, Foothills Regional Commission, Cleveland County Rescue Mission and Trailhead Resources teams partner with PWLE and/or with community-based policing officers to approach hidden encampments, provide person-centered services, and invite individuals/families to Day Center activities and overnight shelters.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	
	Recommended law enforcement partner with homeless services providers to assist with evacuations from encampments.	Yes

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC-only enter bed data for projects that have an inventory type of "Current."	16	18

1C-13.	Mainstream Benefits and Other Assistance-Healthcare-Enrollment/Effective Utilization.	
---------------	--	--

NOFO Section VII.B.1.m.

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		
	Kintegra Health/FQHC/Community Resource Advocates/Clinics	Yes	Yes

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

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

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

(limit 2,000 characters)

1. The CoC Services Committee keeps up-to-date information on mainstream resources needed for program participants, including mainstream benefits such as Food Stamps, Medicaid, SSI, TANF, etc.
2. The Services Committee works with CoC agencies to update information in NC211, hosted by United Way of NC. The committee maintains an electronic CoC Resource Guide that captures known resources in the tri-counties. The Guide is searchable by fields and is easily accessible by the public through an invitation link. Regular updates are managed by the Services Committee and CoC staff. The Services Committee communicates information about mainstream resources and other assistance during CoC Advisory Board meetings (monthly), NC-509 Members Meetings (quarterly), and Case Conferencing (weekly). The CoC Membership Committee is responsible for maintaining a roster of CoC Members and Community Stakeholders. The roster is converted into a listserv kept by the CoC Coordinator who issues relevant information to members and stakeholders.
3. HealthNet Gaston/Lead Agency added a Community Resource Advocate (CRA) to its CoC team to liaise with services agencies, mainstream organizations, and healthcare providers to ensure program participants have full access to benefits. The CoC CRA is an ACA Navigator who serves on a team with six (6) other Navigators located in the tri-counties. He is certified in Medicare and Seniors’ Health Insurance Information program (SHIIP), Children’s Health Insurance Program (CHIP) and NC DHHS Medication Assistance Program (MAP). He is an authorized user of EPIC, NCCARE360

(healthcare database) and HMIS.

4. The CoC works with DHHS staff in each county to educate CoC member agencies in Medicaid eligibility and use of benefits to ensure program participants who are eligible for Medicaid/Medicaid Managed Care are identified, enrolled, accessing services and maximizing benefits, including tenancy supports and transportation.

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

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

(limit 2,000 characters)

1. NC-509 CES covers 100% of the tri-county jurisdiction. All people in the CoC’s geography have fair and equal access to the CES process, regardless of where or how they present for services; and each CES Access Point provides services regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

2. The Coordinated Entry Committee meets quarterly to evaluate and revise processes to ensure those who are least likely to access services are identified. The CoC works with disability advocates, DSS, faith communities, healthcare systems, law enforcement, school systems, and outreach teams to connect with hard-to-reach populations. NC 211 Information & Referral continues to provide 24/7/365 multi-lingual services. The CoC homeless housing e-mail and phone # (CoChousing@kintegra.org and (704) 718-9963) are monitored weekdays from 8:00am - 6:00pm and on weekends. E-mails and calls are returned promptly, within 24 hours, depending on the individual’s needs. In "off-hours", the auto-reply e-mail response and/or voice message guide those seeking services and information on what to do when traditional service agencies are not open for business or not responding. This can mean calling the DV Hotline, Veterans Hotline, mobile crisis unit, or 9-1-1.

3. The VI-SPDAT score determines a household’s placement on the homeless housing priority list. Households with the most severe and greater vulnerability are prioritized first. Emergency shelters use a diversion screen to prioritize beds for persons with no other options.

4. CES case conferencing sessions are held weekly with housing case managers and referral partners to review the status of referrals, to match unmatched households to a host agency, to discuss ‘hard to place’ cases typically for those with the greatest length of time homeless, and to identify/leverage resources beyond to CoC/ESG funding to expedite PH.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a. Racial Disparities Assessment Results.	
NOFO Section VII.B.1.o.	

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

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

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

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

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

Other:(limit 500 characters)	
12.	The CoC participated in HUD Community Workshops, Coordinated Entry Cohorts I & II
	Yes

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

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

(limit 2,000 characters)

Knowing that structural and systemic racism perpetuates homelessness with Black, Indigenous and People of Color (BIPOC) who are overrepresented in our homelessness system, NC-509 is focused on Racial Equity (RE) as a primary tenant of its work in 2022.

For six months in 2021, three (3) Advisory Board members and three (3) CoC staff participated in HUD’s Community Workshops I & II for Coordinated Entry: Assessment and Prioritization, and Coordinated Entry: Referrals & Best Practices. Each workshop series spanned three-months and was facilitated by HUD T/A subject matter experts. As mandatory pre-requisite work, each CoC cohort member participated in more than 12 hours of RE training. Throughout CE sessions, participants developed new perspectives and enhanced skillsets to assess HMIS data through an equity lens, specifically in the areas of populations served and resulting outcomes across several dimensions, e.g. housing, health, employment, income, and civic leadership for BIPOC. CE Cohort II ended 11/10/21.

Next steps include advancing the recommendations of Cohort members to CoC committees that can embed RE in the design, implementation, performance measures, and monitoring of their work:

- a) Coordinated Entry Committee: Ensure prioritization and assessment tools and processes promote equity and reduce disparities within CES; work with referral partners to develop RE strategies and address disparities;
- b) Data Committee: Use RE data to identify/prioritize the most vulnerable households experiencing homelessness for available housing and services; and participate in 2022 C4 Innovations RE Project developed for nine (9) CoCs in NC HMIS implementation; and,
- c) Monitoring Committee: Revise evaluation/monitoring processes to ensure funded agencies have outcomes that align with CoC RE priorities.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	67	22
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	46	11
3.	Participate on CoC committees, subcommittees, or workgroups.	21	11
4.	Included in the decisionmaking processes related to addressing homelessness.	40	11
5.	Included in the development or revision of your CoC's local competition rating factors.	2	2

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

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

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

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

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

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

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

During Stay at Home advisory and Shelter in Place mandate, CoC staff/members served on COVID-19 Response to Homeless Populations taskforce organized by each county’s DHHS, and supported by medical partners/private hospitals (Kintegra Health, CaroMont Regional Medical Center and Atrium Health). The CoC procured, at no-cost, bulk quantities of PPE and critical supplies from NCDHHS and distributed products quarterly to fifteen housing agencies for internal use and/or external distribution. The CoC urged each county to develop Outbreak Quarantine and Isolation Protocol for COVID positive and exposed persons, or Persons Under Investigation (PUI) who were waiting on test results. The CoC joined the NC Coalition to End Homelessness COVID Leadership Response weekly calls with State leaders and distributed up-to-date COVID guidance by email to the CoC listserv.

1. Phoenix Crisis Counseling opened its former Phoenix Community Outreach Center (PCOC) to ensure unsheltered individuals and families in Gaston County had access to bathrooms, showers, laundry facilities, and PPE/hygiene supplies. COVID-19 testing was provided at no cost by Kintegra Health. Similar efforts were replicated in Lincoln and Cleveland Counties by Hased House, LC Coalition Against Domestic Violence and Cleveland County Rescue Mission. Two CoC shelters erected temporary tents on their properties to accommodate unsheltered individuals and families. .
2. To mitigate the spread of COVID-19, ES complied with local/state/national guidelines. Facilities were decompressed, physical spaces were reconfigured, residential social gatherings were restricted, staff and residents had temperature checks daily, new protocols were established for rigorous cleaning

and sanitation, increased safety checks and maintenance occurred on ventilation equipment, and bed capacity was adjusted/decreased to ensure safe distancing.

3. Transitional Housing providers followed the same health and safety protocols as Emergency Shelters.

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

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

(limit 2,000 characters)

NC-509 does not want to return to pre-COVID “normal”. In unprecedented ways, the pandemic has stretched the CoC’s capacity and required it to leverage new partnerships across services and sectors, manage influx in resources, develop new communication skills, and accept assignments beyond normal roles. Moving forward, the CoC will incorporate its newly found capacity and lessons learned to spur positive social change and improve health policy for potential future crises.

-The CoC will champion racial equity and inclusion. People of color experience more serious illness and death due to COVID than white people. The CoC will expand its outreach to and engagement with BIPOC to reduce the impact of COVID.

-Recognizing that people experiencing unsheltered homelessness are always vulnerable to health and safety risks, the CoC will maximize ERAP resources to increase number of non-congregate environments to shelter people.

-More than ever before, we recognize how public health and homelessness are inextricably linked. The CoC will deploy strategies and best practices learned in HUD’s Community Workshop, Coordinated Entry Series I & II to revamp in-take and assessment tools with a lens on health equity, plus improve referral processes to ensure the most vulnerable households have greater access to quality healthcare services.

-The CoC has struggled to provide accurate vaccination and treatment data on the number of people who are experiencing homelessness. The CoC will leverage the expertise of its Data Committee members to identify ways to gather/report more accurate race-, ethnic-, and county-specific data.

-This focus on housing people is essential both during the pandemic and throughout the period of economic recovery. The CoC will continue to call upon communities (e.g. County-led homeless taskforces) to expand housing resources and options, to strengthen landlord engagement efforts, and to ensure equitable access to resources.

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

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

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

(limit 2,000 characters)

Beginning in 2020, the CoC staff and Grants Review Committee worked closely with the NC DHHS, NC ESG Program, NC Coalition to End Homelessness (NCCEH), United Way NC 211, and NCCARE360 to understand and align with the State’s programmatic and funding priorities for NC ESG-CV. The CoC participated regularly in COVID Local Leadership Response calls to remain aware of emerging COVID needs and additional COVID relief funding opportunities to address homelessness.

1. Emergency shelters in each county used funding to make necessary facility improvements and capacity adjustments to address long-term safety measures to keep residents safe. They used funding also for non-congregate sheltering at local hotels/motels.
2. The CoC chose to opt-in to Back@Home, the first state-sponsored rehousing program for people experiencing homelessness. The CoC prioritized the majority of its ESG-CV for Back@Home RRH efforts.
3. The CoC allocated lesser Back@Home awards for targeted homeless prevention. In the tri-counties, eviction prevention efforts were funded mostly by the Governor’s NC HOPE program, the Treasury Department’s Crisis Relief Funds (CRF), City of Gastonia’s CDBG-CV funding, and the counties’ Emergency Rental Assistance program (ERAP).
4. NC ESG-CV shelter grantees used funds to purchase PPE supplies (masks, gloves, gowns, face shields, etc.) for ES staff/residents. Street Outreach grantees purchased PPE items for outreach teams’ use, and to create COVID Cares kits that were stocked with ample hygiene supplies and PPE products for unsheltered households.
5. Grantees used funds primarily to set-up sanitation stations, ensure optimal air quality, and pay for cleaning supplies and sanitation services, including sanitation services for hotel/motel rooms used by program participants. The CoC created “welcome baskets” for each household residing in non-congregate shelter. Baskets contained household cleaning and sanitary items received from NC DHSS and local donation drives.

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

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. With a primary focus on protecting and serving the homeless populations and agencies’ staff interfacing with the homeless during the pandemic, the CoC coordinates with NC DHHS and each county’s DHHS to understand the evolving or changing safety protocols. CoC staff continue to procure PPE supplies from NC DHHS and manage the distribution of supplies to CoC

member agencies. CoC staff and member agencies' staff participate regularly in Local Leadership Response calls facilitated by NC DHHS. This is a valuable forum for peers across the state to engage in critical thinking and to share innovative safety practices that are being implemented in their respective agencies/communities. The CoC encourages member agencies to continue participating in each county's COVID Response to Homeless Populations taskforces comprised of healthcare professionals from government, private hospitals, healthcare agencies, and clinics serving LMI and homeless populations.

2. During weekly CE case conferencing calls, member agencies report on their implementation of safety measures (social distancing, handwashing/sanitizing, wearing of masks/gloves/gowns, etc.) and discuss safety protocol challenges – often related to consumers' resistance to comply fully with safe distancing during isolation/quarantine. Agencies discuss known discharges from institutions/local hospitals and collaborate on steps to take to ensure adequate safety protocols are communicated to those going to ES/non-congregate shelters/TH. Agencies report on open shelter/housing slots and planned exits, and discuss latest safety requirements for admission. Agencies share with SO teams of known locations where unsheltered people are gathering, place orders for PPE supplies/hygiene kits, and confer on dates/times/locations for COVID testing and vaccinations.

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1. CoC communications to tri-county homeless services providers occur on a regular and timely basis regarding national/state/local guidance and protocols on COVID safety measures. The majority of Homeless Services Providers are CoC members and community stakeholders who are participating actively in CoC weekly, monthly and quarterly meetings (reference 1D-4 above). For consistency, the majority of communications to homeless services providers are sent by the CoC Coordinator (Lead Agency) in emails with attachments and/or with links to resource documents.

2. The CoC is fortunate to have a significant number of experienced healthcare professionals and educators as registered members of the CoC. They are the subject matter experts and often the healthcare leaders involved in making local decisions about public health protocols and changing COVID restrictions. They responsibly share all changing local restrictions with the CoC and on their individual county websites. In turn the CoC shares information promptly with homeless services providers.

3. Liaisons at each county's public health department keep the CoC leadership well-informed of vaccination implementation. Additionally, Kintegra Health is HealthNet Gaston's clinical partner. The Executive Director of HealthNet Gaston (Lead Agency) serves on Kintegra's Senior Management Team, and the CoC Advisory Board. Kintegra Health is NC's largest FQHC with medical clinics in

each of the CoC's geography. As soon as vaccines were made available, Kintegra Health shared its on-site and mobile site vaccination implementation and provided no-cost vaccines to homeless services providers staff (essential workers) and program participants, based on vaccine eligibility and priority populations.

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

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

(limit 2,000 characters)

NC-509 communities followed and promoted vaccination eligibility protocols issued by the State of NC. The CoC advocated at the state-and local levels to provide the homeless community with early vaccination access. In NC, vaccine implementation began in February 2021 for frontline providers and medically fragile, elderly persons. By March 2021, the homeless community was eligible for vaccination. The CoC County Workgroups and local healthcare providers were proactive and efficient at providing timely, up-to-date information about COVID vaccination resources available in their respective counties. The CoC Coordinator deployed the CoC communication tools to inform the entire CoC Membership and Community Stakeholders. During monthly Advisory Board meetings, the Lead Agency shared real-time information about Kintegra Health's comprehensive vaccination efforts across the tri-counties.

The CoC used its weekly case conferencing calls to encourage homeless services providers to participate in vaccine promotion efforts for program participants and staff. The homeless services providers filtered their recommendations and requests for vaccinations through the CoC Coordinator who shared these with the COVID Response for Homeless Population taskforce leaders. Homeless persons in the elderly or health compromised categories were encouraged to get vaccinated when the vaccines first became available.

NC-509 homeless services providers did not input vaccination information for program participants in HMIS/DV comparable databases. The CoC did not tap into the NC Vaccine Depository to document vaccination utilization. In hindsight, this is a missed opportunity. Without this collaboration, it has been difficult to report much information about documented vaccination rates among staff and program participants. The CoC has tasked its Data Committee to recommend some strategies and tools to capture information going forward in 2022.

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

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

(limit 2,000 characters)

The NC Coalition Against Homelessness (NC-CADV) attended the NCCEH Local Leadership Response Calls, reported on DV data, shared challenges being faced by DV agencies, and provided resources on best practices to engage with persons experiencing DV. LC-CADV also shared strategies and resources for financial assistance during the pandemic. In the CoC, two of the three DV agencies are 2020/2021 NC ESG/NC ESG-CV grantees.

For the period 10/1/20-09/30/21, NC 211 saw a 3-fold increase in DV calls statewide. Collectively, the three CoC DV agencies reported receiving 200% more calls over prior year's calls. They reported a 36% increase in reported strangulation which is often a precursor to gun violence or death among DV victims. When schools reopened in the tri-counties in August 2021, school counselors reported an increase in the number of children who reported sexual assault occurred in the home during stay at home orders. Reports of sexual assault grew from approximately 1 reported incident per month prior to pandemic to 3-4 per week.

In HMIS (excluding DV comparable database), 23.4% of those seeking shelter have a history of domestic violence and of these, 39.4% are fleeing domestic violence. These are people not being redirected to DV agencies by their own choosing and specifically residing in non-DV programs. An APR pulled for Street Outreach projects indicates that of the 251 people served in SO, 38 people (26%) indicated prior DV experiences and 13 indicated they were fleeing DV. 55% of all people served in SO identified themselves as African American, a population that is historically overrepresented but often underserved in our communities.

DV statistics elevated DV victims as being ranked as a top priority for the CoC/PHA EHV program. DV survivors increased requests to ERAP for financial assistance. In regards to this funding cycle, two (2) DV agencies expressed interest in applying for DV Bonus but lacked the capacity to apply. Both experienced leadership transitions.

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

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

(limit 2,000 characters)

The CoC Coordinated Entry Committee met in June 2021 and determined that updates to CES Written Standards were needed as a result of the lingering COVID pandemic. Over the course of a few weeks, the Committee Chairperson vetted the committee's recommendations with the case managers who participated in weekly case conferencing. The homeless services providers

expressed concerns that the CES in place was insufficient to address the surge in requests for assistance at a time when agencies had downsized staffing. Downsizing was true for over ½ of the homeless services providers.

The CE Committee, which meets quarterly, revised CE Written Standards draft on 9/21/21. The changes are not confirmed until the CE Committee meets again on 1/6/22 and presents the final recommendations to the Advisory Board on 1/20/22 and to the full membership for a vote on 2/3/22.

The revisions include:

- Adding a SDOH scoring tool to complement VI-SPDAT
- Adding language for seeking vaccination status at in-take and follow-up
- Adding protocols and language for focus on Racial Equity
- Clarifying language for CES prioritization of populations
- Including language on Back@Home RRH/Prevention
- Identifying and prioritizing households based on COVID -19 risk factors

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

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition.	10/15/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	11/01/2021

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

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

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

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

1. The Grants Review Committee considers the severity of needs and vulnerabilities when ranking and selecting projects. It is the intention of the CoC that those most vulnerable are prioritized for housing and services.
2. The Grants Review Committee understands that agencies that provide housing and services to the hardest to serve populations could have lower performance levels and remain critically important to the CoC. The applicant agency that submitted two housing project applications (both renewal) didn't fall into this category of concern.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The CoC Grants Review Committee includes people of different races and reflects that of our local homeless population. The CoC prioritizes projects that use a Housing First approach and serve very-low to low-income households. The CoC prioritizes also projects that serve households that have difficulty engaging in services. On behalf of the Grants Review Committee, the Lead Agency communicated funding priorities to the full membership and community stakeholders and offered open discussion via teleconference and/or 1:1 meetings to receive feedback on the Threshold and Grants Review process. The Grants Review Committee Chairperson presented the NOFO requirements to the Advisory Board at the August monthly meeting and asked for input and participation on the Review Committee. The Advisory Board members are representative of the local homeless population with BIPOC and PWLE representation.
2. The Grants Review Committee includes people of different races, and reflects that of our homeless population. This diverse group used care in designing Threshold documents, rating factors for the competition scorecards and in their review of project applications. Projects meeting more of the standards ranked higher on the final prioritization list.
3. The CoC's HMIS Local System Administrator pulled tri-county population demographics and demographic program data to the Grants Review Committee so it can make informed decisions when reviewing, scoring, and ranking

projects.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC is committed to administering a transparent and competitive funding process. Recommended funding is based on objective criteria to ensure the funding is spent on HUD and CoC priorities. On behalf of the Grants Review Committee, the Lead Agency communicated the NOFO Reallocation Process in written communications to the CoC Members and Community Stakeholders. The CoC noted that new project may only be funded through reallocation of funds from existing projects or through the bonus process; that HUD limits the type of projects for which allocated or bonus funds may be used; and that expansion may be funded through reallocation.
2. The Grants Review Committee did not identify any projects that were low-performing or that needed less funding during the local competition. The CoC targeted outreach to DV, youth programs and agencies, and healthcare agencies was conducted.
3. The Grants Review Committee did not receive any new projects so the reallocation of funding from existing projects did not apply.
- 4 NA
5. When the Grants Review Committee makes its final funding decision it explains to the CoC membership if reallocation was made due to performance results, scoring, local needs, and/or other considerations that guided the committee.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
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NOFO Section VII.B.2.g.

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	11/01/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/14/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1. The HMIS Local System Administrator requests data from the DV agencies who use Osnum. Osnum can pull reports that provide the same data elements required by the HUD-published 2020 HMIS Data Standards.
2. Two of three DV agencies are NC-ESG/NC-ESG-CV grantees and are required to submit de-identified aggregated system performance measures for each project to NC-ESG and the HMIS Lead.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	188	43	145	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	24	0	24	100.00%
4. Rapid Re-Housing (RRH) beds	18	0	18	100.00%
5. Permanent Supportive Housing	176	0	176	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

1. The chart above indicates that the bed coverage rate is at 100% for each project type listed. The HMIS LSA will continue to monitor HMIS and DV comparable data on monthly basis and provide technical assistance to any agency/project that falls under 84.99.
2. The HMIS LSA reports HMIS activities and data to the Data Committee on a monthly basis.

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

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

(limit 2,000 characters)

1. N/A. The bed coverage rate is at 100%.
2. N/A.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC developed an auxiliary Coordinated Entry Assessment form to ensure consistent evaluation factors were obtained from households experiencing homelessness for the first time. HMIS data for the reporting period identified disparities in housing, income, and mental or physical health insecurities as the primary identifiers for first time homelessness. Understanding the common factors allows service providers to employ prevention and diversion strategies to keep households from entering congregate shelters.
2. The CoC addresses individuals and families at risk of becoming homeless through street outreach, Coordinated Entry Access Points, partnerships with 2-1-1, and referrals from law enforcement, hospitals, and schools. For those who are at risk of becoming homeless due financial instability, services providers make referrals to Emergency Rental Assistance programs (ERAP), United Ways, RRH and Prevention programs and mediation/mitigation services.
3. HealthNet Gaston/Lead Agency – Steffi Travis, CoC Coordinator

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

Describe in the field below:

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

(limit 2,000 characters)

1. The average length of time homeless (LOTH) according to the HMIS APR report for 10/01/2020-09/30/2021 is 163 days, an increase of more than 34% over the prior year. The CoC’s strategy to reduce LOTH is to work with services providers, funders and property providers embrace the Housing First approach and to increase resources to gain access to permanent housing. To increase housing stock for very-low and low-income households requires growing stronger relationships with landlords and to identify and build relationships with landlords and property owners. Another strategy that hasn’t proven successful yet, is to work with Public Housing Authorities to ensure homeless preference. We are working to reduce the barriers for households by increasing income, addressing disparities in chronic health conditions, and mental health assistance through our partnerships with Monarch, Phoenix, Partners Health Management, HealthNet Gaston, Kintegra, and CaroMont.
2. The CoC’s Strategy to reduce the individuals and persons in families with the longest lengths of time in homelessness are to utilize VI-SPDAT assessment and Coordinated Entry Assessments at least quarterly to track the most up to date information and assessment the most beneficial referrals.
3. HealthNet Gaston/Lead Agency and Steffi Travis CoC Coordinator is responsible for overseeing the CoC strategy to reduce the length of time individuals and persons in families from remain homeless.

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

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

(limit 2,000 characters)

1. The CoC has increased the rate at which individuals and households exit Shelter, Transitional Housing, and RRH programs and move to permanent housing through more focused and comprehensive weekly case conferencing calls that allow service agencies to access information on the calls in regards to referrals, housing availability, and landlords who are willing to assist. Improved access and utilization of mainstream resources is effective at helping households obtain self-efficacy which contributes to successful exits to permanent housing. The CoC and PHAs prioritize PSH participants who are most independent to apply for the Emergency Housing Vouchers (EHV) program. In January 2022, the Lead Agency onboards a full-time Housing Navigator/Client Advocate to design and implement a centralized Landlord Recruitment and Retention for all programs to improve strategies for moving individuals quickly from homelessness to housing.
2. The CoC will increase the rate at which newly housed individuals and household remain stably housed and/or exit from shelters and TH through improved case management and coordination to services that provide wrap around assistance. The CoC will leverage partnerships within and through mainstream services such as DSS for food and nutrition services, utility payments, rental assistance, ERAP, United Way, Emergency Utility Assistance Program, Homelessness Task Forces and the Gaston County Day Center. The

CoC will direct households to utilize free training in the community for stress and mental health aid, Child Abuse Prevention classes, and Child and Family Team Training.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The Coc’s strategy identifies individuals and families currently experiencing returns to homelessness through the HMIS, DV comparable data base, the By-Name Priority List and weekly case conferencing sessions. The CoC identifies through street outreach, those who experience repeated returns to homelessness. The HMIS LSA is responsible for growing the number of agencies and agency staff to participate in HMIS and/or DV comparable databases to better reflect activities and outcomes. The CoC has increased the number of HMIS participants from 17 – 40 in 2 years. The CoC considers triage to the most vulnerable populations to negate returns to homelessness by utilizing diversions such as ERAP, Crisis Assistance Ministry, Kepro, and prevention funds provided by NC ESG.

2. HealthNet Gaston Lead Agency and Steffi Travis CoC Coordinator is responsible for overseeing the CoC strategy to reduce the rate of individuals and persons in families from returns to homelessness.
HealthNet Gaston/Lead Agency - Steffi Travis, CoC Coordinator

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC identified on the APR report that 14% of our homeless households currently have earned income. Displaced Roses and The Hope Youth Network are focused on obtaining vital documents for those who are able to work. Family Promise of Gaston County provides transportation to and from employment and after school care and transportation to and from school while parents are at work. The CoC hosts weekly case conferencing calls in order to provide referrals to agencies CoC wide including announcements for job opportunities, known job fairs, etc. The GLC COC has assigned top priority to a day center focused on case management, job readiness, job applications, mail services,

- and expand availability to obtain vital records.
- 2. The CoC member agencies partner effectively with the local workforce development boards, NC Works Career Centers, Goodwill Industries Opportunity Campus, Vocational Rehabilitation, and DSS Work First, NC Forward, and Gaston College branches in each community so their program participants decrease barriers to employment and have full access to job readiness training, workforce development career counseling and apprenticeships, and employment opportunities.
- 3. HealthNet Gaston/Lead agency - Steffi Travis, CoC Coordinator

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

- 1. The CoC leverages its relationship with the CoC Coordinator who has over ten (10) years of experience running an effective job readiness program for unemployed/underemployed low-wealth residents. She lends her expertise on helping agencies and/or program participants make connections with private employers and organizations that link job seekers to employment training and job opportunities. One of the most successful ways to find employment is to attend job fairs and/or work with staffing agencies. The CoC has advertised private job fairs held by agencies such as Kintegra Health, Sisters of Mercy, The Hope Youth Network, and Gateway Gaston’s Business Certification Program.
- 2. The CoC is working with public and private organizations to provide meaningful education and training, on job training, internships, and employment opportunities with participants through local programs such as Apprenticeship 321, and Business and Industry Training through our partnership with Gaston College in Gaston and Lincoln Counties. With Friends provides job placement for youths up to age 21. DSS in each county also works with program participants to provide training to employment program participants. Encouraging program participants to engage in meaningful volunteer activities is an effective strategy to gain new skills and build networks. The CoC always includes PWLE to serve as volunteers at CoC-sponsored activities.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC has identified 21% of its population who qualifies for nonemployment cash incomes. The lead agency has onboarded a Community Resource Advocate to link clients to non-employment cash benefits by reducing out of pocket medical costs for those eligible for programs such as SOAR, Medicaid, Medicare, and/or Veterans Benefits.
2. The CoC's strategy to increase access to non-employment cash sources include participating in the Volunteer Income Tax Assistance Program (VITA) to maximize Advance Child Tax Credit and Supplemental Nutrition Assistance Program including a lifeline phone.
3. HealthNet Gaston/Lead Agency – Steffi Travis, CoC Coordinator

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,000 characters)

1. N/A
2. N/A

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

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

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

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

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

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

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

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

(limit 2,000 characters)

1. N/A
2. N/A

4A. DV Bonus Application

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

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	1C-14 CE Assessme...	11/16/2021
1C-7. PHA Homeless Preference	No	1C-7 PHA Homeless...	11/16/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	1E-1 Local Compet...	11/16/2021
1E-2. Project Review and Selection Process	Yes	1E-2 Project Revi...	11/16/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	1E-5 Public Posti...	11/16/2021
1E-5a. Public Posting–Projects Accepted	Yes	1E-5a Public Post...	11/16/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	1E-6 Web Posting-...	11/16/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: 1C-14 CE Assessment Tool

Attachment Details

Document Description: 1C-7 PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: 1E-1 Local Competition Announcement

Attachment Details

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

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: 1E-6 Web Posting-CoC Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/14/2021
1B. Inclusive Structure	11/15/2021
1C. Coordination	11/16/2021
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/16/2021
1E. Project Review/Ranking	11/16/2021
2A. HMIS Implementation	11/16/2021
2B. Point-in-Time (PIT) Count	11/06/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	11/09/2021

FY2021 CoC Application	Page 54	11/16/2021
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3C. Serving Homeless Under Other Federal Statutes	11/14/2021
4A. DV Bonus Application	11/09/2021
4B. Attachments Screen	11/16/2021
Submission Summary	No Input Required

1C-14 CE Assessment Tool

NC-509 Gaston-Lincoln-Cleveland CoC

NC-509 Gaston-Lincoln-Cleveland Continuum of Care

Coordinated Entry Paper Assessment

Date: _____ Verbal ROI: YES NO

Name: _____

Date of Birth: _____ Head of Household: y/n _____

Race and Ethnicity of Participant: Mark all that apply

White or Caucasian

Black or African American

Native American, Native Alaskan

Native Hawaiian other Pacific Islander

Asian

2 or More Races

Hispanic

Non-Hispanic

Prefer not to respond

Other _____

SSN: _____ Veteran Status: y/n _____

Income: Source 1: _____

Source 2: _____

Other Cash: _____

(odd jobs/ Under the table work/doordash/ babysitting/ handyman)

More Information: <https://www.healthnetgaston.org/continuum-of-care/>

Coordinated Entry 704-718-9963 or dial 2-1-1

Updated 7/8/21 KD

Children/other people living in the home/

Full Name (mark P for pregnant) Date of birth SSN Age P

Full Name (mark P for pregnant)	Date of birth	SSN	Age	P

Current location living/sleeping situation:

Contact number and email/alternate number: _____

Mailing Address: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

Medical Conditions of all Family Members:

Other Information:

Date of Screening: _____ Date Entered in HMIS _____

Name of Interviewer: _____

Organization, if Applicable: _____

If not the same as Interviewer

Coordinated Entry Access Point: _____

Preferred E-mail: _____

Preferred Phone: _____

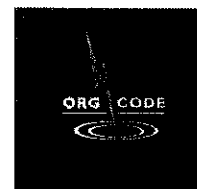
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____	
In what language do you feel best able to express yourself? _____			
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____	Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

0

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):** _____

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**
0

2. How long has it been since you lived in permanent stable housing? _____ Years Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**
0

B. Risks

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

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**
0

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**
0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

0

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:
0

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:
0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
GRAND TOTAL:	0 /17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___:___ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

- **Alabama**
 - Parts of Alabama Balance of State
- **Arizona**
 - Statewide
- **California**
 - San Jose/Santa Clara City & County
 - San Francisco
 - Oakland/Alameda County
 - Sacramento City & County
 - Richmond/Contra Costa County
 - Watsonville/Santa Cruz City & County
 - Fresno/Madera County
 - Napa City & County
 - Los Angeles City & County
 - San Diego
 - Santa Maria/Santa Barbara County
 - Bakerfield/Kern County
 - Pasadena
 - Riverside City & County
 - Glendale
 - San Luis Obispo County
- **Colorado**
 - Metropolitan Denver Homeless Initiative
 - Parts of Colorado Balance of State
- **Connecticut**
 - Hartford
 - Bridgeport/Stratford/Fairfield
 - Connecticut Balance of State
 - Norwalk/Fairfield County
 - Stamford/Greenwich
 - City of Waterbury
- **District of Columbia**
 - District of Columbia
- **Florida**
 - Sarasota/Bradenton/Manatee, Sarasota Counties
 - Tampa/Hillsborough County
 - St. Petersburg/Clearwater/Largo/Pinellas County
 - Tallahassee/Leon County
 - Orlando/Orange, Osceola, Seminole Counties
 - Gainesville/Alachua, Putnam Counties
 - Jacksonville-Duval, Clay Counties
 - Palm Bay/Melbourne/Brevard County
 - Ocala/Marion County
 - Miami/Dade County
 - West Palm Beach/Palm Beach County
- **Georgia**
 - Atlanta County
 - Fulton County
 - Columbus-Muscogee/Russell County
 - Marietta/Cobb County
 - DeKalb County
- **Hawaii**
 - Honolulu
- **Illinois**
 - Rockford/Winnebago, Boone Counties
 - Waukegan/North Chicago/Lake County
 - Chicago
 - Cook County
- **Iowa**
 - Parts of Iowa Balance of State
- **Kansas**
 - Kansas City/Wyandotte County
- **Kentucky**
 - Louisville/Jefferson County
- **Louisiana**
 - Lafayette/Acadiana
 - Shreveport/Bossier/Northwest
 - New Orleans/Jefferson Parish
 - Baton Rouge
 - Alexandria/Central Louisiana CoC
- **Massachusetts**
 - Cape Cod Islands
 - Springfield/Holyoke/Chicopee/Westfield/Hampden County
- **Maryland**
 - Baltimore City
 - Montgomery County
- **Maine**
 - Statewide
- **Michigan**
 - Statewide
- **Minnesota**
 - Minneapolis/Hennepin County
 - Northwest Minnesota
 - Moorhead/West Central Minnesota
 - Southwest Minnesota
- **Missouri**
 - St. Louis County
 - St. Louis City
 - Joplin/Jasper, Newton Counties
 - Kansas City/Independence/Lee's Summit/Jackson County
 - Parts of Missouri Balance of State
- **Mississippi**
 - Jackson/Rankin, Madison Counties
- **North Carolina**
 - Gulf Port/Gulf Coast Regional
 - Winston Salem/Forsyth County
 - Asheville/Buncombe County
 - Greensboro/High Point
- **North Dakota**
 - Statewide
- **Nebraska**
 - Statewide
- **New Mexico**
 - Statewide
- **Nevada**
 - Las Vegas/Clark County
- **New York**
 - New York City
 - Yonkers/Mount Vernon/New Rochelle/Westchester County
- **Ohio**
 - Toledo/Lucas County
 - Canton/Massillon/Alliance/Stark County
 - Tulsa City & County/Broken Arrow
 - Oklahoma City
 - Norman/Cleveland County
- **Pennsylvania**
 - Philadelphia
 - Lower Merion/Norristown/Abington/Montgomery County
 - Allentown/Northeast Pennsylvania
 - Lancaster City & County
 - Bristol/Bensalem/Bucks County
 - Pittsburgh/McKeesport/Penn Hills/Allegheny County
- **Rhode Island**
 - Statewide
- **South Carolina**
 - Charleston/Low Country
 - Columbia/Midlands
 - Chattanooga/Southeast Tennessee
 - Memphis/Shelby County
 - Nashville/Davidson County
- **Tennessee**
 - Statewide
- **Texas**
 - San Antonio/Bexar County
 - Austin/Travis County
 - Dallas City & County/ Irving
 - Fort Worth/Arlington/Tarrant County
 - El Paso City and County
 - Waco/McLennan County
 - Texas Balance of State
 - Amarillo
 - Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
 - Bryan/College Station/Brazos Valley
 - Beaumont/Port Arthur/South East Texas
- **Utah**
 - Statewide
- **Virginia**
 - Richmond/Henrico, Chesterfield, Hanover Counties
 - Roanoke City & County/Salem
 - Virginia Beach
 - Portsmouth
 - Virginia Balance of State
 - Arlington County
- **Washington**
 - Seattle/King County
 - Spokane City & County
- **Wisconsin**
 - Statewide
- **West Virginia**
 - Statewide
- **Wyoming**
 - Wyoming Statewide is in the process of implementing

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

Administration

Interviewer's Name _____	Agency _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____-____-____
		Consent to participate <input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE: 0
---	---------------------------

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):** _____

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**
0

2. How long has it been since you lived in permanent stable housing? _____ Years Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**
0

B. Risks

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

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**
0

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**
0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

0

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

D. Wellness

- 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
- 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
- 17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
- 18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
- 19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
- 20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

0

- 21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
- 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

0

- 23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
 - a) A mental health issue or concern? Y N Refused
 - b) A past head injury? Y N Refused
 - c) A learning disability, developmental disability, or other impairment? Y N Refused
- 24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

0

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. **SCORE:**
0

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. **SCORE:**
0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
GRAND TOTAL:	0 /17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___:___ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

1C-7 PHA Homeless Preference

NC-509 Gaston-Lincoln-Cleveland CoC

340 West Long Avenue
P.O. Box 2398
Gastonia, NC 28053-2398



Phone: 704-864-6771
Fax: 704-867-3587
www.ghanc.org

November 12, 2021

Steffi Travis
NC-509 CoC Coordinator
HealthNet Gaston
1385 E. Garrison Blvd.
Gastonia, NC 28054

To Whom it May Concern:

The Gastonia Housing Authority (GHA) had not adopted a Homeless preference of a Moving on preference for its Section 8 Housing Choice Voucher or Rental Assistance Demonstration programs. The Housing Authority lacks sufficient funding and staff to administer such preferences currently. GHA does include a Homeless preference in its Mainstream Program and has received an allocation of Emergency Housing Vouchers which provide housing assistance to those experiencing Homelessness.

Regards,

Terri H. Sanford

Terri Sanford
Executive Director
Gastonia Housing Authority
t.h.sanford@ghanc.org
704-349-5120



"Equal Housing Opportunity"

Steffi Travis

From: Tammy Phillips <tphillips@foothillsregion.org>
Sent: Friday, November 12, 2021 10:55 AM
To: Steffi Travis
Subject: FRC Housing Admin Plan - Local Preferences

CAUTION! This message was sent from outside your organization. Use caution when opening any links or attachments.

4-III.C. SELECTION METHOD

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

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

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

FRC Policy

The PHA will use the following local preferences, in no particular order or hierarchy:

1. The PHA will offer a preference to families whose head of household and/or spouse are age 62 or older and/or disabled.
2. The PHA will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who have either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA from the PHA's public housing program or other covered housing program operated by the PHA.
The PHA will work with local partnering social service agencies.
The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.
3. The PHA will offer a preference of up to 50 families per calendar year who are homeless.
4. The PHA will offer to families who are living in substandard housing.
5. The PHA will offer a preference to families who have been involuntarily displaced as a result of a fire, flood or a federally declared natural disaster.

*Pam Hall
Housing Director
Foothills Regional Commission
Section 8 Housing
P.O. Box 841
111 West Court Street
Rutherfordton, NC 28139
Phone: (828) 351-2374
Email: phall@foothillsregion.org*



1E-1 Local Competition Announcement

NC-509 Gaston-Lincoln-Cleveland CoC



ANNOUNCEMENTS:

- 2021 HUD NOFO-Accepted Projects
- 2021 HUD CoC NOFO Timeline
- 2021 HUD CoC NOFO Threshold
- 2021 CoC Competition Announcement
- 2021 CoC Application: New Project Application
- 2021 CoC Application: Renewal Application
- 2021 ESG Threshold
- 2021 ESG Timeline
- 2021 ESG-RFA Timeline
- 2021 ESG Public Notification
- 2021 ESG Fair Share Explainer

NC COVID-19 Resources for Renters Facing Eviction (English) (Español)

- CARE Plan Information
- NC 2-1-1 COVID-19 Assistance
- HealthNet Gaston Code of Conduct

ARCHIVES:

- FY2020 NOFA and ESG
- FY2019 NOFA and ESG
- FY2018 NOFA and ESG
- FY2017 NOFA and ESG
- FY2016 NOFA and ESG

WRITTEN STANDARDS AND POLICIES:

- NC-509 Final Coordinated Entry Policy and Procedures
- NC-509 Emergency Shelter Written Standards format fix
- NC-509 Emergency Shelter Written Standards
- NC-509 HP-RRH Written Standards
- NC-509 PSH Written Standards
- NC-509 Transitional Housing Written Standards

Steffi Travis

From:
Sent:
To:

Steffi Travis

Wednesday, August 18, 2021 3:02 PM

Abby Newton; Adam Kurtzman; Adina Willis (awillis201481@gmail.com); Alan Cloninger; Alex Patton; Alisha Friday (afriday@unitedwayoflincolncounty.org); Amber Cooke; Andrea Jones-Marshall; Andrea Wyant; Andrew Bryant; Andrew Schrag; Angela Barrett; Ann Stroupe; Arin Farmer; Asia Shirley; Autumn Turbyfill; Ben Beasley; Ben Berkowitz; Billy Marsh; Bob Nauheimer; Brandy Lineberger; Bre Griffin; Brian Holland; Brittany Froning; Captain Laura Biggerstaff; Carla Tweddale; Carlos Webb; Carol Brown; Caroline Looney; Cathy Robertson; Chandra Marble; Charles Odom; Cherry Sandford; Christina Brown; Christina Vandiver; Chrys Kolodny; Chrystal Hoyle; Cody Carpenter; Collette Scruggs; crichardson@integratedcarehickory.com; Cynthia Vinson; Dandria Bradley; Danette Dye; Danielle Webb (D.Webb.Gaston@gmail.com); Dashe' Lawton; David Julen; David Phelps; David Smith (dasmith@kintegra.org); Dawn Stover; Dean Bethea; Delane Hoppes; DeShay Oliver; dhopper@bgcgreatergaston.org; Dickie Spargo; Donna Elliott; Donna Sellers; Donyel Barber; Dwayne Burks; Earline Smith; Elsie Correa (ecorrea@GFHS.info); Erin Hultgren; Faith Barnes; Frances R. Webber; Gary S. Leigh; Gayle Mahl; Georgeina Koontz; Geraldine Wray; Greg Smith; Holly Wall; Ivan "Bud" Strobe; Jackie Thompson; Jamie Piercy; Jan Kendrick; Jane Cacchione; Janet M Bard; Jeff Paysour; Jen Hundt (Jennifer.Hundt@monarchnc.org); Jennifer Butler; Jennifer Grant (jenniferg@unitedwaygaston.org); Jennifer Kanipe; Jennifer Sackett; John Hall; John Mills; Joseph Dixon; Juan Garcia; Judy Leahy; Justin Etters; Karla Haynes; Katrina Cochran; Katt Dunsmore (KDunsmore@partnersbhm.org); Kay Peninger; Kecia Robinson; Kenya Keaton-Simpkins; Kevin Oliver; Kevin Woodall; Kim Green; Kimberly Holden; Kris Fountain; Kristen Ford; Kristen Litvak; Kyleigh Kite (becomingblameless@gmail.com); Laura Moore; Laurel McLain; Lauren Zaloshinsky; Lavona Hunter-Tucker; Leah Lowery; Lendra Phillips; Lesia Colbert (lesiacolbertfh101@gmail.com); Leslie Lowery; Linda Slade ; Lindsey Morgan; Lisa Harrison; Lisa Marrisiddaiah; Loretta Johnson (l.s.johnson@ghanc.org); Lynn Dellinger; Marilyn Gore; Martha Spencer; marti.j.morris@gmail.com; Melanie Lowrance (Melanie.Lowrance@gastongov.com); Melissa Hawk; Melissa Summer; Melodie McSwain; Meredith Malpass; Michael Cloy; Michael Coone; Michael Peebles (michaelp@cityofgastonia.com); Micheal Woods; Michelle Hudson; Michelle Miller; Michelle Reed (Michelle.Reed@atriumhealth.org); Mike Meeks; Mike Owen; Miranda Moore; Mitzi Williams; Monica Lail; Moses Colbert (mosescolbert@gmail.com); Myesha Gist; Nancy Riddick-McClelland; Nancy Welsh; Nathaniel Marsh; Nick Wilson; Nicole Elmore; Pamela Guyton; Paula Brinkley; Peter Bagley; Phyllis Davis-Brown; Phyllis Williams (pwilliams@myccrm.org); Rebecca Collins; Robert Dalton; Robin Conner; Ron Rombs; Sally Queen; Sandy Brenneman; Shaaron M. Funderburk (shaaron1otsp@yahoo.com); Sharika Howell; Sharon Holmes; sheilapurello@catherineshouseinc.org; Sherry Yocum; Stacey Costner; Stacy Baker; Steffi Travis; Stephen Crane; steppfam86@aol.com; Steve Lockett; T Mitchell (tmitchell@lincolncounty.org); tabethamoore33@gmail.com; Tabitha Miller (casemanager@lincolncounty-cadv.org); Tanya Wrighton; Tara Barker; Tara Joyner; Tara Totten; Tara Vannoy; Tasha White; Teena Willis; Tequila Sanford; Terri Sanford; Tiffany Hansen; Tina Peterson; Tiyania Shands; Tonia Grimes; Tony Carpenter; tphillips@regionc.org; Veronda Bellamy; Vicky Graves; Vincent Wong; Whitney Norton; Yamicka S. Cassell; Yvonne Simmons; Zachary Harris (zharris@kintegra.org)

Subject: Hot Off the PRESS: FY 2021 Continuum of Care (CoC) Program Competition

Importance:

High

NC-509 Gaston-Lincoln-Cleveland Continuum of Care is sharing this information with you. More details to follow from the CoC Coordinator (me) and the local Grants Review Committee to follow soon; after we digest the news ourselves! 😊

Best regards - Steffi

Steffi Travis
NC-509 CoC Coordinator

HealthNet Gaston
1385 E. Garrison Blvd.
Gastonia, NC 28054
(704) 517-8807 cell
(704) 874-1941 office phone
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www.kintegrahealth.org



Caring For Our Community

From: SNAPS-COMPETITIONS <SNAPS-COMPETITIONS@HUD.GOV>
Sent: Wednesday, August 18, 2021 2:35 PM
To: SNAPS-COMPETITIONS-L@HUDLIST.HUD.GOV
Subject: FY 2021 Continuum of Care (CoC) Program Competition

CAUTION! This message was sent from outside your organization. Use caution when opening any links or attachments.

The Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition (NOFO) has been posted on [Grants.gov](https://www.grants.gov) and will be available on the [Funding Opportunities](#) page on HUD's website later today. Additional resources will be available on the [Continuum of Care Program Competition](#) page of HUD's website.

The CoC Application, CoC Priority Listing, and Project Applications should be available Thursday, August 19, 2021 in [e-snaps](#). Collaborative Applicants and project applicants will be able to access the applications to review, update, and enter required information for the application process.

Submission Deadline: Thursday, November 16, 2021 at 8:00 PM EST

Collaborative Applicants

- The CoC Application and CoC Priority Listing that includes all project applications that will be submitted to HUD are separate submissions in [e-snaps](#). Collaborative Applicants must submit both parts of the CoC Consolidated Application by the application submission deadline for HUD to consider the CoC Consolidated Application to be complete.

- We are forwarding questions to CoCNOFO@hud.gov that pertain to the NOFO, competition, and applications.
- We are forwarding questions to e-snaps@hud.gov that pertain to e-snaps technical issues.

You will receive a response to your question via the applicable email address. Therefore, we will close this ticket in the AAQ.”

Effective October 1, 2021

The HUD Exchange e-snaps help desk will no longer be monitored and will cease to forward questions to HUD. Therefore, if you submit a question related to the FY 2021 CoC Program Competition, YHDP non-competitive process that is part of the FY 2021 CoC Program NOFO, or e-snaps, you will not receive a response.

Additionally, if questions related to the FY 2021 CoC Program NOFO, CoC Program Competition, YHDP non-competitive process, or e-snaps issues are submitted to any of the other HUD Exchange question help desks (e.g., CoC Program, HDX, HMIS) the questions will be closed with no additional information.

How to ensure you receive a response to CoC Program NOFO, CoC Program Competition, non-competitive YHDP, and e-snaps technical questions?

- Immediately discontinue sending questions the HUD Exchange AAQ.
- Submit all questions to the HUD.gov email addresses as appropriate.

In the coming months, we will communicate additional information as to how to submit questions related to activities that occur after the annual CoC Program Competition final funding announcement (e.g., post-award), as well as questions related to CoC Program Registration and GIW processes.



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We hope that you will want to continue receiving information from HUD.
 We safeguard our lists and do not rent, sell, or permit the use of our lists by others, at any time, for any reason.

[HUD COVID-19 Resources and Fact Sheets](#)

**NC-509 Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC)
FY 2021 HUD Continuum of Care Notice of Opportunity (NOFO)
PROGRAM COMPETITION TIMELINE**

The U.S. Department of Housing & Urban Development awards funding to the Gaston-Lincoln-Cleveland Continuum of Care through the CoC Notice of Funding Opportunity (NOFO) – formerly the NOFA.

Wed., August 18, 2021 – CoC NOFO Announcement released by HUD
<https://mailchi.mp/hudexchange/fy-2021-coc-program-competition-now-open?e=b147117483>

Wed., August 18, 2021 - NC-509 Collaborative Applicant (HealthNet Gaston), e-mailed announcement to GLC-CoC Members and Community Stakeholder distribution list (email from Steffi Travis, NC-509 CoC Coordinator, Stravis@kintegra.org)

Thurs., August 19, 2010 – HUD CoC Application, CoC Priority Listing, and Project Applications made available in e-SNAPS: <https://www.hudexchange.info/programs/e-snaps/>

Tues., August 31, 2021 – NOFO Collaborative Applicant Application (blank version) emailed to Advisory Board

Fri., Sept. 2, 2021 – SNAPS NOFO Competition Webinar, 3:00-4:30pm; and Collaborative Applicant e-mailed NAEH/NOFO Webinar registration to CoC Members & Community Stakeholders

Thurs., Sept. 9, 2021 – National Alliance to End Homelessness (NAEH) Webinar, “Seizing the Opportunities in the 2021 NOFO”

Tues., Sept. 14, 2021 – NOFO Timeline & Threshold and Instructional Guidelines for Project Applications e-mailed to CoC Members & Community Stakeholders from Stravis@kintegra.org

Tues., Sept. 28, 2021 - Prospective Applicants submit **Threshold Documents** to Grants Review Committee by 5:00pm EST via e-mail with 1 PDF attachment to Steffi Travis at Stravis@kintegra.org

Wed., Sept. 29, 2021 – Grants Review Committee reviews Threshold Documents, and Prospective Applicants are notified of Threshold approval or rejection & eligibility to apply (via e-mail from Nancy Welch, Grants Review Chairperson, nancyw@cityofgastonia.com)

Thurs., Sept. 30, 2021 – Threshold Appeals heard by Grants Review Committee; Chairperson, Nancy Welch via GoToMeeting (link will be provided)

Fri., Oct. 15, 2021 – Project applications must be submitted to Grants Review Committee, via Steffi Travis at Stravis@kiegra.org. Submit in PDF format by 5:00pm **DO NOT SUBMIT APPLICATION(S) IN E-SNAPS for local review process**

Mon. & Tues., Oct. 18 & 19 - Grants Review Committee reviews, rates, and ranks project applications. Applicants are notified of project status (accepted/rejected) and ranking via e-mail from Nancy Welch, Grants Review Chairperson (nancyw@cityofgastonia.com) Appeals will be scheduled for Tues., 9:00-11:00am

Mon., Nov. 1, 2021 – Final Rating & Ranking list will be posted on CoC Website

Mon., Nov. 8, 2021 – Advisory Board's input on CoC Collaborative Application due by 5:00pm via e-mail to Stravis@kintegra.org

Fri., Nov. 12, 2021 – Collaborative Applicant will post Consolidated Application, (including all CoC applications, attachments and the Priority Listing) on the City of Gastonia CoC website and notify community members and stakeholders via e-mail from Stravis@kintegra.org that the CoC Consolidated Application is available.

Fri., Nov. 12, 2021 – Collaborative Applicant will submit Consolidated Application and all documents to HUD via e-SNAPS.

Tues., Nov. 16, 2021 - HUD FINAL Deadline for submittal, 8:00:00 PM EST

HealthNet Gaston is the Collaborative Applicant for NC-509 Gaston-Lincoln-Cleveland Continuum of Care. For more information about the FY21 CoC NOFO please contact Steffi Travis, CoC Coordinator at Stravis@kintegra.org; (704) 517-8807 cell.

Nancy Welch, is the local Grants Review Committee Chairperson. Committee notices will come from nancyw@cityofgastonia.com; (704) 866-6753.

Helpful Links:

FY21 CoC Program Funding Opportunity

<https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/>

CoC Program Page – HUD Exchange

<https://www.hudexchange.info/programs/coc/>

CoC e-snaps on-line application resources page

<https://www.hudexchange.info/programs/e-snaps/>

Steffi Travis

From: Steffi Travis
Sent: Tuesday, September 14, 2021 4:46 PM
To: Sarah Dergins
Subject: FW: FY21 HUD Notice of Funding Opportunity (NOFO) - Timeline and Threshold
Attachments: NOFO 2021 GLC-COC Timeline 9-14-21.docx; NOFO 2021 Threshold-FINAL_9-14-21.docx; FY21 Continuum of Care Competition.pdf; FY-2021-New-Project-Application-Navigational-Guide.pdf; FY21 CoC Renewal Application-Detailed-Instructions.pdf

Importance: High

Sarah: Sorry if this is a duplicate. Donna says you all might be interested in applying for DV project application.

If so, set-up an account in e-SNAPS.

Email sent earlier to CoC mailing list of 200:

On behalf of the NC-509 Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC), I am providing you the Timeline and Threshold for your review in regards to HUD's FY21 Continuum of Care, Notice of Funding Opportunity (NOFO).

The FY2021 CoC Notice of Funding Opportunity (NOFO) was released by HUD on August 19, 2021 and was distributed by me to you on that date.

The FY2021 CoC Program Notice of Funding Opportunity (NOFO) provides information about this year's competition, detailing CoC and Project Applicant responsibilities, eligibility requirements, and timelines. All renewal and new Project Applicants should thoroughly read the NOFO and Detailed Instructions prior to beginning applications.

HUD requires GLC-CoC applicants to participate in the local CoC vetting process which starts with a Threshold Review. Threshold documents are due on Tuesday, 9/28/21, via email to Steffi Travis at Stravis@kintegra.org. (See Threshold attachment above).

Please let me know if you are interested in applying for a project grant. I will assist you as best I can. New applicants must set-up an account in e-Snaps to participate in the NOFO. Here is the link: <https://esnaps.hud.gov/>

-Steffi

Steffi Travis

NC-509 CoC Coordinator

HealthNet Gaston
1385 E. Garrison Blvd.
Gastonia, NC 28054
(704) 517-8807 cell
(704) 874-1941 office
www.healthnetgaston.org
www.kintegrahealth.org



Caring For Our Community

Steffi Travis

From: Abigail Newton <Abigail.Newton@gastongov.com>
Sent: Thursday, September 2, 2021 8:41 AM
To: Steffi Travis
Subject: RE: {External} HUD Continuum of Care NOFO has new projects (Health, DV, Youth)

CAUTION! This message was sent from outside your organization. Use caution when opening any links or attachments.

Steffi,
Can you send the specific project application for health? I'll hide out and do all the reading because government 😊

From: Steffi Travis [mailto:stravis@kintegra.org]
Sent: Thursday, September 2, 2021 6:24 AM
To: Angela Karchmer <Angela.Karchmer@gastongov.com>; Abigail Newton <Abigail.Newton@gastongov.com>; Melanie Lowrance <Melanie.Lowrance@gastongov.com>; Paula Brinkley <Paula.Brinkley@gastongov.com>
Cc: Donna Elliott <delliott@kintegra.org>
Subject: {External} HUD Continuum of Care NOFO has new projects (Health, DV, Youth)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning ladies: if there is someone else whom I should connect with – let me know.

The new HUD grant opportunity (the NOFO) for the Continuum of Care allows for new projects that involve healthcare/housing collaborations, DV project, and supporting Youth projects.

You received this information in mass emails from me but I'm following up to see if you have any desire to explore submitting project application(s)? I've attached the announcement and the blank "Collaborative Application" which HNG completes and submits for the CoC. There are specific project applications and I can send too if there is interest.

These are long reads for sure – but you know – "that's Government" 😊. -Steffi

Steffi Travis

NC-509 CoC Coordinator

HealthNet Gaston
1385 E. Garrison Blvd.
Gastonia, NC 28054
(704) 517-8807 cell
(704) 874-1941 office
www.healthnetgaston.org
www.kintegrahealth.org

Steffi Travis

From: Alisha Friday <afriday@unitedwayoflincolncounty.org>
Sent: Monday, September 27, 2021 1:13 PM
To: Steffi Travis
Subject: RE: Deadline: HUD NOFO Threshold Documents Due to local CoC 9/28/21 by 5pm

CAUTION! This message was sent from outside your organization. Use caution when opening any links or attachments.

Hi Steffi,

Do you have any availability this week to do a quick phone chat? I have a question about the youth homeless demonstration program.

[FY 2021 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)

From: Steffi Travis <stravis@kintegra.org>
Sent: Monday, September 27, 2021 9:08 AM
To: Abby Newton <Abigail.Newton@gastongov.com>; Adam Kurtzman <akurtzman@partnersbhm.org>; Adina Willis (awillis201481@gmail.com) <awillis201481@gmail.com>; Alan Cloninger <acloninger@gcps.org>; Alex Patton <aepatton@lincolncounty.org>; Alisha Friday <afriday@unitedwayoflincolncounty.org>; Amber Cooke <Amber.Cook@clevelandcounty.com>; Andrea Jones-Marshall <Andrea.marshall@clevelandcountync.gov>; Andrea Wyant <Andrea.Wyant@gastongov.com>; Andrew Bryant <abryant@lincolncounty.org>; Andrew Schrag <aschrag@partnersbhm.org>; Angela Barrett <angela.barrett@va.gov>; Ann Stroupe <Ann.Stroupe@gastongov.com>; Arin Farmer <arin@cisgaston.org>; Asia Shirley <asiajanice@gmail.com>; Autumn Turbyfill <ATurbyfill@partnersbhm.org>; Ben Beasley <bfbeasley3@gmail.com>; Ben Berkowitz <bberkowitz@lincolncounty.org>; Billy Marsh <bmarsh@cislincolnnc.org>; Bob Nauheimer <bob.nauheimer@gmail.com>; Brandy Lineberger <blineberger@partnersbhm.org>; Bre Griffin <Bgriffin@partnersbhm.org>; Brian Holland <bholland@townofranlo.org>; Brittany Froning <Brittany.Froning@gastongov.com>; Captain Laura Biggerstaff <biggerstaff_laura@cityofgastonia.com>; Carla Tweddale <lilypadhaven@gmail.com>; Carlos Webb <cwebb@arrayofbrighterbeginnings.org>; carolhwbrown <carolhwbrown@gmail.com>; Caroline Looney <clooney@withfriendsinc.com>; Cathy Robertson <crobertson@apcouncil.com>; Chandra Marble <cmarble@apcouncil.com>; Charles Odom <cmodom0420@att.net>; Christina Brown <christina@bridgingthegapofamerica.org>; Christina Vandiver <cvandiver@lincolncounty.org>; Chrys Kolodny <chrys.kolodny@gastongov.com>; Chrystal Hoyle <ncprekspecialist@pfclg.org>; Cody Carpenter <codycarpenter@gmail.com>; Collette Scruggs <collette@phoenixcc.us>; crichardson@integratedcarehickory.com; cynthiavinson.gca <cynthiavinson.gca@gmail.com>; Dandria Bradley <dandria.bradley@gastongov.com>; Danette Dye <danetted@cityofgastonia.com>; Danielle Webb (D.Webb.Gaston@gmail.com) <D.Webb.Gaston@gmail.com>; Dashe' Lawton <Dashe.Lawton@clevelandcounty.com>; David Julen <DavidBJulen@gmail.com>; David Phelps <David.phelps@uss.salvationarmy.org>; David Smith <dasmith@kintegra.org>; Dawn Stover <h.dawn.stover@nccourts.org>; Dean Bethea <dbethea@lincolncounty.org>; Delane Hoppes <delane.hoppes@phoenixcc.us>; DeShay Oliver <deshay.oliver@clevelandcounty.com>; dhopper@bgcgreatergaston.org; Dickie Spargo <drspargo@gmail.com>; Donna Elliott <delliott@kintegra.org>; Donna Sellers <dsellers@apcouncil.com>; Donyel Barber <dbarber@kintegra.org>; Dwayne Burks <dwayne@gatewaygaston.org>; Earline Smith <earlie294@gmail.com>; Elsie Correa <ecorrea@kintegra.org>; Erin Hultgren <ehultgren@kintegra.org>; Faith Barnes <officemgr@habitatlnc.org>; Frances R. Webber <Lwebber14@carolina.rr.com>; Gary S. Leigh <GarySLeigh@gmail.com>; Gayle Mahl <gayle@phoenixcc.us>; Georgeina Koontz <georgeina@phoenixcc.us>; Geraldine Wray <christina28150@gmail.com>; Greg Smith

1E-2 Project Review and Selection Process

NC-509 Gaston-Lincoln-Cleveland CoC

Steffi Travis

From: Steffi Travis

Sent: Tuesday, September 14, 2021 4:30 PM

To: Abby Newton; Adam Kurtzman; Adina Willis (awillis201481@gmail.com); Alan Cloninger; Alex Patton; Alisha Friday (afriday@unitedwayoflincolncounty.org); Amber Cooke; Andrea Jones-Marshall; Andrea Wyant; Andrew Bryant; Andrew Schrag; Angela Barrett; Ann Stroupe; Arin Farmer; Asia Shirley; Autumn Turbyfill; Ben Beasley; Ben Berkowitz; Billy Marsh; Bob Nauheimer; Brandy Lineberger; Bre Griffin; Brian Holland; Brittany Froning; Captain Laura Biggerstaff; Carla Tweddale; Carlos Webb; Carol Brown; Caroline Looney; Cathy Robertson; Chandra Marble; Charles Odom; Christina Brown; Christina Vandiver; Chrys Kolodny; Chrystal Hoyle; Cody Carpenter; Collette Scruggs; crichardson@integratedcarehickory.com; Cynthia Vinson; Dandria Bradley; Danette Dye; Danielle Webb (D.Webb.Gaston@gmail.com); Dashe' Lawton; David Julen; David Phelps; David Smith; Dawn Stover; Dean Bethea; Delane Hoppes; DeShay Oliver; dhopper@bgcgreatergaston.org; Dickie Spargo; Donna Elliott; Donna Sellers; Donyel Barber; Dwayne Burks; Earline Smith; Elsie Correa; Erin Hultgren; Faith Barnes; Frances R. Webber; Gary S. Leigh; Gayle Mahl; Georgeina Koontz; Geraldine Wray; Greg Smith; Holly Wall; Ivan "Bud" Strobe; Jackie Thompson; Jamie Piercy; Jan Kendrick; Jane Cacchione; Janet M Bard; Jeff Paysour; Jen Hundt (Jennifer.Hundt@monarchnc.org); Jennifer Butler; Jennifer Grant (jenniferg@unitedwaygaston.org); Jennifer Kanipe; Jennifer Sackett; John Hall; John Mills; Joseph Dixon; Juan Garcia; Judy Leahy; Justin Eppers; Karla Haynes; Katrina Cochran; Katt Dunsmore (KDunsmore@partnersbhm.org); Kay Peninger; Kecia Robinson; Kenya Keaton-Simpkins; Kevin Oliver; Kevin Woodall; Kim Green; Kimberly Holden; Kris Fountain; Kristen Ford; Kristen Litvak; Kyleigh Kite (becomingblameless@gmail.com); Laura Moore; Laurel McLain; Lauren Zaloshinsky; Lavona Hunter-Tucker; Leah Lowery; Lendra Phillips; Lesia Colbert (lesiacolbertfh01@gmail.com); Leslie Lowery; Linda Slade ; Lindsey Morgan; Lisa Harrison; Lisa Marrisiddaiah; Loretta Johnson (l.s.johnson@ghanc.org); Lynn Dellinger; Marilyn Gore; Martha Spencer; martij.morris@gmail.com; Melanie Lowrance (Melanie.Lowrance@gastongov.com); Melissa Hawk; Melissa Summer; Melodie McSwain; Meredith Malpass; Michael Cloy; Michael Coone; Michael Peeples (michaelp@cityofgastonia.com); Micheal Woods; Michelle Hudson; Michelle Miller; Michelle Reed (Michelle.Reed@atriumhealth.org); Mike Meeks; Mike Owen; Miranda Moore; Mitzi Williams; Monica Lail; Myesha Gist; Nancy Riddick-McClelland; Nancy Welsh; Nathaniel Marsh; Nick Wilson; Nicole Elmore; Pamela Guyton; Paula Brinkley; Peter Bagley; Phyllis Davis-Brown; Phyllis Williams (pwilliams@myccrm.org); Rebecca Collins; Robert Dalton; Robin Conner; Ron Rombs; Sally Queen; Sandy Breneman; Shaaron M. Funderburk (shaaron1otsp@yahoo.com); Sharika Howell; Sharon Holmes; sheilapurello@catherineshouseinc.org; Sherry Yocum; Stacey Costner; Stacy Baker; Stephen Crane; steppfam86@aol.com; Steve Lockett; T Mitchell (tmitchell@lincolncounty.org); tabethamoore33@gmail.com; Tabitha Miller (casemanager@lincolncounty-cadv.org); Tanya Wrighton; Tara Barker; Tara Joyner; Tara Totten; Tara Vannoy; Tasha White; Teena Willis; Tequila Sanford; Terri Sanford; Tiffany Hansen; Tina Peterson; Tiyanía Shands; Tonia Grimes; Tony Carpenter; tphillips@regionc.org; Veronda Bellamy; Vicky Graves; Vincent Wong; Whitney Norton; Yamicka S. Cassell; Yvonne Simmons; Zach Harris

Cc: Steffi Travis

Subject: FY21 HUD Notice of Funding Opportunity (NOFO) - Timeline and Threshold

Attachments: NOFO 2021 GLC-COC Timeline 9-14-21.docx; NOFO 2021 Threshold-FINAL_9-14-21.docx; FY21 Continuum of Care Competition.pdf; FY-2021-New-Project-Application-Navigational-Guide.pdf; FY21 CoC Renewal Application-Detailed-

Attachments: Instructions.pdf

Importance: High

On behalf of the NC-509 Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC), I am providing you the Timeline and Threshold for your review in regards to HUD's FY21 Continuum of Care, Notice of Funding Opportunity (NOFO).

The FY2021 CoC Notice of Funding Opportunity (NOFO) was released by HUD on August 19, 2021 and was distributed by me to you on that date.

The FY2021 CoC Program Notice of Funding Opportunity (NOFO) provides information about this year's competition, detailing CoC and Project Applicant responsibilities, eligibility requirements, and timelines. All renewal and new Project Applicants should thoroughly read the NOFO and Detailed Instructions prior to beginning applications.

HUD requires GLC-CoC applicants to participate in the local CoC vetting process which starts with a Threshold Review. Threshold documents are due on Tuesday, 9/28/21, via email to Steffi Travis at Stravis@kintegra.org. (See Threshold attachment above).

Please let me know if you are interested in applying for a project grant. I will assist you as best I can. New applicants must set-up an account in e-Snaps to participate in the NOFO. Here is the link: <https://esnaps.hud.gov/>

-Steffi

Steffi Travis
NC-509 CoC Coordinator

HealthNet Gaston
1385 E. Garrison Blvd.
Gastonia, NC 28054
(704) 517-8807 cell
(704) 874-1941 office
www.healthnetgaston.org
www.kintegrahealth.org



Gaston-Lincoln-Cleveland CoC FY2021 NOFA Renewal Scorecard
Permanent Housing / Permanent Supportive Housing Renewal Projects Only

Gaston-Lincoln-Cleveland CoC's Review Committee will consider applications in their entirety in approving entities for funding, and will consider such criteria as concentrations of risk, total funds outstanding, and all other risk factors it deems appropriate. Scoring above the minimum capacity threshold does not guarantee funding. Applicants may be asked to answer supplemental questions or appear for an interview with the ranking committee if any area of scoring is unclear. The total score is out of 100 possible points.

Applicant Information			
Applicant	Partners Health Management	\$609,489.00	✓
Project Name	CoCRA (RA/Supportive Services) Renewal with Changes (reference Page 22)		
Reviewer Name	Nancy B. Welch	Review Date	10-18-21
Reviewer Score	88	Committee Score	488
Organizational Experience & Capacity/Project Viability Threshold			

	2pts = Yes	0pts = No	Points Received	Reviewer's Comments / Questions
1. Does the organization meet the minimum threshold to apply for CoC? Threshold questions 1, 2, 3 and 13 <i>*If not – do not score the remainder of the application</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	PHM passed Threshold Review by Grants Review Committee on 9/29/21
2. Does the agency currently participate in HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	PHM participates in HMIS (5 licenses/end-users)
3. Does the organization provide services in more than one of the CoC counties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	PHM serves Gaston, Lincoln, Cleveland Counties
4. Does the agency currently participate in Coordinated Entry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	PHM staff participates actively in CES and weekly case conferencing
5. Is the organization an active member of the CoC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	PHM is a member in good standing with GLC-CoC; attending 100% of meeting
Total Threshold (Questions 1-5) Score (10pts Possible)			10	

Project Application

	Possible Points				Points Received
	Yes =10pts	No =0 pts	2 or more checked = 2pts	None of the above = 0pts	
6. Housing First: Does the project quickly move participants into permanent housing? (Question 3a; page 28)	Yes =10pts	No =0 pts			10
7. Does the project screen out / terminate participants based on the factors in question 3b (pages 28, 29)	All factors checked = 10pts	4 or more checked = 5pts	2 or more checked = 2pts	None of the above = 0pts	10
8. Does the project ensure that participants are not terminated from the program for the factors listed in question 3c - page 29	All factors checked = 10pts	4 or more checked = 5pts	2 or more checked = 2pts	None of the above = 0pts	10
9. Is the project DedicatedPLUS? (Question 3C #1 - page 30)	Yes =10pts	No =0 pts			10
10. How many beds are available for project participants at the selected housing site? (Question 4B – page 34) *If multiple sites add all units together	30+ =10pts	20+ =5pts	10+ = 2pts	>10 =1pt	10
11. What percentage of beds are dedicated to chronically homeless? (Question 4B – page 34) *if multiple sites add all units together	100% = 10pts	75% = 5pts	50% = 2pts	>50% = 1pt	10
12. Does the applicant provide the source, value and dated documentation matching 25% of the dollar amount in the requested budget? (Question 6D – page 42)	Yes =10pts	No =0pts			10
Total Project Application (Questions 6-12) Score (70pts Possible)					70

HUD Priorities

	2pts = Yes	0pts = No	Points Received	Reviewers Comments / Questions
13. Is the project working towards ending homelessness for all persons experiencing homelessness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Disable & CH
14. Does the project provide assistance towards creating a systematic response to homelessness? (Question 4A, page 32)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2
15. Through this application, is the organization strategically allocating and using resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2
16. Does the project provide flexibility for Housing First with Service Participation Requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2
17. Has the applicant had any monitoring findings in the last fiscal year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2 Threshold Review

Total HUD Priorities (Questions 13-17) Score (10pts Possible) 8

Organization's Performance

	2pts = Yes	0pts = No	Points Received	Reviewers Comments / Questions
18. Did the applicant participate in the prior year's Point in Time (PIT) and Housing Inventory Count (HIC)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Threshold Review 2
19. Are 100% of the clients in HMIS or, comparable database?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Provided by LSA 2
20. Did more than 50% of the program participants exit into permanent housing? (Provided to review committee from CoC LSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Provided by LSA 2
21. Was the organization cleared of any monitoring findings in the past year?	<input type="checkbox"/>	<input type="checkbox"/>		Threshold Review/Nancy Welch
22. Are all required documents attached per HUD? (7A. page 45)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2
Total Past Performance (Questions 18-22) Score				8
(10pts Possible)				

Steffi Travis

From: Welch, Nancy <nancyw@cityofgastonia.com>
Sent: Monday, November 15, 2021 7:58 AM
To: Teena Willis
Cc: Steffi Travis
Subject: FW: NOFO Grant Review

CAUTION! This message was sent from outside your organization. Use caution when opening any links or attachments.

Good Morning Teena,

Please make note that the amounts were listed in the wrong categories, the corrected amounts are as follows:

Partners Health Mgt – CoCRA renewal - \$609,489.00 – over all score 488
Partners Health Mgt – FP Consolidated - \$121,582.00 – over all score 348

Thank you and sorry for any inconvenience this may have caused.

Nancy Welch
Grants Committee Chair

From: Welch, Nancy <nancyw@cityofgastonia.com>
Sent: Friday, October 29, 2021 1:41 PM
To: Teena Willis <TWillis@partnersbhm.org>
Cc: Steffi Travis <stravis@kintegra.org>
Subject: NOFO Grant Review
Importance: High

Good Afternoon Teena,

I hope that this email finds you doing well today. The Grants Committee met on October 18, 2021 to review your application submissions for the following renewals:

Partners Health Mgt – CoCRA renewal - \$121,582.00 – over all score 488
Partners Health Mgt – FP Consolidated - \$609,489.00 – over all score 348

The committee approved your applications to be submitted to HUD for the NOFO.

If you have any questions, regarding this information please feel free to reach out to me.

Thank you,

Nancy B. Welch
Case Mgt. Specialist
City of Gastonia
150 S. York Street
PO Box 1748 (28053-1748)

Steffi Travis

From: Welch, Nancy <nancyw@cityofgastonia.com>
Sent: Monday, October 18, 2021 1:10 PM
To: Steffi Travis
Subject: Committee Scores for NOFO Grants Review
Attachments: 20211018-130949NOFO SCORE SHEETS.pdf

CAUTION! This message was sent from outside your organization. Use caution when opening any links or attachments.

Hey Steffi,

Please see below for the NOFO Grants Review:

COCRA Renewal – Total 488

FP Consolidated – Total 348

HNG HMIS – Total 475

HNG CE – Total 375

Let me know if you have any questions and find attached my score sheets.

Thank you,

*Nancy B. Welch
Case Mgt. Specialist
City of Gastonia
150 S. York Street
PO Box 1748 (28053-1748)
Gastonia, NC 28052
704-866-6753 Office
704-866-6067 Fax
nancyw@cityofgastonia.com*



*OUR MISSION: To provide fair, competent, responsive, cost-effective services at the highest level.
The City of Gastonia is committed to creating and maintaining a work environment that is inclusive, equitable and welcoming. We value diversity and promise to honor your experiences, perspective and unique identity.*

**HUD FY21 Continuum of Care - NOFO - NC-509 Continuum of Care
List of All Applications Submitted to Grants Review Committee 10-18-21**

Signature: *Nancy P. Welch*
Nancy Welch, Committee Chair

PHM: CoCRA- Renewal (SCORE 488 - RANKED #1) TIER 1			
Rental Assistance	\$	513,060.00	
Supportive Services	\$	56,985.00	
Sub-Total	\$	570,045.00	
Administrative (up to 10%)	\$	39,444.00	6.92%
Total	\$	609,489.00	
Cash Match (25% required)	\$	152,372.00	25%
Total w/Match	\$	761,861.00	
PHM: FP Consolidated - Renewal (SCORE 348 - RANKED #4) TIER 1			
Rental Assistance	\$	80,508.00	
Supportive Services	\$	33,090.00	
Sub-Total	\$	113,598.00	
Administrative (up to 10%)	\$	7,984.00	7%
Total w/Match	\$	121,582.00	
Cash Match (25% required)	\$	30,396.00	25%
Total w/Match	\$	151,978.00	
HealthNet Gaston: HMIS - Renewal (SCORE 475 - RANKED #2) TIER 1			
Operating	\$	82,149.00	
Administrative (up to 10%)	\$	-	
Sub-Total	\$	82,149.00	
Cash Match (25% required)	\$	20,537.00	25%
Total w/Match	\$	102,686.00	
HealthNet Gaston: CE - Renewal (SCORE 376 - RANKED #3) TIER 1			
Supportive Services	\$	10,000.00	
Administrative (confirming with HUD)	\$	-	
Cash match (25% required)	\$	2,500.00	25%
Total w/Match	\$	12,500.00	
			PAGE 1

HealthNet Gaston: Planning - New (Reviewed Only)				
Coordination Activities		\$	7,000.00	
Project Evaluation		\$	2,000.00	
Project Monitoring		\$	2,000.00	
Participation in Consolidated Plan		\$	1,000.00	
CoC Application Activities		\$	6,000.00	
Determining Geographic Area		\$	-	
Developing a CoC System		\$	12,000.00	
HUD Compliance Activities		\$	1,103.00	
Sub-Total		\$	31,103.00	per HUD FY21 / ARD
No Admin		\$	-	
Cash Match (25% required)		\$	7,775.75	25%
Total w/Match		\$	38,878.75	
				PAGE 2

**NC-509 Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC)
FY 2021 HUD Continuum of Care Notice of Opportunity (NOFO)
PROGRAM COMPETITION TIMELINE**

The U.S. Department of Housing & Urban Development awards funding to the Gaston-Lincoln-Cleveland Continuum of Care through the CoC Notice of Funding Opportunity (NOFO) – formerly the NOFA.

Wed., August 18, 2021 – CoC NOFO Announcement released by HUD
<https://mailchi.mp/hudexchange/fy-2021-coc-program-competition-now-open?e=b147117483>

Wed., August 18, 2021 - NC-509 Collaborative Applicant (HealthNet Gaston), e-mailed announcement to GLC-CoC Members and Community Stakeholder distribution list (email from Steffi Travis, NC-509 CoC Coordinator, Stravis@kintegra.org)

Thurs., August 19, 2010 – HUD CoC Application, CoC Priority Listing, and Project Applications made available in e-SNAPS: <https://www.hudexchange.info/programs/e-snaps/>

Tues., August 31, 2021 – NOFO Collaborative Applicant Application (blank version) emailed to Advisory Board

Fri., Sept. 2, 2021 – SNAPS NOFO Competition Webinar, 3:00-4:30pm; and Collaborative Applicant e-mailed NAEH/NOFO Webinar registration to CoC Members & Community Stakeholders

Thurs., Sept. 9, 2021 – National Alliance to End Homelessness (NAEH) Webinar, “Seizing the Opportunities in the 2021 NOFO”

Tues., Sept. 14, 2021 – NOFO Timeline & Threshold and Instructional Guidelines for Project Applications e-mailed to CoC Members & Community Stakeholders from Stravis@kintegra.org

Tues., Sept. 28, 2021 - Prospective Applicants submit **Threshold Documents** to Grants Review Committee by 5:00pm EST via e-mail with 1 PDF attachment to Steffi Travis at Stravis@kintegra.org

Wed., Sept. 29, 2021 – Grants Review Committee reviews Threshold Documents, and Prospective Applicants are notified of Threshold approval or rejection & eligibility to apply (via e-mail from Nancy Welch, Grants Review Chairperson, nancyw@cityofgastonia.com)

Thurs., Sept. 30, 2021 – Threshold Appeals heard by Grants Review Committee; Chairperson, Nancy Welch via GoToMeeting (link will be provided)

Fri., Oct. 15, 2021 – Project applications must be submitted to Grants Review Committee, via Steffi Travis at Stravis@kiegra.org. Submit in PDF format by 5:00pm **DO NOT SUBMIT APPLICATION(S) IN E-SNAPS for local review process**

Mon. & Tues., Oct. 18 & 19 - Grants Review Committee reviews, rates, and ranks project applications. Applicants are notified of project status (accepted/rejected) and ranking via e-mail from Nancy Welch, Grants Review Chairperson (nancyw@cityofgastonia.com) Appeals will be scheduled for Tues., 9:00-11:00am

Mon., Nov. 1, 2021 – Final Rating & Ranking list will be posted on CoC Website

Mon., Nov. 8, 2021 – Advisory Board's input on CoC Collaborative Application due by 5:00pm via e-mail to Stravis@kintegra.org

Fri., Nov. 12, 2021 – Collaborative Applicant will post Consolidated Application, (including all CoC applications, attachments and the Priority Listing) on the City of Gastonia CoC website and notify community members and stakeholders via e-mail from Stravis@kintegra.org that the CoC Consolidated Application is available.

Fri., Nov. 12, 2021 – Collaborative Applicant will submit Consolidated Application and all documents to HUD via e-SNAPS.

Tues., Nov. 16, 2021 - HUD FINAL Deadline for submittal, 8:00:00 PM EST

HealthNet Gaston is the Collaborative Applicant for NC-509 Gaston-Lincoln-Cleveland Continuum of Care. For more information about the FY21 CoC NOFO please contact Steffi Travis, CoC Coordinator at Stravis@kintegra.org; (704) 517-8807 cell.

Nancy Welch, is the local Grants Review Committee Chairperson. Committee notices will come from nancyw@cityofgastonia.com; (704) 866-6753.

Helpful Links:

FY21 CoC Program Funding Opportunity

<https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/>

CoC Program Page – HUD Exchange

<https://www.hudexchange.info/programs/coc/>

CoC e-snaps on-line application resources page

NC-509 Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC)

FY 2021 CoC NOFO Threshold

This threshold along with a letter of intent signed by the Chairperson of the Board of Directors must be submitted no later than **Tuesday, September 28, 2021 by 5:00pm** to Steffi Travis, CoC Coordinator, at Stravis@kintegra.org. *This threshold checklist, letter of intent, and all requested documentation are required for the local CoC Grants Review Committee to evaluate prospective applicants and determine the organization's eligibility to apply.*

1. Please attach a comprehensive letter of intent signed by the Chairperson of the Board of Directors.

2. Does the applicant agency have an active board of directors?

Yes No

If Yes, attach:

- The Board listing, with name, address, email, phone number and affiliation of each member
- Minutes from all 2020 – 2021 board meetings

3. Is the applicant agency a 501(c)3 organization or a government entity?

501(c)3 organization Government Entity

- If a 501(c)3 organization, attach the 501(c)3 IRS designation letter (non-profit)

Note: Attachment N/A for government entity

4. Does the applicant organization have an approved Code of Conduct posted on HUD's website?

Yes No

If Yes, attach a screenshot from the HUD website

If No, attach a copy of the applicant organization's Code of Conduct

*If the applicant organization does not have a Code of Conduct, the requirements are found here:

https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/conductgrants

5. Does the applicant agency have an annual independent audit?

Yes No

If Yes, attach a copy of the most recent year-end annual audit package

If no, attach the applicant agency's:

- 2020 and 2021 operating budget(s)
- IRS Form 990 (Oct. 2018 Version)
- 2020 Year-end Revenue and Expenditures

6. Does the applicant agency have the capacity to operate on a reimbursement basis?

Yes No

If Yes, attach the agency's most recent month-end financial statement detailing cash reserves

7. Is the applicant agency currently funded through the HUD Continuum of Care Program?

Yes No

If Yes, please attach the most current HUD e-loccs drawdown report(s)

8. If the application is a renewal, does the applicant organization wish to seek consolidation of any existing grants?

Yes No

If Yes, have you consulted with the local HUD field office representative?

Yes No

Name and e-mail of HUD field office representative: _____

9. If the applicant agency is a DV organization, does the applicant agency intend to apply for the DV bonus funding?

Yes No Not Applicable (not DV agency)

10. Does (or will) a third party manage your CoC grant(s)?

Yes No

If Yes, attach the contract, MOU, or MOA with scope of services outlined

11. Does the applicant agency have outstanding HUD monitoring findings?

Yes No

If Yes, findings must be resolved or explained in writing to the satisfaction of the Grants Review Committee for the application to meet threshold. Attach latest communication from HUD showing resolution.

12. Does the agency currently participate in HMIS or a DV comparable database?

Yes No

13. Current counties served by the applicant agency (check all that apply):

Gaston Lincoln Cleveland

14. Is the applicant organization currently participating in Coordinated Entry?

Yes No

15. Indicate the applicant's NC-509 Gaston-Lincoln-Cleveland CoC membership status:

Active member in Good Standing

Inactive "casual" member

Interested in CoC membership. Send the Membership Application to me

I acknowledge that the submitted Threshold and supporting documentation are correct.

Name of Agency/Organization: _____

Signature of Executive Director: _____

Date: _____

For Use by: Grants Review Committee Chair & Collaborative Applicant only:

This Threshold meets the minimum requirements for the FY21 NOFA: Yes No

This Threshold meets the GLC-CoC governance requirements: Yes No

1E-5 Public Posting- Projects Rejected- Reduced

NC-509 Gaston-Lincoln-Cleveland CoC

Steffi Travis

From: Steffi Travis
Sent: Monday, November 1, 2021 12:19 PM
To: Abby Newton; Adam Kurtzman; Adina Willis (awillis201481@gmail.com); Alan Cloninger; Alex Patton; Alisha Friday (afriday@unitedwayoflincolncounty.org); Amber Cooke; Andrea Jones-Marshall; Andrea Wyant; Andrew Bryant; Andrew Schrag; Angela Barrett; angela.sanford@gastongov.com; Ann Stroupe; Arin Farmer; Asia Shirley; Autumn Turbyfill; Ben Beasley; Ben Berkowitz; Billy Marsh; Bob Nauheimer; Brandy Lineberger; Bre Griffin; Brian Holland; Brittany Froning; buildingblockscenter2@gmail.com; Captain Laura Biggerstaff; Carla Tweddale; Carlos Webb; Carol Brown; Caroline Looney; Cathy Robertson; Chandra Marble; Charles Odom; Christina Brown; Christina Vandiver; Chrys Kolodny; Chrystal Hoyle; Cody Carpenter; Collette Scruggs; crichardson@integratedcarehickory.com; Cynthia Vinson; Dandria Bradley; Danette Dye; Danielle Webb (D.Webb.Gaston@gmail.com); Dashe' Lawton; David Julen; David Phelps; David Smith (dasmith@kintegra.org); Dawn Stover; Dean Bethea; Delane Hoppes; DeShay Oliver; dhopper@bgcgreatergaston.org; Dickie Spargo; Donna Elliott; Donna Sellers; Donyel Barber; Dwayne Burks; Earline Smith; Elsie Correa (ecorrea@GFHS.info); Erin Hultgren; Faith Barnes; Frances R. Webber; Gary S. Leigh; Gayle Mahl; Geraldine Wray; Greg Smith; Holly Wall; Ivan "Bud" Strobe; Jackie Thompson; Jamie Piercy; Jan Kendrick; Jane Cacchione; Janet M Bard; Jeff Paysour; Jen Hundt (Jennifer.Hundt@monarchnc.org); Jennifer Butler; Jennifer Grant (jenniferg@unitedwaygaston.org); Jennifer Kanipe; Jennifer Sackett; John Hall; John Mills; Joseph Dixon; Juan Garcia; Judy Leahy; Justin Etters; Karla Haynes; Katrina Cochran; Katt Dunsmore (KDunsmore@partnersbhm.org); Kay Peninger; Kecia Robinson; Kenya Keaton-Simpkins; Keri Hill; Kevin Oliver; Kevin Woodall; Kim Green; Kimberly Holden; Kris Fountain; Kristen Ford; Kristen Litvak; Kyleigh Kite (becomingblameless@gmail.com); Laura Moore; Laurel McLain; Lauren Zaloshinsky; Lavona Hunter-Tucker; Leah Lowery; Lendra Phillips; Lesia Colbert (lesiacolbertfhl01@gmail.com); Leslie Lowery; Lindsey Morgan; Lisa Harrison; Lisa Marrisiddaiah; Loretta Johnson (l.s.johnson@ghanc.org); Marilyn Gore; Martha Spencer; marti.j.morris@gmail.com; Melanie Lowrance (Melanie.Lowrance@gastongov.com); Melissa Hawk; Melissa Summer; Melodie McSwain; Meredith Malpass; Michael Cloy; Michael Coone; Michael Peeples (michaelp@cityofgastonia.com); Micheal Woods; Michelle Hudson; Michelle Miller; Michelle Reed (Michelle.Reed@atriumhealth.org); Mike Meeks; Mike Owen; Miranda Moore; Mitzi Williams; Monica Lail; Myesha Gist; Nancy Riddick-McClelland; Nancy Welsh; Nathaniel Marsh; Nick Wilson; Nicole Elmore; Pamela Guyton; Paula Brinkley; Peter Bagley; Phyllis Davis-Brown; Phyllis Williams (pwilliams@myccrm.org); Rebecca Collins; Robert Dalton; Robin Conner; Ron Rombs; Sally Queen; Sandy Brenneman; Shaaron M. Funderburk (shaaron1otsp@yahoo.com); Sharika Howell; Sharon Holmes; Shaun Jones (shaunj@cityofgastonia.com); sheilapurello@catherineshouseinc.org; Sherry Yocum; Stacey Costner; Stacy Baker; Stephen Crane; steppfam86@aol.com; Steve Lockett; T Mitchell (tmitchell@lincolncounty.org); tabethamoore33@gmail.com; Tabitha Miller (casemanager@lincolncounty-cadv.org); Tanya Wrighton; Tara Barker; Tara Joyner; Tara Totten; Tara Vannoy; Tasha White; Teena Willis; Tequila Sanford; Terri Sanford; Tiffany Hansen; Tina Peterson; Tiyania Shands; Tonia Grimes; Tony Carpenter; tphillips@regionc.org; Veronda Bellamy; Vicky Graves; Whitney Norton; Yamicka S. Cassell; Zachary Harris (zharris@kintegra.org); Zona Garrett (zgarrett@kintegra.org)
Cc: Steffi Travis - HealthNet Gaston (stravis@kintegra.org)
Subject: HUD FY21 NOFO - NC-509 Projects Accepted
Attachments: HUD FY21 NOFO_NC509_Projects Accepted - Public Posting 11-1-21.docx.pdf

Importance:

High

The NC-509 Gaston-Lincoln-Cleveland Continuum of Care, Grants Review Committee will post the above information today, 11-1-21 for HUD's FY21 Notice of Funding Opportunity (NOFO), due to HUD on or before 11/16/21 by 8:00pm.

We are providing this information for your review. Two agencies submitted applications and will advance:

- Partners Health Management
- HealthNet Gaston as Lead Agency

Additionally, the GLC-CoC quarterly **Membership Meeting** is this **Thursday, 11-4-21, 10am – 12 noon** via Zoom. Partners Health Management is the host. I am providing the link:

Join Zoom Meeting

<https://partnersbhm.zoom.us/j/91797931144?pwd=NTJ6UFRacDBXWjIVY3IyeUIKMU9LQT09>

Meeting ID: 917 9793 1144

Password: 946919

One tap mobile

+12133388477,,91797931144#,,#946919# US (Los Angeles)

+12532158782,,91797931144#,,#946919# US (Tacoma)

We will discuss the Consolidated Application that is being submitted to HUD by HealthNet Gaston for the GLC-CoC.

Thanks -Steffi

Steffi Travis

NC-509 CoC Coordinator

HealthNet Gaston

1385 E. Garrison Blvd.

Gastonia, NC 28054

(704) 517-8807 cell

(704) 874-1941 office

www.healthnetgaston.org

www.kintegrahealth.org

The logo for Kintegra Health features a stylized circular icon to the left of the word "Kintegra" in a bold, sans-serif font. Below "Kintegra" is the word "Health" in a smaller, regular sans-serif font.

Caring For Our Community

**NC-509 Gaston-Lincoln-Cleveland Continuum of Care
HUD FY21 Notice of Funding Opportunity - Project Review and Scoring Process
Projects Accepted – Public Notice
Original Post on 11/1/21; Correction Posted 11/9/21**

The Grants Review Committee of the NC-509 Gaston-Lincoln-Cleveland Continuum of Care (NC-509 GLC-CoC) conducted its Project Review and Scoring Process on the following dates for the FY21 HUD Notice of Funding Opportunity (NOFO).

- Threshold Review – Wednesday, September 29, 2021
- Project Applications Review – Monday, October 18, 2021

The following organizations submitted applications and were approved by the local Grants Review Committee to submit to HUD at the Tier 1 funding level.

Partners Health Management

c/o Teena Willis, Housing Manager

- CoCRA (renewal) - \$609,489.00 (revised): Score 488
- FP Consolidated (renewal) - \$121,582.00 (revised): Score 348

Advocates for Healthy Citizens, Inc. (dba HealthNet Gaston)

NC-509 GLC-CoC Lead Agency

c/o Donna Elliott, Executive Director

- HMIS (renewal) at \$82,149.00: Score 475
- Coordinated Entry (renewal) - \$10,000.00: Score 376
- Planning at \$31,103.00 – (new) Non-Competitive: to be scored by HUD

No other applications were received and no applications were rejected.

The following GLC-CoC members served on the Grants Review Committee:

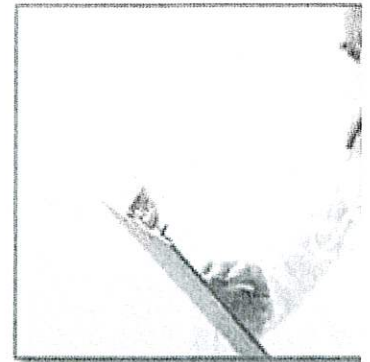
- Nancy Welch, Grants Review Committee Chairperson – City of Gastonia
- Mike Cloy, NC-509 Advisory Board Chairperson – ABCCM/Veterans Services of the Carolinas
- Tasha White, Planning Committee Chairperson – The Hope Youth Network
- Gayle Mahl, Grants Review Committee Chairperson- Phoenix Counseling Center
- Kecia Robinson, Coordinated Entry and Case Conferencing Committee Member- Salisbury VA Medical Center

For more information, please contact Nancy Welch, Grants Review Committee Chairperson at nancyw@cityofgastonia.com.

This notice is available on the following websites:

- City of Gastonia - <https://www.cityofgastonia.com/continuum-of-care-coc.html>
- HealthNet Gaston- <https://www.healthnetgaston.org/continuum-of-care/>

This notice and all documents mentioned in this notice are available for disabled individuals and individuals with limited English proficiency. Contact Steffi Travis at Stravis@kintegra.org or (704) 517-8807 for assistance.



[Home](#) [About](#) [Apply Online](#) [Continuum of Care](#) [Patients](#) [Partners](#) [Provider Appreciation](#)
[Funding Opportunities](#)

Funding Opportunities

US Department of Housing and Urban Development (HUD) requires public posting of the details of projects that it has accepted including contact information for funded projects and grants review committee. Please click the link below to see those details for Gaston Lincoln Cleveland Continuum of Care (NC-509). HealthNet Gaston serves as the Lead Agency for NC-509.



[HUD FY21 NOFO NC509 Projects Accepted – Public Posting 11-1-21.docx](#)

[Home](#) [About](#) [Privacy Policy](#) [Contact Us](#)

Link on Funding Opportunities page leads to complete document you sent (just sent a screen shot but the whole document pops up)



ANNOUNCEMENTS AND ARCHIVES

ANNOUNCEMENTS:

- 2021 NC-509 Collaborative Application New
- 2021 HUD NOFO-Accepted Projects
- 2021 HUD CoC NOFO Timeline
- 2021 HUD CoC NOFO Threshold
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- 2021 ESG-RFA Timeline
- 2021 ESG Public Notification
- 2021 ESG Fair Share Explainer

- NC COVID-19 Resources for Renters Facing Eviction (English) (Español)
- CAREPlan Information
- NC 2-1-1 COVID-19 Assistance
- HealthNet Gaston Code of Conduct

1E-5a Public
Posting-Projects
Accepted

NC-509 Gaston-Lincoln-Cleveland CoC

Steffi Travis

From: Steffi Travis
Sent: Monday, November 1, 2021 12:19 PM
To: Abby Newton; Adam Kurtzman; Adina Willis (awillis201481@gmail.com); Alan Cloninger; Alex Patton; Alisha Friday (afriday@unitedwayoflincolncounty.org); Amber Cooke; Andrea Jones-Marshall; Andrea Wyant; Andrew Bryant; Andrew Schrag; Angela Barrett; angela.sanford@gastongov.com; Ann Stroupe; Arin Farmer; Asia Shirley; Autumn Turbyfill; Ben Beasley; Ben Berkowitz; Billy Marsh; Bob Nauheimer; Brandy Lineberger; Bre Griffin; Brian Holland; Brittany Froning; buildingblockscenter2@gmail.com; Captain Laura Biggerstaff; Carla Tweddale; Carlos Webb; Carol Brown; Caroline Looney; Cathy Robertson; Chandra Marble; Charles Odom; Christina Brown; Christina Vandiver; Chrys Kolodny; Chrystal Hoyle; Cody Carpenter; Collette Scruggs; crichardson@integratedcarehickory.com; Cynthia Vinson; Dandria Bradley; Danette Dye; Danielle Webb (D.Webb.Gaston@gmail.com); Dashe' Lawton; David Julen; David Phelps; David Smith (dasmith@kintegra.org); Dawn Stover; Dean Bethea; Delane Hoppes; DeShay Oliver; dhopper@bgcgreatergaston.org; Dickie Spargo; Donna Elliott; Donna Sellers; Donyel Barber; Dwayne Burks; Earline Smith; Elsie Correa (ecorrea@GFHS.info); Erin Hultgren; Faith Barnes; Frances R. Webber; Gary S. Leigh; Gayle Mahl; Geraldine Wray; Greg Smith; Holly Wall; Ivan "Bud" Strobe; Jackie Thompson; Jamie Piercy; Jan Kendrick; Jane Cacchione; Janet M Bard; Jeff Paysour; Jen Hundt (Jennifer.Hundt@monarchnc.org); Jennifer Butler; Jennifer Grant (jenniferg@unitedwaygaston.org); Jennifer Kanipe; Jennifer Sackett; John Hall; John Mills; Joseph Dixon; Juan Garcia; Judy Leahy; Justin Etters; Karla Haynes; Katrina Cochran; Katt Dunsmore (KDunsmore@partnersbhm.org); Kay Peninger; Kecia Robinson; Kenya Keaton-Simpkins; Keri Hill; Kevin Oliver; Kevin Woodall; Kim Green; Kimberly Holden; Kris Fountain; Kristen Ford; Kristen Litvak; Kyleigh Kite (becomingblameless@gmail.com); Laura Moore; Laurel McLain; Lauren Zaloshinsky; Lavona Hunter-Tucker; Leah Lowery; Lendra Phillips; Lesia Colbert (lesiacolbertfh01@gmail.com); Leslie Lowery; Lindsey Morgan; Lisa Harrison; Lisa Marrisiddaiah; Loretta Johnson (l.s.johnson@ghanc.org); Marilyn Gore; Martha Spencer; marti.j.morris@gmail.com; Melanie Lowrance (Melanie.Lowrance@gastongov.com); Melissa Hawk; Melissa Summer; Melodie McSwain; Meredith Malpass; Michael Cloy; Michael Coone; Michael Peebles (michaelp@cityofgastonia.com); Micheal Woods; Michelle Hudson; Michelle Miller; Michelle Reed (Michelle.Reed@atriumhealth.org); Mike Meeks; Mike Owen; Miranda Moore; Mitzi Williams; Monica Lail; Myesha Gist; Nancy Riddick-McClelland; Nancy Welsh; Nathaniel Marsh; Nick Wilson; Nicole Elmore; Pamela Guyton; Paula Brinkley; Peter Bagley; Phyllis Davis-Brown; Phyllis Williams (pwilliams@myccrm.org); Rebecca Collins; Robert Dalton; Robin Conner; Ron Rombs; Sally Queen; Sandy Breneman; Shaaron M. Funderburk (shaaron1otsp@yahoo.com); Sharika Howell; Sharon Holmes; Shaun Jones (shaunj@cityofgastonia.com); sheilapurello@catherineshouseinc.org; Sherry Yocum; Stacey Costner; Stacy Baker; Stephen Crane; steppfam86@aol.com; Steve Lockett; T Mitchell (tmitchell@lincolncounty.org); tabethamoore33@gmail.com; Tabitha Miller (casemanager@lincolncounty-cadv.org); Tanya Wrighton; Tara Barker; Tara Joyner; Tara Totten; Tara Vannoy; Tasha White; Teena Willis; Tequila Sanford; Terri Sanford; Tiffany Hansen; Tina Peterson; Tiyania Shands; Tonia Grimes; Tony Carpenter; tphillips@regionc.org; Veronda Bellamy; Vicky Graves; Whitney Norton; Yamicka S. Cassell; Zachary Harris (zharris@kintegra.org); Zona Garrett (zgarrett@kintegra.org)
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Password: 946919

One tap mobile

+12133388477,,91797931144#,,#,946919# US (Los Angeles)

+12532158782,,91797931144#,,#,946919# US (Tacoma)

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Thanks -Steffi

Steffi Travis

NC-509 CoC Coordinator

HealthNet Gaston

1385 E. Garrison Blvd.

Gastonia, NC 28054

(704) 517-8807 cell

(704) 874-1941 office


www.healthnetgaston.org

www.kintegrahealth.org



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**NC-509 Gaston-Lincoln-Cleveland Continuum of Care
HUD FY21 Notice of Funding Opportunity - Project Review and Scoring Process
Projects Accepted – Public Notice**

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[NC-509 Consolidated Application FY21](#)

 [FY-2021-CoC-Projects Accepted-Corrected Post 11-9-21](#)

[HUD FY21 NOFO NC509 Projects Accepted – Public Posting 11-1-21.docx](#)

With regards,

Donna Elliott

Director, Outreach, Resource Development, and HealthNet Gaston

Kintegra Health
200 E Second Avenue | Gastonia, NC 28052
704.874.1952 phone | 704.619.3667 cell
www.kintegra.org



Caring For Our Community

From: Steffi Travis
Sent: Sunday, November 14, 2021 7:53 PM
To: Donna Elliott <delliott@kintegra.org>; Dye, Danette <danetted@cityofgastonia.com>
Subject: Please post Consolidated Application on Website for NC-509

Steffi Travis

ANNOUNCEMENTS AND ARCHIVES

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- CARE Plan Information
- NC 2-1-1 COVID-19 Assistance
- HealthNet Gaston Code of Conduct

1E-6 Web Posting-
CoC- Approved
Consolidated
Application

NC-509 Gaston-Lincoln-Cleveland CoC

Steffi Travis

From: Dye, Danette <danetted@cityofgastonia.com>
Sent: Sunday, November 14, 2021 8:24 PM
To: Steffi Travis; Donna Elliott
Subject: RE: Please post Consolidated Application on Website for NC-509
Attachments: NC-509 Consolidated App FY21-posting confirmation.JPG

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Item posted. Wishing you the best with the application process.

Danette Dye | Housing and Neighborhoods Administrator
City of Gastonia | Housing & Neighborhoods Div. | Community Services Dept.
Mailing Address | PO Box 1748, Gastonia, NC 28053-1748
Physical Address | 150 S. York Street, Suite 214, Gastonia, NC 28052
p. 704.866.6758 | f. 704.866.6067 | danetted@cityofgastonia.com



OUR MISSION: To provide fair, competent, responsive, cost-effective services at the highest level

The City of Gastonia is committed to creating and maintaining a work environment that is inclusive, equitable and welcoming. We value diversity and promise to honor your experiences, perspective and unique identity.

From: Steffi Travis [mailto:stravis@kintegra.org]
Sent: Sunday, November 14, 2021 7:53 PM
To: Donna Elliott <delliott@kintegra.org>; Dye, Danette <danetted@cityofgastonia.com>
Subject: Please post Consolidated Application on Website for NC-509

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Steffi Travis

NC-509 CoC Coordinator

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Gastonia, NC 28054
(704) 517-8807 cell
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www.healthnetgaston.org
www.kintegrahealth.org



Caring For Our Community

ANNOUNCEMENTS AND ARCHIVES

ANNOUNCEMENTS:

- 2021 NC-509 Collaborative Application New**
- 2021 HUD NOFO-Accepted Projects
- 2021 HUD CoC NOFO Timeline
- 2021 HUD CoC NOFO Threshold
- 2021 CoC Competition Announcement
- 2021 CoC Application: New Project Application
- 2021 CoC Application: Renewal Application
- 2021 ESG Threshold
- 2021 ESG Timeline
- 2021 ESG-RFA Timeline
- 2021 ESG Public Notification
- 2021 ESG Fair Share Explainer

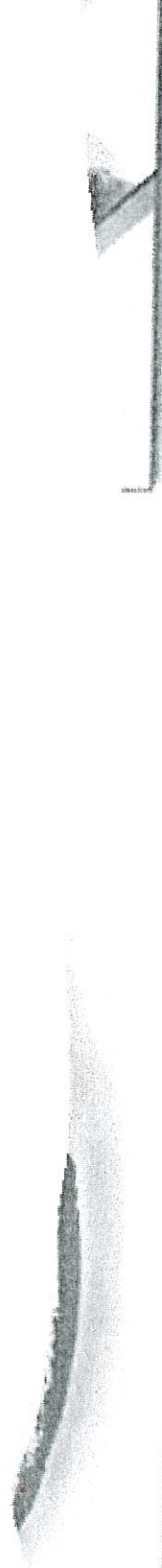
NC COVID-19 Resources for Renters Facing Eviction (English) (Español)

- CARE Plan Information
- NC2-1-1 COVID-19 Assistance
- HealthNet Gaston Code of Conduct



Steffi Travis

From: Donna Elliott
Sent: Sunday, November 14, 2021 8:26 PM
To: Steffi Travis
Subject: RE: Please post Consolidated Application on Website for NC-509



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Funding Opportunities

Funding Opportunities

US Department of Housing and Urban Development (HUD) requires public posting of the details of projects that it has accepted including contact information for funded projects and grants review committee. Please click the link below to see those details for Gaston Lincoln Cleveland Continuum of Care (NC-509). HealthNet Gaston serves as the Lead Agency for NC-509.

[NC-509 Consolidated Application FY21](#)

[FY-2021-CoC-Projects Accepted-Corrected Post 11-9-21](#)