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: PA-501 - Harrisburg/Dauphin County CoC

1A-2. Collaborative Applicant Name: Capital Area Coalition on Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Capital Area Coalition on Homelessness

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)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	Yes	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	Yes	Yes
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.				
34.				

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

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

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

(limit 2,000 characters)

1. CACH actively invites agencies and individuals to join its 70 plus member Coalition. Official membership involves signing an MOU and requires participation at three quarters of CACH's general and/or working committee meetings. CACH's website, Facebook and Twitter accounts invites new membership and communicates its requirements, but also invites any to attend coalition meetings and events regardless of official membership. Membership is also promoted through awareness presentations at public community events throughout the county and at direct invitations from churches, colleges, and other agencies.

2. CACH publishes all materials including membership invitation in electronic format accessible on its website which has a multiple language toggle option. Posting in electronic format and platforms allow for disability assistance features in devices such as voice narration and font size to be accessible.

3. CACH solicits its network for recommendation of homeless or formerly homeless members. CACH has a formerly homeless (within 7 years) represented at the board and for competition processes.

4. BIPOC agency members are represented CACH's committees and membership. Community Action Committee, LGBTQ Center, Latino Connection, and Center for Independent Living are examples of such agencies.

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. CACH holds bimonthly general and public meetings as a key venue for information and input for the CoC's extensive network of over seventy agencies. CACH organized a recent five-year update of its Homeless Blueprint Plan with participation from every agency represented in the table 1-b-1. This substantial involvement included: County Children and Youth, Criminal Justice Advisory Board, Mental Health, Substance Use services; PHAs; legal aid; VA and Veterans agencies; managed care and hospitals; LGBTQ advocacy; housing providers; street outreach; case management services; Supported Employment; Local Lead Agency for housing and 811; faith-based services; United Way and other Foundations; Center for Independent Living; formerly homeless individuals; and the public at large. The significant input produced a comprehensive and actionable blueprint that serves as the agenda for new and renewed working committees formed as a result of feedback.

2. Therefore, at its General Membership Meeting CACH informs and receives input about blueprint and continuum activities, and any new programs or approaches that arise from the membership. CACH also sends out multiple information blasts through its membership listserv, website and social media accounts.

3. CACH working subcommittees then integrates that input or new opportunities from the membership. For example, an opioid recovery rental assistance program introduced at a general membership meeting was integrated into Coordinated Entry System (CE).

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. On 8-24-2021 soon after the NOFO was published, CACH publicly posted on its website, Facebook, Twitter and listserv an invitation to apply for the CoC local competition and a timeline for submission.

2. The public invitation in bold, underlined font repeatedly asked new agencies not previously funded to apply and to contact CACH.

3. CACH's public notice described the application process and the timeline following HUD's deadlines for submission, review and public notifications. CACH made sure to highlight important application procedures that new agencies might not know such as immediately applying for a DUNS number and creating a SNAPS account. The invitation also provided links to New Project Detailed Instructions and all HUD NOFO materials.

CACH requested new projects to contact the CoC so that the Continuum is aware and can provide technical assistance. One agency contacted but was looking for shelter funding that was ineligible. A new non-profit also inquired and CACH provided materials, instructions and offer for technical assistance in response yet did not submit this year. CACH proactively scheduled to provide ongoing advice for funding applications including but not limited to CoC with that agency.

4. The notice informed that all projects, new and renewal, will be selected and prioritized through objective ranking and described the criteria for ranking in general. The finalized 2021 ranking tool, of course, still have be crafted based on new information from the just released HUD NOFO and then be board approved.

5. CACH published the notice on its website which has a multiple language toggle option, and such notice in electronic format and medium allow for disability assistance features in computers and devices such as voice narration and font size to be accessible.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

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

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

18.		

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

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

(limit 2,000 characters)

CoC PA501 has two ESG recipients that are also Consolidated Plan jurisdictions, the City of Harrisburg (City) and the County of Dauphin, PA (County).

1.Harrisburg City and Dauphin County are members of CACH's board and at the committee level. The head of the City's Department of Housing and Urban Development and the County's Director of Social Services who oversee ESG grants and submission. In formal grant meetings CACH advises both the City and the County on new and renewal ESG applications and ESG-CV grants. The City incorporates the feedback and allocates as an entitlement committee, while the County as a non-entitlement community submits its ESG application to the State.

2.CACH is the HMIS lead and submits the CAPER required for ESG programs into SAGE. The CAPER is the formal reporting and evaluation tool that the City, County utilizes for evaluating performance and relies on CACH at a minimum for that data.

CACH developed Written Standards for ESG performance based on longitudinal PIT and HMIS data analysis on housing destination and self-sufficiency benchmarks. The performance standards were developed with feedback from ESG recipients as well as sub-recipients. Ongoing feedback from ESG recipients is readily achieved since County and City representatives are on CACH's Board and ESG sub-recipients serve on the Service Delivery Committee which is tasked with annual updates of the Written Standards.

3.Annually, the City and County requests from CACH PIT and other pertinent data to update its Consolidated Plan. CACH submits to both jurisdictions the PIT, HIC, and information pertinent to their consolidated plan.

4.Both the City and County have formally charged CACH to determine homeless priorities and strategies and have formally adopted CoC (CACH's) policies, determinations, and prioritization in their Consolidated Plans submitted to HUD. As mentioned CACH provides the PIT, HIC, and blueprint information to the two jurisdictions for those purposes.

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

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

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

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

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

(limit 2,000 characters)

1.The Education for Children and Youth Experiencing Homelessness (ECYEH) Region 2 Office, a program of the PA Department of Education, oversee the ten School Districts (LEA and SD) homeless liaisons in the CoC. Capital Area HeadStart provide dedicated slots for homeless students and is the CoC's MIECVP, Early HeadStart, Public Pre-K, and Birth to 3 Services.
ECYEH and Capital Headstart collaborate with CACH representing Children and Youth Education Providers (YEP).

ECYEH is at CoC meetings and the CoC at EYCEH regional meetings. ECYEH provide training and support to CACH providers about McKinney-Vento-HEARTH homeless student rights and services. When a homeless student is identified, CACH providers work with the LEA and ECYEH to ensure the family is aware of their eligibility for educational services. ECYEH and LEAs collaborate with Valley Youth House and the Synergy Project for unaccompanied youth outreach.

ECYEH and Capital Area HeadStart attend CACH's general and subcommittee fulfilling blueprint planning and membership commitment. ECYEH-LEA and

Valley Youth House co-chair CACH's Public Information Committee and hosted a hunger and homelessness awareness project in rural parts of Dauphin County.

2.The CoC has an MOU with ECYEH representing YEP and with Capital Area Head Start.

3.EYCEH is the SEA appointed agency for our jurisdiction. ECYEH and LEA coordination with CACH for homeless student response is already mentioned in #1.

4.The CoC has an MOU with ECYEH representing SEA.

5.EYCEH's network involves school district homeless liaisons who respond directly with CACH service providers to homeless student needs in their district. For families in shelter, they organize transportation needs and rights, education supplies and ensure seamless school disruption. EYCEH and school liaisons take an active role in CACH committees by chairing them.

6.The CoC has an MOU with ECYEH that represent every School District homeless liaison and service in our CoC.

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

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

(limit 2,000 characters)

The CoC procedure for homeless providers who come in contact with families with children:

1.Inform homeless families with school age children of their rights under the Mckinney-Vento/HEARTH Act, specifically that their child(ren)
a.may attend the school and school district where they originally attended before becoming homeless;
b.the school district bears responsibility for bus transportation;
c.and in all facets and services the student is not to be singled out and treated in a manner that can lead to ostracization.

2.Connect them with the LEA of the immediate school district and the school district where homelessness originated, provided there is no domestic violence or safety issues involved. The LEA will be able to assist with the enforcement of the school of origin attendance if so desired, as well as have access to multiple other supports, services, and materials that may assist the student and homeless family.

3.Have a designated staff person, whether a children's case manager or a primary case manager, as the point of contact for LEAs and for other matters pertinent to students' education well-being.

4.Provide supportive environments conducive for continuing education within

the homeless facility: i.e. designated space for homework, access to safe internet and computers where possible, etc.

Ongoing training and refreshers on the childhood impact of homelessness, trauma, PTSD, and Mckinney-Vento/HEARTH education services and resources are structured through CACH Service delivery Committee in coordination with Educating Youth and Children Experiencing Homelessness (EYCEH).

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

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

		MOU/MOA	Other Formal Agreement
1.	**Birth to 3 years**	Yes	No
2.	**Child Care and Development Fund**	Yes	No
3.	**Early Childhood Providers**	Yes	No
4.	**Early Head Start**	Yes	No
5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	Yes	No
6.	**Head Start**	Yes	No
7.	**Healthy Start**	Yes	No
8.	**Public Pre-K**	Yes	No
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 YWCA, the CoC's state designated VAWA service provider and provider of services of victims of Human Trafficking. The YWCA annually trains CoC housing and CE providers on confidentiality, victim and trauma sensitive response, victim centric-care and referral. The YWCA victim services provider training is provided through scheduled presentation promoted to all housing and

homeless service providers i.e. direct staff, frontline workers, case managers, and outreach worker. This is a standing annual directive and coordinated by the Service Delivery Committee. The training covers in depth trauma informed care, victim-oriented service, safety protocols, triggers and signs, and homelessness as trauma in and of itself.

2.CACH CE is a hybrid model of a HUB and select outreach agencies. The agencies and staff are provided training on trauma informed care through the training scheduled annually by the Service Delivery Committee.

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)

All statewide Domestic Violence providers are mandated by Pennsylvania Coalition on Domestic Violence (PCADV) and Pennsylvania Coalition on Rape (PCAR) to use one database only, known as PA SocialServ. The Continuum collects aggregate information and data of de-identified homeless victims of domestic violence, dating violence, sexual assault, and stalking for two purposes: to assist in developing and creating new resources for homeless VAWA victims; and also to ascertain homeless trends and evaluate effectiveness of services and programs for homeless victims. Socialserv has the ability to provide comparable database aggregate information to complement the CoC HMIS.

The YWCA is the state designated provider of DV, SA, and Human Trafficking services in this jurisdiction and is also the CoC's primary provider of housing and services dedicated to VAWA victims.

-The YWCA provides the CoC with PIT data that is de-identified through the use of unique but anonymous identifier to help the CoC with 1, 5 and 10 year analysis of domestic violence homeless trends and services. T
-The YWCA provides aggregate de-identified data for APR and other requested reports for evaluation and eventually for project ranking in the CoC competition.
-The YWCA provides anonymous referral data for CE and the CoC can calculate the length of time and housing availability from those referrals.

As a result, such tailored client and service aggregate data helped the CoC start projects that meet gaps of service for runaway homeless youth and human trafficking and DV bonus application.

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 YWCA, the CoC's state designated VAWA service provider and provider of services of victims of Human Trafficking. The YWCA annually trains CoC housing and CE providers on confidentiality, victim and trauma sensitive response, victim centric-care and referral. The YWCA victim services provider training is provided through scheduled presentation promoted to all housing and homeless service providers i.e. direct staff, frontline workers, case managers, and outreach worker. This is a standing annual directive and coordinated by the Service Delivery Committee. The training covers in depth trauma informed care, victim-oriented service, safety protocols, triggers and signs, and homelessness as trauma in and of itself.

2.CACH CE is a hybrid model of a HUB and select outreach agencies. The agencies and staff are provided training on trauma informed care through the training scheduled annually by the Service Delivery Committee.

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?
Harrisburg Housing Authority	0%	Yes-Both	No

Housing Authority of the County of Dauphin	67%	Yes-Both	No

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

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

(limit 2,000 characters)

1.The two PHAs in CoC PA501 are Dauphin County Housing Authority and Harrisburg Housing Authority. Both already have a homeless priority in place.

This past year CACH has worked with both Dauphin County Housing Authority and Harrisburg Housing Authority to utilize HMIS as a way for verifying those applying for homeless priority.

CACH worked in depth with Dauphin County Housing Authority in crafting a refined, limited, streamlined application process for Dauphin County's homeless priority which will take effect by next operating year. CACH is exploring with both PHAs on how Coordinated Entry can be optimally utilized with the homeless priority beyond current dedicated MV and HCV vouchers.

Additionally, this year CACH partnered with Dauphin County Housing Authority apply for EHV vouchers and with the Harrisburg Housing Authority for Tenant Protection Vouchers for the Foster Youth to Independence Initiative.

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.The CoC utilizes Coordinated Entry for the 811 Mainstream Voucher program and the HCV – Emergency Housing Voucher program. Both Voucher programs are individually specified in the Coordinated Entry Assessment list of housing options and priority waitlist. The CoC uses HMIS to collect CE assessment information and applicants are prioritized on the housing list based on length of homelessness and vulnerability criteria. This information is vetted by the CE program manager and applicants are submitted to the PHA for openings in their program in the order of priority. All confidentiality and communication protocols are in place along with referral procedures.

2.CACH has written agreements formalized with Dauphin County PHA and Harrisburg PHA in MOU form for the 811 MV, EHV and the Foster Youth to Independence TPV programs. The MOUs specifies the referral arrangements, confidentiality protocol, and responsibilities for each agency signatory.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

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

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

(limit 2,000 characters)

1.CACH coordinated with Dauphin County Housing Authority in application for Emergency Housing Vouchers (EHV); and previously for 811 Mainstream Vouchers. In addition, CACH has coordinated with Dauphin County Housing Authority in overseeing bridge Housing Mainstream vouchers as match for 811 Project Based Rental Assistance.

CACH coordinated with the Harrisburg Housing Authority for Tenant Protection Vouchers for the Foster Youth to Independence Initiative as an augment and addition to existing Family Unification Program vouchers in conjunction with County Children and Youth Services and homeless youth outreach and housing providers.

2.All the aforementioned applications were approved.

3.The CoC received over 90 original and additional vouchers for the 811 MV program and have successfully housed households experiencing homelessness with all the initial program vouchers. All 30 vouchers for the EHV program for homeless households have also been issued. The Foster Youth to Independence Program has leased 92 youth experiencing homelessness with Tenant Protection Vouchers.

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

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

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

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

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

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

Name of PHA: Housing Authority of the County of Dauphin

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

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

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

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

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

1.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.**	15
2.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.**	12
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.**	80%

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)

The CoC relies on Coordinated Entry system of referral to ensure that referrals to and being received by CoC projects are not screened out for the following reasons and preconditions:
•low or no Income

•current or past substance use
•criminal record except for applicable statutory reasons
•having been or currently a victim of DV/VAWA
•significant Health/Behavioral challenges

The CE process prioritizes based on history of homelessness and vulnerability, and refers households with multiple barriers to applicable openings in PSH, RRH, Joint RRH-TH and to TH not funded by CoC. If an applicable program with an opening does not accept a referral for reasons other than participant's choice or withdrawal, a written referral declination has to be provided by the housing program to the CE committee, with an appropriate reason that should not involve any of the factors listed above if the project committed to follow a housing first model. In other words, for every application all year round, the CE process alerts CACH whether households are being denied access for participation requirements or preconditions that is in conflict with a program's housing first commitment.

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

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

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

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

(limit 2,000 characters)

1. CoC homeless street outreach (S.O.) is conducted by the agencies below:
a.CCU – Unsheltered and CE Outreach
b.County Mental Health and Crisis Outreach
c.County Drug and Alcohol Outreach
d.Valley Youth House Runaway and Homeless Youth Outreach
e.Homeless Veterans SSVF and DOL-HVRP Outreach
f.Pinnacle Health Medical Outreach
g.Dauphin County Mobile Library for hotspot and device charging
h.Faith-based organizations with meals and basic provisions
i.Drop-In and Overnight Shelter Outreach Staff
j.CACH staff for S.O. Coordination and direct outreach
The breadth of S.O. agencies ensure that all populations are identified and engaged. CACH coordinates weekly joint outreach which is widely popular and promoted by the unsheltered community amongst themselves ensuring that everyone is identified and served.

2. The outreach covers 100 percent of the CoC geographic area. S.O. visit encampments, abandoned buildings, soup kitchens, Drop-In Center, seasonal overnight shelter throughout its jurisdiction. In rural areas teams go to campgrounds, shopping center lots, and canoe to remote river islands.

3. S.O. staff from the various agencies conduct their outreach several times a week all year round. The combined multidisciplinary outreach involving all agencies is conducted weekly.

4. To reach all including those least likely to request assistance, CACH tailored to provide weekly joint outreach at encampments involving all S.O. agencies, combining basic needs and multidisciplinary services in tandem. The joint outreach's regularity, relational style and comprehensive service engendered trust and high engagement. S.O. encourage persons to utilize the low barrier Drop-In Center and overnight shelters so that recalcitrant participants, with a daily roof over their heads, may engage services at their own pace. S.O teams are also access points for CE entry since they best engage those least likely to seek assistance or housing.

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**	No
4.	**Implemented communitywide plans**	No
5.	**Other:(limit 500 characters)**	

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

	2020	**2021**
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	129	79

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

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

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

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

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

(limit 2,000 characters)

1. The County Assistance Office Director attends CACH's weekly COVID-19 coordinated response calls to provide current information on mainstream benefits and access. CACH addresses mainstream benefits at its Service Delivery Committee where representatives from County Assistance Office, County Mental Health are present or invited to provide information and solutions to access issues. SOAR staff are invited at Service Delivery Meetings to train on best application practices to access mainstream SSI/SSDI.

2. Information and updates on mainstream benefits are provided weekly by the County Assistance Office Director at CACH's ongoing pandemic services coordination call, and at Service Delivery Committee that meets every month. Updates are provided to CACH's entire membership at General Committee meetings every two months and at any time through CACH's listserv whenever information arise.

3. Pinnacle Health UMC, one the major medical services and hospital provider in the CoC jurisdiction attends the weekly calls, and Prevention Committee. UPMC provides insurance enrollment through street outreach nurses as part of medical home enrollment, urgent care diversion plans, and health outreach for homeless households. The Continuum also coordinates with Hamilton Health, the region's Federally Qualified Health Center for enrollment into Medicaid or private insurance. Lebanon Valley VA Medical Center enrolls eligible Veterans experiencing homelessness into VA healthcare and benefits through its Healthcare for Homeless program and outreach.

4. CACH has weekly senior level participation from the County Assistance

Office Director and County Human Services Director i.e., the entities that administer mainstream benefits and its utilization. They provide guidance on how to effectively use Medicaid and other benefits and brainstorm solutions to barriers.

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. Outreach teams who cover all of the geographic area as access sites for enrollment and assessment. In addition, CE uses 211 for the broadest reach and off hour access. The CE also has a HUB main office site, CCU HELP Ministries, where households can contact CE assessment staff. CCU HELP is also office that issues vouchers for emergency shelter and emergency rental assistance for applicants who are not literally homeless.

2. CE prioritizes vulnerable populations who are least likely to apply for homeless assistance predominantly Chronic Homeless (CH) and unsheltered but not CH. Street Outreach workers from the HELP office trained in administering CE assessment go on daily outreach as well as weekly joint multi-disciplinary encampment outreach to engage those least likely to apply. Valley Youth House, an S.O provider for House homeless and at-risk youth is also a CE access point as are Veterans SSVF outreach agencies. Together, unsheltered CH, runaway and homeless youth, and Veterans all have CE coming to them and not the other way around.

3. Vulnerable populations most in need are prioritized first in CES for applicable housing openings. The process prioritizes first by length of homelessness and vulnerability using SPDAT housing and vulnerability scores. Therefore, those who are homeless the longest and most vulnerable are the first to be referred in the order of their score to eligible housing openings.

VAWA and DV victims are sensitively identified as part of the assessment's initial screening, and are immediately, if they so desire, referred to victims' services and DV shelter as part of initial CE protocol.

4. CE and outreach staff case conference regularly to ensure vacancies are quickly and appropriately filled to solve any difficult placements. HMIS tracks the length of time from entry to referral to placement in CE system and at program level, which the CE Committee reviews monthly to ensure that referral and placement continues to be timely.

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

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

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

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

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	Yes
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	No
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	Yes
4.	**People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.**	No
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	No
6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	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.**	No
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	Yes
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	No
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes
8.	**The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	Yes
10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes

11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

CACH racial equity analysis looked at CE data in HMIS as well as racial data provided by SAGE. The data shows that racial inequity is well checked as minorities benefit twice as much with CoC homeless services and housing outcomes than non-minority. Non-minority (White, non-Hispanic/non-Latino) comprised only 36% of Coordinated Entry assessments. In other words, 64% of CE assessments were administered to minorities. Therefore, the percentage of CE referrals to housing also mirrored the larger composition of minorities. 69% of minorities were referred to PSH; 93% to Joint TH/RRH, and 57% to SH. Non-minority (white, non-Hispanic/non-Latino) also remained homeless 35% longer than other racial/ethnic group. When compared to Dauphin County which is 70% white, non-Hispanic/non-Latino, racial and ethnic minorities are far more represented in homeless CE outreach and housing referrals, but comparable to the minority composition of the City of Harrisburg which is 65%. Two thirds (2/3) of all CoC services and outcomes benefit racial and ethnic minorities demonstrating that the CoC's outreach, CE, housing and services is not inequitable to those not in majority status.

Therefore, while continuing to ensure equity in homeless service and beneficiary rates for minorities, the CoC is addressing the stark racial disproportionality in becoming and experiencing homelessness. The CoC’s Prevention Committee is addressing racial inequity in the causes of homelessness that are disparately affecting minorities: poverty, mental health and substance use, incarceration, disability, and systemic issues. The Prevention and Housing Committees are looking at health, mental health, criminal justice diversion, anti-poverty initiatives, affordable housing, employment and training solutions specific to populations and zip-codes overrepresented by minorities.

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	Number of People with

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

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
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).	No
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

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

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

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

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

(limit 2,000 characters)

1. Health, sanitation and basic needs were critical safety needs for persons who were unsheltered during public shut down. There was no access to showers, toilets, water, food, clothing and laundry. CACH and municipal emergency management provided porta- potties and placed spigots on fire hydrants for water at encampments and key sites. Showers were offered at a YMCA conducted with COVID-19 safety protocols of mask, distancing, and cleaning. CACH coordinated for a weekly joint outreach for S.O providers using the same safety protocols, and at an outdoor venue. S.O. could resume one on one service since unsheltered persons lacked the means for virtual meetings.

Pinnacle Health nurses were part of the outreach to treat and assess persons for COVID symptoms and other health issues. CACH supplied persons who were unsheltered with masks and gloves and with simple written instruction in Spanish and English of what do and where to go if symptomatic. Protocols were created if an outbreak happened in an encampment, such as hotel placements and other sites designated to camp with distance spacing between tents.

2. To allow for social distancing at existing emergency shelters hotels were utilized. Weekly COVID-19 response meetings were and are still held where all providers could together plan out facility safety and for possible staffing shortage and to respond collectively. Process flow and protocol for referral, testing, transport, quarantining and return for symptomatic, asymptomatic, and at-risk populations in shelters were drafted and followed.

3. For TH that are congregate facilities in our CoC the same non-congregate solutions and protocols as emergency shelter applied. If TH was scattered site leasing then each participant was given protocols on CDC safety and contact referral. In those scattered site individual lease TH units, providers connected virtually with residents to provide service and pandemic information but limit unnecessary contact and exposure for all.

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)

CACH created a comprehensive handbook of emergency protocols outlining lines of communication, response and information sharing; points of contact and entities responsible for shelter, transport, health treatment, sources for relevant emergency information including local emergency management, PEMA, FEMA, CDC, HUD, and local Public Health Agencies, and other emergency readiness provisions.

CACH created a careful and actionable process for congregate shelter to use non-congregate shelter options such as hotels, outlining when and how to assess, triage, referral for health treatment, transport, and for return to congregate shelter. The process is transferable to any future pandemic or area wide health crisis. Networks with multiple hotels have been created and can be used in the future. Protocols for reaching, informing, and meeting basic needs for those who are unsheltered during the emergency were created.

The Continuum has established strong relationships with municipal, county state and federal entities responsible for emergencies affecting households experiencing homelessness through CACH and State led weekly response call and collaboration. Similarly, new and strong networks with local, regional and state emergency volunteer organizations, e.g., Volunteer Organizations Active in Disasters (VOAD) have been established.

CACH also created a detailed flow chart of how to utilize and navigate multiple emergency funding sources such as from FEMA Public Assistance, HUD, HHS to provide for non-congregate sheltering and its supportive services. The process was vetted by PA's PEMA, DHS and DCED and placed on the state's website a resource and can be used in future emergencies.

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

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

4.	**healthcare supplies; and**
5.	**sanitary supplies.**

(limit 2,000 characters)

1. ESG-CV grants provided PPE, cleaning supplies, safe transportation, and non-congregate shelter through hotels which to date have housed over 350 persons. It also expanded seasonal overnight shelter options and capacity. All of this allowed existing shelters and congregate facilities to implement COVID-19 safety protocols, have protective equipment, and reduce their inventory to implement safe social distancing.

2. ESG-CV provided more rapid rehousing assistance that provided rent, security deposit, arrears and eligible move in cost. RRH coordinated to bridge or augment where eligible other CV interventions such as hotel placement and opportunities such as EHV where eligible. ESG-CV provided more staff for housing outreach and CE placement through street outreach.

3. ESG-CV also allocated for homeless prevention services but that was not as critical during the eviction moratorium and with the provision emergency rental assistance program of which this jurisdiction has distributed over $9.7 million (half of its allocation) to 3,981 households.

4. Healthcare supplies of PPE and cleaning supplies and transportation services for those who are sick paid for through ESG-CV has already been mentioned. Vaccination through mobile van for persons experiencing homelessness was also provided through ESG-CV and/or CDBG-CV.

5. Sanitary provision of public porta-potties, water supplies, disinfectant, fumigation cleaning after showers, toiletries and hygiene supplies, were provided for those who experience homelessness as unsheltered with ESG-CV or related funds as eligible.

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. CACH holds weekly COVID-19 coordinated response calls for all providers and attended by healthcare agencies. UPMC is a major mainstream health provider whose medical outreach nurses join with the weekly outreach and at Drop-in center to help reduce the spread of COVID-19. VOAD Volunteer Medical Corp helped staff the YMCA showers during the shutdown and provided health and COVID-screening at that venue. UPMC assisted and vetted the CoC process flow for triage and response of symptomatic and at-risk populations in shelters and unsheltered and coordinated resources and response with shelters or providers when such scenarios occurred to mitigate any spread of COVID-19.

UPMC and Hamilton Health, the area's Federally Qualified Medical Center which serves as the primary medical provider for those on Medicaid, organized vaccination for persons and staff in shelters to decrease the risk of spread.

2. Literature on COVID-19 and basic handwashing, social distancing, mask wearing were posted at encampments in both English and Spanish. At all outreach venues hand sanitizers and masks were available and written protocols following CDC guidelines were required to be followed by participants and providers alike. Professional fumigation after each shower day at the YMCA was provided. Emergency Management was and is being used and utilizes all resources applicable whether ESG-CV, FEMA or local funds, to provide the needed safety equipment for shelters and outreach venues and staff, and directly for those who are experiencing homelessness.

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. CACH created a COVID-19 handbook of all COVID-19 CoC procedures and policies including safety protocols for shelters, outreach, encampments, and homeless programs, which was distributed to providers. CACH provided CDC safety posters and literature for homeless providers to use at their sites as they see fit. CACH created a uniform referral and triage protocol for symptomatic, asymptomatic, and vulnerable populations that was adopted by all providers to quarantine and keep safe those who experience homelessness in shelter or unsheltered.

2. CACH updates any changes to CoC COVID-19 operating protocols as they come up, that stem from local or national changes in restriction, such as outdoor mask wearing, school mask requirement, or vaccination requirement and opportunity. The listserv and communicates them at the weekly meeting, through its listserv, and on its COVID-19 page on the website.

3. CACH communicated to all providers about opportunities for vaccination offered specifically for staff of homeless programs and for households experiencing homelessness. Sites and times of vaccination events and special projects like the Mobile Vaccine clinic that toured and provided vaccination at encampments, Drop-In center and shelters, were communicated through weekly meetings, social media, on the website and by listserv.

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)

During the early roll out of vaccine, CACH had a vaccination taskforce of stakeholders including Dauphin County Human Services, and HealthCare providers like UPMC and Hamilton Health, to determine what sites and how best to vaccinate households in shelters and encampments. When the vaccines were initially being distributed nationwide, Special opportunities for vaccination of shelter and staff were arranged by UPMC and Hamilton Health Center.

The culmination of efforts resulted in a mobile vaccination clinic that scheduled vaccination stops at every major homeless encampment, drop in center, soup kitchen and shelters. Information and notice was posted early at those sites and the schedule was coordinated with existing outreach who identified persons interested in vaccination and notified all who were not yet vaccinated of the opportunity.

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 YWCA is the primary agency for domestic violence services in the jurisdiction and is the largest provider of homeless and housing services as well. The YWCA is integrated into the CoC's CE as a CE access point and initial triage referral for victims of domestic violence (if they so choose) for shelter and other types of housing for victims. Therefore, the YWCA was prepared in the event of increased volume of hotline calls and from providers in the CACH network, to seamlessly integrate victims who are homeless fleeing domestic violence into safe shelter and the CE system.

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 CE system was both modified and bolstered to account for the pandemic and its ongoing changes.

ESG-CV was used to increase street outreach which our CE policy designates

as CE access points. S.O. staff were trained to conduct CE assessment which would quickly place households on the housing list.

CE adjusted to incorporate new housing options such as EHV and created referral priorities that optimized flexible housing eligibility (for example EHV did not require disability) to benefit those who had long history of homelessness and unsheltered but were not eligible for PSH due to not having a disability.

The CE system expedited referral and entry to housing programs, streamlined by CoC and ESG waivers of initial entry requirements. This year CE system tracked and gauged length of time for CE referral and placement using HMIS. During the pandemic HMIS users and new programs increased in tandem with the CoC's response and CV resources. CACH developed CE HMIS reports to track efficacy for rapidly responding during the pandemic. The CE committee meet monthly to gauge the length of time for referral and placement reported in order to rapidly accommodate ongoing pandemic needs and shifts.

The CoC is applying for a CE "new project" in this CoC competition as CV funds will expire but the increased need for CE access will continue.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	08/24/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	10/27/2021

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

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

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

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

	NOFO Section VII.B.2.d.

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

(limit 2,000 characters)

1.In the CoC's ranking tool, in Sections 3.) Population Priorities, and 9.) Vulnerability Needs, projects are scored based on the following: serving low or no Income; not screening out current or past substance use; serving or not screening out criminal record; willing to serve those having been or currently a victim of DV/VAWA; serving those with significant Health/ Behavioral challenges; serving those with a high utilization of crisis or ES (i.e. CH); serving youth under 25/aging out of foster care/ LGBTQ+; serving those coming unsheltered situations; chronically homeless; families; and veterans.

For new and renewal application, the responses to their Project Submission 3b (population with barriers, chronic homeless) 5a, b (program participants served) were used. For renewals the actual percentage of those various populations served listed in their HMIS APRs were used in scoring.

2.The Scoring Rubric assigned more points to projects that serve hard to serve populations by having multiple sections for scoring on those facets: Section 3. HUD and Local Population Priorities which lists multiple hard to serve populations, Section 8 on projects that use Housing First (which may result in lower performance) and Section 9: Vulnerability Needs" which scores both low barrier metrics and the percentage of those populations actually served. By assigning more weight and points through these questions to programs that reduce barriers and dedicate beds for vulnerable populations, that balances out any possible loss in points for lower performance levels that may result with the hardest to serve.

Safe Haven (SH) is a critical housing first intervention for chronically homeless males who are hard to serve. SH is not permanent housing but stay is indefinite, compared to Rapid Rehousing which is PH but short-term and not indefinite. The scoring rubric does award more points for PH than SH but factors like hard to serve populations, housing first, vulnerabilities and bed utilization have point values that compensate.

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 Board appointed a 2021 Ranking and Review Committee to administer an objective ranking tool and criteria, review applications and rank accordingly. The Ranking Committee comprises of six agencies and persons that are non-CoC recipients; the City, the County, two foundations: United Way and TFEC, a homeless of formerly homeless (past 7 years), and the chair of the Planning Committed. The City representative is a minority (African American), the person representing homelessness had been previously homeless in the past 7 years and serves in a shelter not funded by CoC, and five of the six representatives are women and parents which mirror the majority of sheltered homeless families.

All representatives were involved since the committee's inception in defining the criteria for ranking, sources for evaluation and score weight which was presented to the board for feedback and then adoption through resolution. The sources for evaluation come from each project's application, APRs, agency and fiscal materials requested, and then the scoring rubric applied, reviewed and ranked by the committee and submitted to the board for adoption through resolution.

2.There is minority (African American) representation, representation by a member who was homeless during the past 7 years, and five of the six review and ranking team are women and parents which represents the majority of heads of households with children experiencing homelessness.

3.On the Scoring Rubric, "Question 14. Racial Disparity" awards incremental points for the % of minorities served in a project above the baseline which is Dauphin County Minority (US Census) i.e., the degree to which that project mirrors and promotes racial equity. "Question 13. Homeless (or Formerly Homeless in Past 7 Years) Participation" awards points on homeless/formerly homeless involvement such as how many are on a project's board or committee that makes decisions for the project's structure, function and operations.

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.CACH's written reallocation policy, which is annually reviewed and signed by the board states how projects would be reallocated:
•Reallocation may be voluntarily initiated by a funded agency, or
•Initiated by the CoC Leadership and Review & Ranking Committee composed

of non-CoC funded agencies
•Reallocate renewal funding for new projects through a competitive process to maximize services, effectively compete, and/or to
•Address underperforming projects based on performance, fiduciary accountability and strategic value
•Reallocated amounts will be sufficient to fund effective new programming
•HUD determines which types of new projects can be reallocated in the NOFA,
•Decisions will be made during the process of preparing an application for funds.
•The reallocation process will be transparent, equitable, and data-driven with an emphasis on local needs.
•All reallocation decisions must be approved through a vote by the Review and Ranking Committee.

Low performing projects are defined by:
•Project Capacity: loss of capacity which significantly impact project operations and performance.
•Financial Management: audit findings; outstanding, misuse or untimely drawdown of funds; unspent funds, untimely expenditures.
•Performance Outcomes: Poor HMIS data quality, unmet APR performance, rank low in the Project Review/Ranking.
•Lack of Compliance: history of serving ineligible persons, ineligible expenditures, lack compliance with HUD fair housing or equal access rule, fail to fully cooperate in the coordinated entry process.
•Local Need: when a local need is better met through another project.

5. After ranking no projects were low performing for reallocation and no agency interested to absorb any re-allocated capacity. Nor were new projects appropriate for reallocation housing and population served by the renewals, as they were for SSO and focus subpopulations i.e. CE, DV only, Veterans only expansion.

4. The reallocation policy was communicated through applicants by email.

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?	Yes

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

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

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/27/2021

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

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

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/06/2021

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

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

(limit 2,000 characters)

1.The YWCA of Greater Harrisburg (YWCA) is the state designated provider of services for DV and Sexual Assault, and programs for Human Trafficking. The YWCA also operates the most CoC and other federally funded programs serving persons experiencing homelessness and, therefore, is a key coalition member that regularly attend the HMIS-Data Collection/Service Delivery Committee meetings and for CES which is integrated into HMIS.

The YWCA is mandated to utilize PCADV (Pennsylvania Coalition on Domestic Violence) and PCAR (Pennsylvania Coalition on Rape) statewide providers' database called ETO (Efforts to Outcomes) by PA-Social Solutions, The database is selected by the Commonwealth as a comparable database that is apart from HMIS by VAWA regulation but comparable and up to date with HMIS HUD data standards and able to provide all compatible aggregated data.

2.The YWCA can and does provide de-identified aggregated data for its own HUD programs and for the CoC for system performance measures, Annual Progress Reports, PIT and HIC, and CES referrals, etc. for CACH as the CoC and 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	317	16	200	66.45%
2. Safe Haven (SH) beds	25	0	25	100.00%
3. Transitional Housing (TH) beds	109	3	106	100.00%
4. Rapid Re-Housing (RRH) beds	79	17	62	100.00%
5. Permanent Supportive Housing	200	0	200	100.00%
6. Other Permanent Housing (OPH)	37	0	37	100.00%

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

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

(limit 2,000 characters)

1.The only category that is under 85% is Emergency shelter as we have one shelter that is a mission shelter which will not utilize HMIS. Also three other SSVF providers that are cross regional and use only the State's HMIS but have Emergency Housing Assistance for COVID-19 (EHA) which is considered emergency shelter. The CoC will continue to encourage all providers based in

its jurisdiction to utilize HMIS and this year have incorporated SSVF providers into the local HMIS.

2.Since the Point in Time and HIC, the CoC has successfully integrated 2 out of the 3 SSVF providers into its HMIS and CACH is in process of integrating the third provider who has already assured that they too will utilize our HMIS. The faith-based mission shelter is moving away from being a limited stay emergency shelter model and also reducing its capacity space. This will equate to less ES beds that are not in HMIS. The CoC is actively working on other solutions to replace the loss of bed capacity by expanding an existing overnight drop in shelter which does and will continue to utilize HMIS.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

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

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

(limit 2,000 characters)

N/A. All our VAWA and human trafficking beds are in a comparable database.

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

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

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

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

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

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

(limit 2,000 characters)

Total households experiencing homelessness and corollary the number of first time homeless was also higher then the previous year but the percentage who were first time homeless decreased by 1% to 86%.

1.The CoC PIT outreach survey collects extra data: a household's stated "reasons for homelessness" and information of those in "Category 2 - at risk of homelessness." The "reasons for homelessness" are then cross referenced with households who were "first time homeless" to identify the risk factors for experiencing homelessness for the first time. The highest reasons were substance use (30%), followed by mental health (15.4%) and job loss (12.8%).

2.To prevent first time homelessness, the CoC took the role as the state designated "Local Lead Agency (LLA)" for this jurisdiction charged with locating housing opportunities for all vulnerable populations. With CACH as an LLA and CoC partner, the county PHA successfully applied for 40 more 811 Mainstream vouchers in 2020 doubling its original award. The vouchers serve non-elderly disabled (NED) households with homeless priority or at risk of being homeless. The predominant disability of those who were homeless or about to be homeless for the first time that were accepted into the program was mental health. The same PHA was able to secure 30 Emergency Housing Vouchers (EHV) and CACH identified substance use barriers as one of the priorities for referrals to this housing option. To address job loss street outreach and CoC programs work directly with employers and employment opportunities for those that are first time homeless and with the County Assistance office or mainstream benefits and employment requirements tied to WIOA.

3.CACH Data Committee surveys causes of first-time homelessness; Prevention Committee addresses solutions for first time homelessness; and Housing Committee oversees 811 and housing solutions.

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)

Median LOT for PH, SH, and TH decreased by 8.6%

1.The CoC adopted the following goal benchmarks: reduce number of days of stay for those in ES, SH, TH by 10% each year, and decrease the LOT for enrolled unsheltered participants to obtain housing to no more than 30 days.

To improve and achieve this the CoC streamlined its Coordinated Entry System (CE) process to quickly inform, refer, triage, and assess all homeless households into the CES prioritized housing referral list. CE intake staff, outreach access, and housing referral list manager rapidly review and ensure placement of all persons in the housing list. The CoC has hosted further training on properly utilizing its CE to prevent any error on referrals. A CES oversight Committee meets monthly to analyze any CES delays and structure improvements needed with monthly reports that tracking CE data and LOT using HMIS.

2.Participants on the CE housing list are prioritized through the VI-SPDAT Vulnerability Index Assessment which has a length of homelessness section and specific score. Participants are prioritized first by the length of homelessness section placing those who have been homeless the longest and multiple times at the top of the housing list. After that, the overall vulnerability score is factored and only after those priorities is date of entry then factored.

3.CACH CE Committee, the CE housing waitlist and program manager, CE access and outreach staff are responsible for this goal.

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)

The % of successful exits to PH from ES, SH, TH, and PH-RRH increased by 1% and stayed unchanged for PH (excluding PH-RRH)

1.The CoC Blueprint strategy to increase the rate of PH placement for those in ES, SH, TH, RRH is
"3.A) Increase Permanent Affordable Housing Supply (measured by)
3.A.1) Dedicated homeless project, public, and private subsidized/unsubsidized low-income permanent housing inventory increases by 50 beds/vouchers by 2020.
3.A.2.) Increase subsidized housing for extremely low income (ELI) persons by 20 beds by 2020."

The CoC increased the supply of PH by at least 50 by 2020. The CoC applied and received ninety-four 811 Mainstream Vouchers to benefit homeless persons and housed several from SH, ES, TH, and RRH through the Coordinated Entry (CES) process. More RRH beds have been added for Veterans through the SSVF program. Every year at least one affordable housing project is created through Low Income Tax Credits which requires CACH's recommendation as the Local Lead Agency for housing vulnerable populations.

2.The strategy for PH retention is to ensure effective supportive services i.e. PSH not just PH placement. PSH applications in the CoC use the housing first approach where supportive services are provided although by consumer choice. The CoC provides training on Motivational Interviewing and relational case management which maximizes client ownership and therefore housing stability and retention.

The CoC is also working with PHAs to develop a "move on" administrative plan for those who are formerly homeless in PSH to move to other subsidized housing as their stability increases.

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)

The rate of recidivism was 5% for those who exited to PH up to 6 months and also up to 12 months.

1.All housing referrals for persons experiencing homelessness is through the CE process. CE involves person to person engagement with access site intake staff; street outreach workers and the CE Program Manager who manages the CE housing list and referrals. CE staff also conduct case conferences for those on the CE housing list and those who return to homelessness and back again on the CE housing list are readily recognized and identified. Staff try to discern with each returning participant the reasons for recidivism and what would be the

best housing intervention to utilize in keeping with CE protocols.

PIT data over multiple years has showed recidivism is greater for unaccompanied males compared to unaccompanied females and less so for families. Most of those who are chronically homeless and unsheltered in our community are male. Factors for recidivism are untreated or unrecognized mental health, addiction, and a need for support services that is indefinite or long term.

2.To reduce the rate of recidivism for those more prone i.e., unsheltered, with a mental health or co-occurring disorder, and predominantly male, the CoC coordinated outreach engagement that is cross disciplinary and frequent. Such an approach result in housing and service intervention that is holistic, situation specific and participant centric.

The next strategy is to obtain more supportive services that is long term or ongoing for PSH, and more crisis housing also with such supportive services. The CoC increased overnight crisis housing which is part of a daytime drop-in center with engagement and support services. The CoC secured more 811 mainstream vouchers and flexible Emergency Housing Vouchers and connected referred participants to ongoing disability providers based on their volition.

3.CACH Service Delivery Committee is responsible for outreach and solutions; Housing for PSH and Crisis housing solutions.

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)

In 2020 the % that increased earned income decreased by 3% from the previous year.

1. CACH's primary strategy to help increase employment income is to expedite participants access to mainstream workforce development resources, primarily the PA CareerLink of the Workforce Investment Board as well as direct employer engagement.

2. The Service Delivery Committee is currently expediting the month-long process of obtaining mainstream workforce development services, supports, and benefits. This includes childcare subsidy needed to find and obtain work; stipends for uniforms, tools or transportation; and cash benefits such as TANF and SNAP so that beneficiaries can focus on work. The committee is coordinating with the local County Assistance Office, advocating for a single point of contact to review homeless applications as needed to ensure there are

no unnecessary delays or even to prioritize them if they meet the hardship qualification. The County Office Director attends CACH's weekly Coordinated Continuum wide provider meetings. Street Outreach has arranged living wage work opportunities and initial transportation for individuals who are unsheltered.

To assist those with disabilities and fixed income increase their income potential. the YWCA's Supported Employment Program uses evidence-based practice of employment that include Wellness Recovery Action Planning (WRAP), Peer support, and employment first and education first model of engagement. The YWCA's Benefits Coordinator helps navigate the maximization of work and disability benefits and programs like Medical assistance for Workers with Disabilities (MAWD). OVW assists those who are eligible for assistive equipment, training, and placement services.

3. The Service Delivery Committee is responsible for this strategy and the committee is attended by all the housing, outreach and homeless service providers.

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's primary strategy to help clients increase employment and training opportunity is to expedite participants access to mainstream workforce development resources. All providers connect their clients to the CareerLink which is the Center for employment and education under PA Workforce Investment Board and WIOA.

In addition, the Continuum has specialized employment and training programs for subpopulations to increase access to employment and employers.
-"Supported Employment" program for those with a single or co-occurring diagnosis
-Homeless Veterans' employment services through a US-DOL Homeless Veteran Reintegration Program (HVRP)
-Workforce development services of non-profits like the Salvation Army.
- Street Outreach engagement with quality employers for unsheltered households.

These programs network with employers and attend local job fairs to promote their services to employers or host job fairs on their sites. These programs utilize incentives to overcome barriers to work such as federal bonding for those who have been incarcerated, job coaching and on-the-job retention case support.

2. Homeless shelters and CoC programs invite vetted employment agencies to connect persons to major employers who do not hire but through agencies.

Service providers refer clients to the PA CareerLink for Career Pathway training opportunities in career and industry clusters identified by Workforce Development and WIAO board. CoC service providers also utilize Tri-County OIC, the state's designate Title II Adult Basic Education and Family literacy organization for anyone needing ABE or GED services.

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's strategy to increase non-employment cash income such as TANF, temporary disability income, and SNAP is to increase access to mainstream programs for workforce readiness and expedite the monthlong process of obtaining those benefits. The County Assistance Office is the primary source for public assistance benefits and SSI and SSDI, the SOAR program which Dauphin County Case Management Unit (CMU) operates. Both attend CACH weekly meeting or outreaches.

2.To increase access the Service Delivery Committee is advocating with the local County Assistance Office for a single point of contact to ensure there are no unnecessary delays and prioritize those that meet the hardship qualification.

In addition,
-Providers use an online access portal (COMPASS) that provides comprehensive and direct application access to all mainstream benefits.
-The CoC historically hosted an annual "Project Homeless Connect" daylong event that directly connected participants to agencies that provided mainstream cash and non-cash benefits and solved access obstacles such as lack of identification and fees. To expand the benefit beyond a day only event, the project was reconstituted into the services at a year-round Drop-In Center.
-The CoC has a SOAR program and dedicated staff to ensure quick and successful application for Social Security Administration benefits; SSI, SSDI.
-A certified benefits counselor for persons with disabilities on fixed income to maximize their earnings;
-The DOL Homeless Veterans Reintegration Program connect Veterans with VA benefits including Veteran pension where eligible.

3.The Service Delivery Committee oversees this strategy for increasing non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

(limit 2,000 characters)

Not Applicable.

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)

Not Applicable

4A. DV Bonus Application

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

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

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

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

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

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

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

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

1.	**Enter the number of survivors that need housing or services:**	1,902
2.	**Enter the number of survivors your CoC is currently serving:**	1,699
3.	**Unmet Need:**	203

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

Describe in the field below:

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

(limit 2,000 characters)

1. The YWCA is the CoC State Designated (designated and funded through PA Coalition on Domestic Violence) and provides DV shelter for DV survivors. The number of unmet needs is tracked on a monthly basis by all YWCA DV advocates serving victims and recorded in our ETO (Efforts to Outcomes) database for victim services which tracks unmet need.

Element 1. is recorded in the YWCA's comparable and state mandated victim services database (ET0) and element 2. is calculated by subtracting the difference between element 1 and those who were not able to receive housing or services.

2. Efforts to Outcomes (ET0) by Social Solutions is the Statewide mandatory victims services provider comparable database required by PCADV. The database collects HUD Data standards and produces aggregate results for reports such as APR, PIT, etc.

3. For any unmeet needs, victims are offered other options such as hoteling or transfer to another county’s shelter with an open bed. Safe transportation is provided.

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

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

Applicant Name
Gaudenzia/The DEL...

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

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

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

1.	Applicant Name	Gaudenzia/The DELTA Community
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	78.00%

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

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

(limit 1,000 characters)

1. The following is how the rate of housing placement and retention was calculated:
• Over the last five years the DELTA Community has served 32 families who were fleeing domestic violence.
• Out of the 32 families who were served, 7 families did not successfully complete the DELTA Program and move to next step permanent housing.
• Rate calculation formula:
32-7=25
25/32=0.78
78%

2. Statistics were gathered from the HMIS Data Base for the last 7 years.

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

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;

3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

2.The DELTA Community utilizes the Dauphin County Coordinated Entry List that prioritizes Victims of Domestic Violence. There have been times when the DELTA Community has coordinated care on an emergency transfers from another CoC into Dauphin County CoC due to a clients safety needs.

3.At the very first contact with a Survivor of Domestic Violence case managers assess the participant need and begin got make appropriate referring that include but are limited not limited to legal services, assistance with securing mainstream benefits, educational opportunities, work force development opportunities and rental assistance. Through all of these methods, families are able to gain stable footing and sustain themselves.

Upon intake D.V. survivors were referred to Harrisburg Housing Authority and all other eligible income-based housing. Case managers worked with survivors to repair credit and made referrals to legal centers who assist survivors of domestic violence with issues of housing, credit, and other resources.

4.Rapid Rehousing units are permanent housing units. Survivors have the option to continue to rent the units that are living in once the program ends. Survivors are also referred to Harrisburg Housing Authority and all other eligible income based housing. Case managers work with survivors to repair credit and make referrals to legal centers who assist survivors of domestic violence with issues of housing, credit, and other resources.

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

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

(limit 5,000 characters)

1. Training staff on safety planning;
Staff working with survivors of D.V. are given external training and resources to assist in the development of safety plans. Safety plans are designed to give tools and do contingency planning to keep survivors and staff safe. Safety planning is an essential part of our contact with all survivors. Safety planning includes helping to assess danger, particular points of vulnerability, and best approaches to increasing safety. Survivors take the lead in safety planning, staff

help facilitate the process, offer information, and help record and execute the plan.

2. Adjusting intake space to better ensure a private conversation;
Staff working with survivors of D.V. have private, unshared office spaces that are designed to be non-threatening given external training and resources to assist in the development of safety plans and building policies. White noise machines are also used during intake meetings. Mobil Advocacy is also component of supportive services.

3. Conducting separate interviews/intake with each member of a couple;
The Project interviews families fleeing DV who are usually single with their children. In any case all interviews will be done privately with the head of household away from other family members.

4. Working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
Survivors take the lead on their safety plan and housing needs while case managers assist with providing information and facilitation of client needs. Case mangers utilize Survivor Driven -Trauma Informed, partnership approach thus empowering the survivor to decide what is best for them.

5. Maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
Our congregate location is secure sites with additional camera security and easy access to staff. Building's interior and exteriors are well lit and have secure doors. Building are maintained by professional maintenance staff. The building is only 6 years old it meets all HUD and CARF fire and safety regulations.

6. Keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
All client information is confidential including location and residence. D.V. survivors are also informed of processes to keep their mailing address confidential through the post office so that anyone sending them mail will not have access to their address.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

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

(limit 2,000 characters)

The DELTA Community has housed victims of Domestic Violence over the last 30 years. DELTA utilizes annual Program Assessments to assure we are utilizing best practices. The Following areas are the focus of the assessment:
1.Environment: Does our program creates an environment that is safe and respectful and reflect diversity and do not discriminate.
2.Policies: Policies are trauma informed and reflect commitment to diversity and have clear procedures.
3.Hiring and recruitment: Staff members possess experience and companies in

working with diverse communities.
4.Leadership: Program offers regular training to all staff, board and volunteers.
5.Program design: Program design considers demographic of our community base and collaboration with community stakeholders.
6.Services Practice: DELTA Community consider the array and range of needs of the population that we serve.
7.Language Access: The DELTA Community has a access to interpreters and utilizes language line when necessary.

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

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

(limit 5,000 characters)

1.DELTA Communities has received over 20 Federal grants over the last 30 years. The DELTA Community has also administered Rapid Rehousing through County and City funds with direct referral from Domestic Violence Agencies in in York, Cumberland and Dauphin County prior to Coordinated Entry.

2.Program participants are given housing choice by seeking appropriate housing for their needs. While case managers may assist them in the process by giving landlord resources and helping the with the apartment search it is the participants choice as to where they want to reside. Once a unit is identified. The DELTA Community provides assistance with seeking furniture and other immediate housing resources

3.D.V. Rapid Rehousing is a housing first program that places emphasis on partnership and collaboration thus establishing a trustworthy atmosphere that empowers a survivor's development. DELTA utilizes Trauma Informed approaches to case management that allow the program to be Survivor Driven. DV RRH is designed to empower Survivors thus allowing them to lead the way.

4.The DELTA Community D.V. Rapid Rehousing program offers life skills training that include information, safety and trauma. Based on participant choice, the case managers provide information and resources to assist Survivors.

5.During intake the DELTA Community case manager completes a strength based assessment and along with the program participant. Based on the assessments and client choice, goal plans are created to serve as a road map to client safety and stability.

6.The DELTA Community is an equal access agency and does annual trainings on equal access and cultural competencies. The DELTA Community housing programs are open to Al Eligible participants and do not discriminate based on gender identity, race, religion. The DELTA Community also complies with the Americans with Disabilities Act.

7.Case managers provide referrals appropriate to client needs, with a focus on holistic care. The DELTA Community is a part of a Continuum of Care that makes referral and coordination of care smoother.

Participants are referred to one of several parent support groups based on need and parenting support needs are also addressed during case management. Case managers provide hand-outs and other materials as needed.

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

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

(limit 5,000 characters)

1.DELTA Communities has received over 20 Federal grants over the last 30 years. The DELTA Community has also administered Rapid Rehousing through County and City funds with direct referral from Domestic Violence Agencies in in York, Cumberland and Dauphin county prior to Coordinated Entry. The DELTA Community was successful in permanently housing over 173 individuals and families over the course of two and half years. In the same tradition, D.V. Rapid Rehousing is designed to serve 5 Rapid Re-Housing households with medium-term rental assistance. The 5 (RRH) Program units are to assist families who are experiencing literal homelessness due to fleeing domestic violence.

2.The DELTA Community has assist DV Survivors to move as quickly as possible into permanent housing and achieve stability in that housing through a combination of rental assistance, housing search, and supportive services. The new project will provide the same supportive services to homeless Survors fleeing domestic violence who have disabilities; physical, mental health, substance abuse, or dually diagnosed. Programming addresses appropriate treatment/intervention services for parents, as well as children's healthy emotional, social, and cognitive development with particular emphasis on early childhood issues. Services are provided through a comprehensive integrated service system that addresses housing, substance abuse treatment, prevention, and intervention, primary health care, mental health treatment, child

development, life skills development, transportation, and an array of other wrap around service coordination and collaboration that included but are not limited to:

a.Child Custody
b.Legal Services
c.PFA
d.Criminal Background expungement
e.Credit Repair
f.Education Assistance
g.Job Training
h.Employment Assistance
i.Physical/Mental Healthcare
j.Drug and Alcohol Treatment
k.Childcare Assistance
l.Budgeting

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

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

(limit 5,000 characters)

1.DELTA Communities has received over 20 Federal grants over the last 30 years. The DELTA Community has also administered Rapid Rehousing through County and City funds with direct referral from Domestic Violence Agencies in in York, Cumberland and Dauphin County prior to Coordinated Entry. The DELTA Community seeks to provide quality services that are Trauma Informed, Victim Centered with special attention to safety planning.

2.Program participants are given housing choice by seeking appropriate housing for their needs. While case managers may assist them in the process by giving land-lord resources and helping the with the apartment search it is the participants choice as to where they want to reside. Once a unit is identified, The DELTA Community provides assistance with seeking furniture and other immediate housing resources

3.D.V. Rapid Rehousing is a housing first program that places emphasis on

partnership and collaboration thus establishing a trustworthy atmosphere that empowers a survivor's development. DELTA utilizes Trauma Informed approaches to case management that allow the program to be Survivor Driven. DV RRH is designed to empower Survivors thus allowing them to lead the way.

4.The DELTA Community D.V. Rapid Rehousing program offers life skills training that include information, safety and trauma. Based on participant choice, the case managers provide information and resources to assist Survivors.

5.During intake the DELTA Community case manager completes a strength based assessment and along with the program participant. Based on the assessments and client choice, goal plans are created to serve as a road map to client safety and stability.

6.The DELTA Community is an equal access agency and does annual trainings on equal access and cultural competencies. The DELTA Community housing programs are open to Al Eligible participants and do not discriminate based on gender identity, race, religion. The DELTA Community also complies with the Americans with Disabilities Act.

7.Case managers provide referrals appropriate to client needs, with a focus on holistic care. The DELTA Community is a part of a Continuum of Care that makes referral and coordination of care smoother.

Participants are referred to one of several parent support groups based on need and parenting support needs are also addressed during case management. Case managers provide hand-outs and other materials as needed.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Intake-HardCopy	11/12/2021
1C-7. PHA Homeless Preference	No	Homeless Preferen...	11/12/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Screenshot - Noti...	11/12/2021
1E-2. Project Review and Selection Process	Yes	Ranking Tool Poin...	11/12/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	No Projects Rejected	11/12/2021
1E-5a. Public Posting–Projects Accepted	Yes	Screenshot - Noti...	11/12/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Screenshot - Web ...	11/12/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Intake-HardCopy

Attachment Details

Document Description: Homeless Preference - Harrisburg and County PHA

Attachment Details

Document Description:

Attachment Details

Document Description: Screenshot - Notice of local competition-timeline-criteria

Attachment Details

Document Description: Ranking Tool Points, Criteria and a Ranked Project Example

Attachment Details

Document Description: No Projects Rejected

Attachment Details

Document Description: Screenshot - Notice of Projects Ranked for Submission

Attachment Details

Document Description: Screenshot - Web Posting of Coc Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

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

3C. Serving Homeless Under Other Federal Statutes	11/10/2021
4A. DV Bonus Application	11/15/2021
4B. Attachments Screen	11/12/2021
Submission Summary	No Input Required

CACH - COORDINATED ENTRY SYSTEM (CES) ASSESSMENT

Staff Name:_____ Agency: _____ Date:_____

BASIC DEMOGRAPHICS		
1	Client First Name, Middle Initial, Last Name	
2	Date of Birth (can be full or partial)	
3	Gender- male/ female/ trans-female/ trans-male/ gender nonconform	
4	Relationship to Head of Household (self, child, significant other)	
5	Social Security Number (can be full or partial)	
CONTACT INFORMATION		
6	Client Phone	
7	Client Email Address	
8	Other Contact Name	
9	Other Contact/Friend Phone Number	
SPECIAL POPULATION *Utilize your DV/VAWA training – sensitivity, safety protocol, privacy, triage if yes to 10,13.		
10	Domestic Violence/Sexual Assault/Dating Violence/Stalking victim? *	
11	If yes, how long ago: < 3mos.; 3-6 mos.; 6-12 mos.; Over a year?	
12	Victim of Human Trafficking? *	
13	Is a minor (under 18) but not with parent/guardian?	
14	Age is 18 - 24?	
15	Member of any armed forces branch/national guard at any time?	
16	Prior Living Situation: Homeless: streets/shelter/subsidized hotel (which?) Institution (what type: hospital, prison, recovery center, etc.?) Temporary/Permanent Housing (Own? Rent? Stay with others?)	
17	Prior living stay (# days or weeks or mos., longer than a year)	
18	How many separate times on the streets, in ES, or Safe Haven in the past 3 years including today? 1, 2, 3, or 4 times or more?	
19	How many months on the street, in ES or SH in the past 3 years -number of months, or has it been over 12 months?	
20	Does the client have a disabling condition?	
21	Does any household member have a disabling condition?	
22	What disability(ies) does client **OR** any household member have?	
22a	If yes, who is your disability service provider?	
COORDINATED ENTRY EVENT		
23	Doing Needs Assessment (CES and VI-SPDAT) for housing referral	
24	Another intervention such as prevention, diversion, shelter? specify	
25	Date of Engagement (the date the client is participating in this CES)	
26	Zip Code of Last Permanent Address	
27	Has a long-term Mental Health/Intellectual Disability?	
28	Name of Client's Current Shelter/Agency or unsheltered?	
29	Extent of Homelessness? 1-2 times; 12 months; 4 x in 3 years?	

CACH - COORDINATED ENTRY SYSTEM (CES) ASSESSMENT

Staff Name:_____ Agency: _____ Date:_____

RAPID REHOUSING (ASK for all clients to determine if RRH is helpful)		
30	Have you received rental assistance from an agency e.g. HELP Office or County Assistance Office?	
31	If you received rental assistance before, how many times in past 3 years?	
32	Total Monthly Income:	
33	Income as % of Area Median Income: <30%; 30-50%; >50%?	
34	Do you have any STEADY income sources?	
35	Have you applied recently for disability income? (N/A, yes or no)	
36	Status of Disability Income Application (N/A if not applicable)	
37	How many months have you been employed in the last 12 mos.?	
38	Only need short (3 months or so) one time rent/utility assistance?	
39	If longer assistance is needed, are you willing and able to work?	
40	Do you owe any rent or utility arrears: < $500? More than $500?	
41	Did you experience as sudden or significant drop in income?	
42	Do you have poor credit?	
43	Is there a significant physical health challenge or disability?	
44	Is there substance use or alcohol dependence?	
45	Mental health or intellectual disability?	
46	Household size of 5 or more requiring at least 3 bedrooms	
47	Do you or anyone in your household misuse opium-based substances e.g. opium, heroin, codeine, opiate based prescription pain meds (Opioid RRH eligibility question)	
SUGGESTED HOUSING INTERVENTION		
48	Type of Planned Housing Intervention (YOUR ANSWER IS REQUIRED - if not sure pick "Other")	
49	Type of Planned Housing Intervention 2	

REMEMBER: FILL OUT BASIC DEMOGRAPHICS (Questions 1-5) FOR EVERY CHILD/ OTHER FAMILY MEMBER IN HOUSEHOLD.
****If household member has a disability make note and specify****

ADDITIONAL NOTES/COMMENTS BELOW

REMEMBER: FILL OUT THE APPROPRIATE VI-SPDAT AFTER THIS ASSESSMENT

CACH - COORDINATED ENTRY SYSTEM (CES) ASSESSMENT

Staff Name:_____ Agency: _____ Date:_____

VULNTERABILITY INDEX – SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

There are three different types of Vulnerability Index assessment (VI-SPDAT):

Check the one that applies:

- ☐ VI-SPDAT (This assessment for singles not families)
- ☐ VI-FSPDAT (This for families including 18-24 yr old head of families)
  Extra questions for families is in ITALICS AND RED FONT
- ☐ TAY-VI-SPDAT (Use this for unaccompanied minors, or 18-24 yrs but who are single i.e. not a family with children) - Extra questions for TAY in this font and blue

BASIC INFORMATION (VI-FSPDAT – Families)	
1. Is either head of household 60 years of age or older?	*Yes No Refused*
2. How many parents are included in this family?	*0, 1, 2, 3 or more, refused*
CHILDREN (VI-FSPDAT – Families)	
1. How many children under the age of 18 are currently with you?	*0, 1, 2, 3 or more, refused*
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	*0, 1, 2, 3 or more, refused*
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?	*Yes No Refused*
4. If your family includes children, are any of them...	
4. a) ages 6 or younger?	*Yes No Refused*
4. b) ages 11 or younger?	*Yes No Refused*
4. c) You may use this area to provide a list of children's names and ages:	
A. HISTORY OF HOUSING AND HOMELESSNESS (ALL CLIENTS)	
1. Where do you sleep most frequently? (choose one)	Shelters, TH, Safe Haven, Outdoors, Others (specify below), Refused
If Other, please specify	
2. How long has it been since you *(or family)* lived in permanent stable housing?	Currently in Stable Housing, < 1 year, 1 year or more, Refused
3. In the last three years, how many times have you *(or family)* been homeless?	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10+, Refused
B. RISKS	
4. In the past six months, how many times have you *(or family)*	
4. a) Received health care at an emergency department/room?	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10+, Refused
4. b) Taken an ambulance to the hospital?	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10+, Refused
4. c) Been hospitalized as an inpatient?	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10+, Refused
4. d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10+, Refused

CACH - COORDINATED ENTRY SYSTEM (CES) ASSESSMENT

Staff Name:_____ Agency: _____ Date:_____

4. 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?	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10+, Refused
4. 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 offense, or anything in between?	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10+, Refused
5. Have you *(or family)* been attacked or beaten up since you became homeless?	Yes No Refused
6. Have you *(or family)* threatened to or tried to harm yourself or anyone else in the last year?	Yes No Refused
7. Do you *(or family)* have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	Yes No Refused
8. Does anybody force or trick you *(or family)* to do things you do not want to do?	Yes No Refused
9. Do you *(or family)* do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	Yes No Refused
C. SOCIALIZATION & DAILY FUNCTIONING	
10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you *(or family)* owe them money?	Yes No Refused
11. Do you *(or family)* get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	Yes No Refused
12. Does you *(or family)* have planned activities, other than just surviving, that makes you feel happy and fulfilled?	Yes No Refused
13. Are you *(or family)* currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	Yes No Refused
14. Is your *(or family)* current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused you to become evicted?	Yes No Refused

For Transition Age Youth or Minors - Only Single Youth ages 24 or below 15. Is your current lack of stable housing...	
15. a) Because you ran away from family home, group home, foster home?	Yes No Refused
15. b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	Yes No Refused
15. c) Because your family or friends caused you to become homeless?	Yes No Refused)
15. d) Because of conflicts around gender identity or sexual orientation?	Yes No Refused
15. e) Because of violence at home between family members?	Yes No Refused
15. f) Because of unhealthy or abusive relationship at home or elsewhere?	Yes No Refused

CACH - COORDINATED ENTRY SYSTEM (CES) ASSESSMENT

Staff Name:_____ Agency: _____ Date:_____

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

CACH - COORDINATED ENTRY SYSTEM (CES) ASSESSMENT

Staff Name:_____ Agency: _____ Date:_____

E. FAMILY UNIT (only for Families)	***Only for Families***
28. If the family answered *Yes to any Physical health questions (15 to 19 above) AND* *Yes to any substance use questions (21 and 22 above) AND* *Yes to any mental health questions (23 and 24 above)* *28A. Does any single member of your household have a medical condition, mental health concern, and experience with problematic substance use?*	
32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	*Yes No Refused*
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	*Yes No Refused*
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	*Yes No Refused*
35. Has any child in the family experienced abuse or trauma in the last 180 days?	*Yes No Refused*
36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?	*Yes No N/A Refused*
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	*Yes No Refused*
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	*Yes No Refused*
39. Do you have two or more planned activities each week as a family, such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	*Yes No Refused*
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...	
40. a) 3 or more hours per day for children aged 13 or older?	*Yes No Refused*
40. b) 2 or more hours per day for children 12 or younger?	*Yes No Refused*
41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:	
41. a) Do your older kids spend 2 or more hours on a typical day helping their younger siblings(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	*Yes No N/A Refused*

Homeless Preferences 2021

Public Housing Authorities

1. Housing Authority of the County of Dauphin
2. Harrisburg Housing Authority

caused by a disability, the Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Housing Authority shall grant preferences for admission to an applicant whose circumstances, at the time of being considered for a unit, correspond to the criteria listed below. NOTE: A preference is not a guarantee of admission. The applicant must meet the Housing Authority's tenant selection criteria prior to being admitted as a tenant. The Housing Authority preferences are as follows:

A. **Displaced person(s):** Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.

B. **Individuals or families relocated under the Federal, State or local government Witness Protection Program.**

C. **Victims of Domestic Violence:** Individuals or families who have been subjected to or victimized by violence by a member of the family or household. The Housing Authority will require evidence that the family has been displaced as result of fleeing violence in the home. Individuals and families are also eligible for this preference if there is proof that the individual or family is currently living in a situation where they are being subjected to or victimized by violence in the home. Evidence or proof may include a Protection from Abuse Order, police report, or written verification that the individual or family is living in an emergency shelter because the individual or family has been subjected to or victimized by violence by a member of the family or household. The following criteria are used to establish an individual's or a family's eligibility for this preference:

Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family.

The actual or threatened violence must have occurred within the past 60 days or be of a continuing nature.

An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced.

The applicant must certify that the abuser will not reside with the applicant unless the Housing Authority gives prior written approval.

The Housing Authority will approve the return of the abuser to the household under the following conditions:

The Housing Authority verifies that the abuser has received therapy or counseling that appears to minimize the likelihood of recurrence of violent behavior.

A counselor, therapist or other appropriate professional recommends in writing that the individual be allowed to reside with the family.

If the abuser returns to the family without approval of the Housing Authority, the Housing Authority will deny or terminate assistance for breach of the certification.

At the family's request, the Housing Authority will take precautions to ensure that the new location of the family is concealed in cases of domestic abuse.

D. **Homeless Families or Individuals** who lack a fixed regular and adequate night-time residence AND whose night-time residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; an institution that provides temporary residence for persons intended to be institutionalized; or a public or private place not designed for human beings.

Within the above preference categories A through D, individuals/families who live in, work in, or have been hired to work in, Dauphin County, exclusive of the City of Harrisburg, will be given priority points.

E. **Individuals or families that reside in Dauphin County but outside the City of Harrisburg at the time of their final application and whose head, spouse, co-head or unrelated partner of head of household is currently employed in a position which generates employment income countable under HUD's definition of annual income.**

Employment is defined as:

(1) Employment must be current and have lasted a minimum of 90 calendar days prior to the time the preference is claimed. The employment must provide a minimum of 20 hours of work per week for the family member claiming the preference
OR

(2) Employment must have been held continuously for a minimum of seven (7) months within the twelve (12) month period prior to the time the preference is claimed and the employment was terminated solely due to an involuntary layoff of the employee by the employer.

(3) The amount earned shall not be a factor in granting this preference.

The employment part of this preference is also extended equally to, (1) a family if the head, spouse, or sole member is 62 years of age or older or who is receiving social security or Supplemental Security Income disability benefits or any other payments based on the individual's inability to work and, (2) any family whose head, spouse, co-head or unrelated partner of head of household is currently a full time student or enrolled in an employment training program. Full time student is defined as a person who is carrying a subject load that is considered full time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or certificate program as well as an institution offering a college degree. The Authority will investigate termination of enrollment of a family member whose enrollment resulted in receiving benefit of this preference. Voluntary termination of enrollment, prior to award of the degree or certificate will be considered to be a misrepresentation of facts to the Authority at the time of admission and will result in termination of housing assistance. Involuntary termination such as the elimination of the program; lack of available funds; or other circumstances beyond the family members control shall not result in termination of housing assistance.

F. **Individuals or families, who at the time of their final application, do not reside in Dauphin County (exclusive of the City of Harrisburg) and are employed as described in preference E.**

G. **Individuals or families that reside in Dauphin County, but outside the City of Harrisburg, at the time of their final application.**

H. **All other applicants.**

Based on the above preferences, all families in preference A, B, C, and D will be offered housing before any families in preference E; preference E families will be offered housing before any families in preference F; preference F families will be offered housing before any families in preference G; preference G families will be offered housing before any families in preference H.

The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

The date and time of application will be noted and utilized to determine the sequence within the above-prescribed preferences.

Notwithstanding the above, families who are elderly or disabled, will be offered housing before other single persons.

Buildings Designated for Occupancy by the Elderly: In filling vacancies in developments designated for occupancy by elderly only, priority will be given to families age 62 and older. If there are no elderly families on the list, next priority will be given to individuals and households 55 years of age or older. All such families will be selected from the waiting list using the preferences as outlined above.

Buildings Designed for the Elderly and Disabled (Mixed Population Developments):
Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features who reside in the development that has the vacancy. If there are no families residing in that development needing the accessible unit, it shall then be offered to families residing in other developments that may benefit from the accessible unit. If there are no families residing in the other developments needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features.

Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, may be requested to sign a lease rider stating they will accept a transfer (at the Housing Authority's expense) if, at a future time, a family requiring an accessible feature applies or requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30 calendar day notice.

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	2
1	1	2
2	2	4

I. Preference System

A. HHA has adopted a system of local preferences for selection of families admitted to the public housing program. The system of selection preferences must be based on local housing needs and priorities as determined by HHA. In determining such needs and priorities, HHA used generally accepted data sources. Such sources included public comment on the Agency Plan and the Consolidated Plan for the City of Harrisburg.

Such preference policies and procedures will:

1. Be duly adopted;
2. Be made known to the applicant when they initially apply for public housing through written documentation. Applicants will be given an opportunity to provide written documentation that they qualify for such preference(s);
3. Be publicized by posting copies in each office where applications are received, and by furnishing copies to applicants or residents upon request;
4. Be specific and describe in detail the criteria, standards and preferences to be applied; and,
5. Provide for verification and documentation of information relevant to the acceptance or rejection of an applicant.

B. HHA will select and house residents in accordance with the following preferences and priorities, in the order listed.

1. Limitations on Admission

2. HHA may limit the number of applicants that qualify for:
   a. local preferences; and
   b. types of communities and units available.
3. Occupancy Standards (limitation on the minimum and maximum number of household members permitted to live in dwelling units of specified sizes), in accordance with Section 11 of this policy.

C. The implementation of local preferences is subject to HUD requirements concerning income targeting, de-concentration, and income mixing and selection preferences for developments designated exclusively for elderly population developments.

D. How Preferences Are Calculated

The preferences listed below will have the stated weight and are all equally important. A total of 45 cumulative points are available for applicants families for the areas in which they qualify.

E. Local Preferences – 10 Point Value Each

The local preferences listed below will have the same relative weight and importance, and can equal 40 cumulative points total. Applicants qualifying for the below preferences will have 10 points added as ranking preferences for each of the items listed below in which applicants provide written verification they qualify for. In order to qualify for the preference, the applicant family must include the person(s) with the circumstance. For example: the veteran must be part of the applicant family, etc.

1. Involuntary displacement;
2. Families that include victims of domestic violence.
3. Homeless;
4. Veterans or immediate families of veterans;

F. Ranking Preferences – 5 Point Value Each

The ranking preference listed below will entitle the applicant family to 5 points total.

1. Residents of Harrisburg, Pennsylvania.

G. Elderly/Disabled Preferences

- ✓ not later than five (5) business days after HHA makes a final decision to admit the individual to the public housing program; or
- ✓ if HHA denies the admission of a person as a household member, in a timely manner after the date on which the statute of limitations for the commencement of a civil action based on that denial has expired without the filing of the civil action or until final disposition of such litigation.

XII. Verification of Preferences

Verification of family/individual preferences is normally performed at the time of application and used to place them on the waiting list and any time a change is reported to HHA. As such, the family's placement on the waiting list may require adjustment upward or downward based on their circumstances. Similarly, a family originally having no preference status at the time of initial application may gain a preference while waiting which would change their placement on the waiting list. For example, a family claiming homeless status at the time of application, may find adequate housing while waiting thus losing the preference status..

A. Former Federal Preferences

PHAs may adopt the verification policies applicable to the former Federal Preferences if they choose to retain one (1) or more of them as their local preferences.

B. Local Preferences

1. Involuntary Displacement (10 Points) - Verification is established by the following documentation:
   a. Certification from a unit or agency of government that an applicant family has been, or will be displaced as a result of a natural disaster.
   b. Certification from a unit or agency of government that an applicant has been, or will be displaced by government action.
   c. Certification from an owner or owner's agent that an applicant had to, or will have to vacate a unit by a certain date because of an owner action specified in the regulations.
   d. Certification of displacement because of domestic violence from the local police department, social services agency, or court of competent jurisdiction, or a clergyman, physician, or public or private facility that provides shelter or counseling to the victims of domestic violence. The applicant family will be required to certify that the abuser will not return to the residence without prior written permission of HHA.
   e. Certification of displacement to avoid reprisals, if a family member is providing information to a law enforcement agency. The law enforcement agency must conduct a threat assessment and a supervisor must provide a written recommendation that the family be re-housed to avoid or minimize risk.
   f. Certification of displacement by hate crimes, if one (1) or more family members is a victim of a hate crime and law enforcement officials and/or appropriate social service agencies show that the hate crime occurred recently or is of a continuing nature. A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his/her property and that is based on the person's race, color, religion, sex, natural origin, disability, or familial status.
      The owner and/or the appropriate social services agency can provide certification of displacement due to inaccessibility of the unit. In this case, the owner must be able to demonstrate that he/she is not required by law to make the unit accessible.
   g. Certification by HUD or other governmental or relocation agency regarding the displacement of families in a multi-family housing development that is subject to disposition.
2. City of Harrisburg Residency (5 Points) – Verification is established by a non-expired State or Federal Government issued photo identification and at least two (2) the following documentation:
   a. Utility bills in the name of the family;
   b. Telephone/cable bills;
   c. Verification from schools where the children are enrolled;
   d. Rental or lease agreement;
   e. Landlord statements;
   f. Public social services verifications.
3. Homeless (10 Points) – Verification is established by the following documentation from a unit or agency of government that an applicant:
   a. Has a primary nighttime residence that is:
      i. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing);

ii. An institution that provides a temporary residence for individuals intended to be institutionalized; or
iii. A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.
iv. NOTE: It does NOT include an individual imprisoned or otherwise detained under an Act of the Congress or state law.

4. Veteran Status (10 Points) – Verification is established by the following documentation:
   a. Honorable, general discharge papers;
   b. DD 214 form.
5. Domestic Violence (10 Points) – Verification is established by one or all of the following documentation:
   a. Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking;
   b. Certification of displacement because of domestic violence from the local police department, social service agency, or court of competent jurisdiction or public or private facility that provides shelter or counseling to the victims of domestic violence. The applicant family will be required to certify that the abuser will not return to the residence without prior written permission of HHA.
      i. the professional attests under penalty of perjury that the incidents in question are legitimate incidents of abuse, and the victim must sign or attest to the statement.

XIII. Verification of Income

A. All income will be verified in accordance with Part II Tiers of Verification as Mandated by HUD and Part III PHA use of EIV. This may include but not be limited to the following:

1. Gross employment income of all household members;
2. Social Security, pensions, SSI and disability income;
3. Unemployment Compensation;
4. Welfare payments or general assistance;
5. Alimony or child support received, monetary or not;
6. Net income from a business, including childcare and home sales;
7. Recurring monetary contributions and gifts;
8. Zero and/or sporadic income status;
9. Full-time student status;
10. All income excluded by federal mandate will be verified for reporting purposes only.

XIV. Verification of Income from Assets

A. All assets to which any household member has access and income from assets will be verified. This may include, but not be limited to the following:

1. Checking accounts;
2. Current savings accounts and certificates of deposit of all household members;
3. Property owned or financed by household members;
4. Retirement/pension funds;
5. Assets disposed of for less than fair market value in previous 24 months.

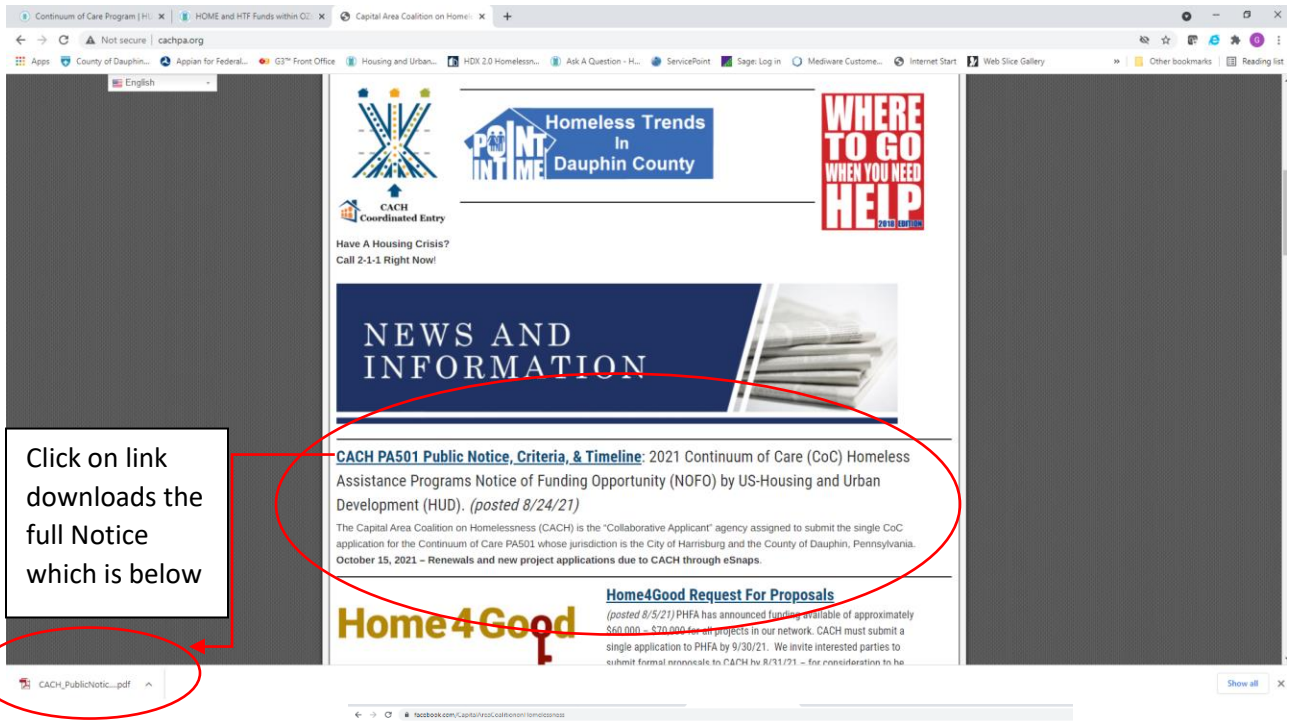
XV. Verification of Required Deductions from Income

A. Unreimbursed Childcare Expenses (children ages 0 to 12 years of age):

1. If unreimbursed childcare is required to enable employment; reasonable childcare costs can be deducted from income.
2. If unreimbursed childcare is required to actively seek employment reasonable childcare costs can be deducted from income.

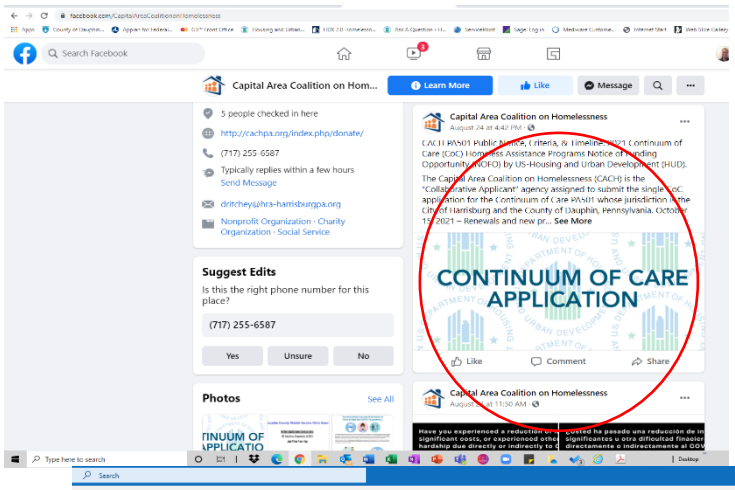
Unreimbursed childcare for actively seeking employment or attending a certified training program is allowed if the resident provides verifiable documentation of his/her efforts to seek employment/attend training away from home. Childcare deductions will not be provided for time spent seeking employment via home computer.

Screenshot Of Notice To Public Of NOFO And Timeline And Criteria – Posted August 24, 2021 On CACHPA.Org (CACH Website)

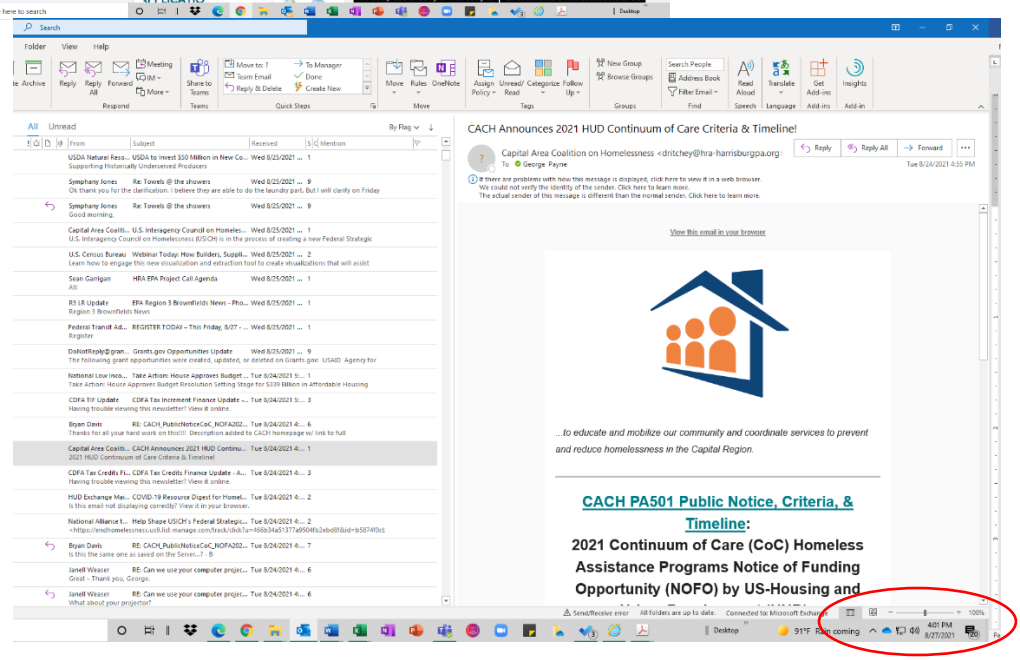


Click on link downloads the full Notice which is below

Social Media Posting Of Notice To Public Of NOFO And Timeline And Criteria – Posted August 24, 2021 On Capital Area Coalition On Homelessness' Facebook



Notice To CACH Listserve Of NOFO And Timeline And Criteria



Notice To Public Of NOFO And Timeline And Criteria - Content

Capital Area Coalition on Homelessness

...to educate and mobilize our community and coordinate services to prevent and reduce homelessness in the Capital Region.

The 2021 Continuum of Care (CoC) Homeless Assistance Programs Notice of Funding Opportunity (NOFO) by US-Housing and Urban Development (HUD) is available.

Agencies interested in applying for funding please read the FY21 CoC Competition NOFO:

- FY21 CoC Competition NOFO (Document)
- Project Applicant Detailed Instructions: Renewal
- Project Applicant Detailed Instructions: New Project
- NOFA Homepage
- Additional Links

Process to Apply:

The Capital Area Coalition on Homelessness (CACH) is the "Collaborative Applicant" agency assigned to submit the single CoC application for the Continuum of Care PA501 whose jurisdiction is the City of Harrisburg and the County of Dauphin, Pennsylvania.

All agencies applying must be members in good standing of CACH

Agencies applying for new or renewal projects must submit their project proposal through HUD's E-SNAPS system. Agencies have to create membership on E-SNAPS AND have a valid DUNS number and affiliation (See FY21 CoC Competition NOFO; V.A, VI.A)

All projects are ranked using several categories required by HUD, including but not limited to Continuum of Care priorities, agency performance or capacity, compliance to pertinent regulations, HUD specific outcomes, sustainability, and participation in the Continuum of Care.

CACH welcomes all new project and renewals to submit for this competition including from agencies that have not submitted before. If an agency is interested in applying for a NEW project and/or is a NEW applicant i.e. has not submitted before under CoC PA501 application, please submit a short email with your agency name and your project BASED on the type of NEW projects allowed by HUD for this NOFA (See CoC Competition NOFA, V and V.3.e.). Send the email to gpayne@hra-harrisburgpa.org no later than September 15, 2021.

2021 Continuum of Care Competition Timeline

- August 19, 2021 — 2021 CoC NOFO is announced by US HUD.
- August 25, 2021 — CACH publishes on website, listserv and social media the NOFO, timeline and procedures for submitting renewals and applications.
- October 15, 2021 — Renewals and new project applications due to CACH through esnaps.
- November 1, 2021 — CACH notifies projects in writing if application(s) are accepted and ranked, rejected, or reduced on the CoC Priority Listing.
- November 14, 2021 — CACH publishes on website, listserv and social media all parts of the CoC application and priority listing.
- November 16, 2021 — Final Submission to HUD CoC Competition by CACH

If you have any questions please contact George Payne at 717-712-8367 or gpayne@hra-harrisburgpa.org

PROJECTS ACCEPTED AND THEIR RANK, RANK TOOL AND CRITERIA, AND A SCORED EXAMPLE

ATTACHED BELOW:

A. Ranking Tool Criteria and Point Distribution

B. Table of Projects Ranked for Submission

C . Ranking Tool Criteria Explanation

D. RANKING TOOL AND SCORE for "2021 Housing for Victims of Human Trafficking Renewal (CoC RRH project)" ***This example also shows *the* ***Use of a Comparable Data Base to Evaluate DV partners:* Attached Scored rank tool for VAWA provider, and uses APR data submitted by their comparable database - ETO (Efforts to Outcomes by Social Solutions).

A. RANKING TOOL CRITERIA AND POINT DISTRIBUTION

Ranking Tool Criteria	Maximum Points	Percentage of Total Points
1. Threshold for Eligibility	N/A	N/A
2. Project Type	50	25%
3. Population Priorities	35	17%
4. Agency Experience and Capacity	9	4%
5. Grant Performance	10	5%
6. Project Cost Effectiveness	8	4%
7. Number of Beds Provided	7	3%
8. Housing First	5	2%
9. Vulnerability Needs	20	10%
10. Renewal Project Performance	35	17%
11. Effective use of Coordinated Entry	3	1%
12. HMIS Quality and Use	10	5%
13. Homeless Participation	3	1%
14. Racial Disparity	3	1%
15. Utilize Healthcare and Public Housing	3	1%
Total Maximum Points	201	100%

1. Objective Criteria (e.g. utilizes APR data or objectively self-evident e.g. project type.) Ranking Criteria: 2, 3, 5, 6, 7, 9, 10, 12, 14 **89% of total points.**

2. Uses System Performance Measure Criteria: Ranking Criteria: 10. **17% of total Points.**

B. Table of Projects Ranked for Submission

The CACH Review and Ranking Committed has reviewed all applications for submission for the 2021 U.S. Department of Housing and Urban Development's Continuum of Care NOFA – and has ranked them for submission:

Harrisburg/Dauphin County Continuum of Care (PA-501)

The List of applications for the 2021 CoC Application to HUD in order of Scored Rank are:

Rank	Agency/Applicant	Project
1	Christian Churches United of the TriCounty Area	Help Ministries Rapid Rehousing
2	Brethren Housing Association	Side By Side PSH Renewal FY2021
3	YWCA OF GREATER HARRISBURG	2021 YW Veterans Housing
4	Christian Churches United of the TriCounty Area	Susquehanna Harbor Safe Haven
5	Gaudenzia Foundation Inc.	DELTA RRH 7 Units FY2021
6	Capital Area Coalition on Homelessness	HMIS Renewal FY2021
7	Shalom House	SHARP Renewal 2021
8	YWCA OF GREATER HARRISBURG	2021 YWCA Joint TH-RRH Renewal
9	Gaudenzia Foundation Inc.	DELTA RRH 3 Units 2021
10	YWCA OF GREATER HARRISBURG	2021 YWCA PHD Renewal
11	YWCA OF GREATER HARRISBURG	2021 Housing for Victims of Human Trafficking Renewal
12	Housing Authority of the County of Dauphin	Dauphin Co Housing Authority Renewal 2021
13	YWCA OF GREATER HARRISBURG	2021 YWCA Safe Haven Permanent Supportive Housing Renewal
14	Housing Authority of the County of Dauphin	Dauphin Co 2008 S+C Expansion Renewal 2021
15	Housing Authority of the County of Dauphin	S+C 2011 Expansion 2021
16	Christian Churches United of the TriCounty Area	HELP Ministries Coordinated Entry
17	Gaudenzia Foundation Inc.	DELTA - RRH - DV 2021

C. RANKING TOOL CRITERIA

The Capital Area Coalition on Homelessness (CACH) Continuum of Care (CoC) 2021 Ranking is based on the following criteria specified in each section of the ranking tool:

Section 1 Threshold: are the factors at a minimum all applicants, new or renewal, must have in order to submit a project. The factors require general involvement and consistency with the continuum of services that they seek to obtain funding.

Section 2: Project Types: Points are given to the type of project being funded.

- PH - PSH – Permanent Housing - Permanent Supportive Housing;
- PH - RRH - Permanent Housing - Rapid Rehousing;
- Joint TH-RRH – Permanent Housing - Joint Transitional Housing-Rapid Rehousing
- SH - Safe Haven;
- HMIS - Homeless Management Information System;
- CES - Coordinated Entry System.

HMIS and CES are given highest points because they are required by HUD. Permanent Housing (PH) is given next highest points because of HUD priority for PH programs which include PSH - Permanent Supportive Housing, PH-RRH - Permanent Housing - Rapid Rehousing. Included in PH is Joint Transitional Housing – Rapid Rehousing, because of the RRH component. SH-Safe Haven providing indefinite stay for chronically homeless persons is given the next priority.

Section 3: Special Population Groups: Points are given proportionate to a project's % of beds dedicated or indicated to serve populations groups in Project Submission Question 5. The special population groups are those who experience chronic homelessness, youth ages 18-24 (Transitional Age Youth); Veterans; families; victims of domestic violence, sexual assault, dating violence, stalking, human trafficking; persons with needs related to mental health/ autism/ developmental program or drug and alcohol use.

Section 4. Agency Experience and Capacity: Scores the ability and solvency of agencies to execute new or renewal projects.

Section 5: Current Grant Status: Points for execution and compliance of existing grant and funding drawdown. Data source is fiscal drawdown and report timeliness found in HUD's SAGE portal for each project.

Section 6: Project Cost Effectiveness: Using full points for the lowest cost per bed as a base for the type of housing, other projects are given diminishing points relative to their respective base.

Section 7: Number of Beds. Gives 1 point for every 5 beds in a program.

Section 8: Housing First: Scores if housing first as indicated by project submission Q. 3b.

Section 9: Vulnerability Needs/ Localized Needs (Coordinated Entry Referral Needs):
Scores projects based on serving population with vulnerabilities including: serving low or no Income; not screening out current or past substance use; serving or not screening out criminal record; willing to serve those having been or currently a victim of DV/VAWA; serving those with significant Health/Behavioral challenges; serving those with a high utilization of crisis or

C. RANKING TOOL CRITERIA (Continued)

ES (i.e. CH); serving youth under 25/ aging out of foster care/ LGBTQ+; and serving those coming from streets or unsheltered situations.

CACH uses data from its Coordinated Entry System (CES) referrals **which include homeless victim CES referral data from local domestic violence (DV) and human trafficking service providers**. Based on that data, the CoC weights programs serving those reflected by CES referrals. FY 2021 CES data show the following needs as a percentage of total referrals.

Chronic Homeless	27%
Victims of Domestic Violence/Victims of Violence	14%
Mental Health/Autism/Developmental Program	55%
Drug and Alcohol	17%
Family	40%
Single	60%
Youth Ages 18-24 (Transitional Aged Youth)	10%

Section 10: Renewal Project Performance: Scores renewals based on Performance Measures

A. Permanent Housing placement (Annual Progress Report Question 23a). *Less % retuning to homelessness in previous 12 months (Source: HUD-HDX- Stella and HMIS).*

B. Improving or Maintaining Income (Annual Progress Report Question 16). *Factors a reduction in points proportionate to percentage of population not updated for income.*

C. Improving or Maintaining Benefits (Annual Progress Report Question 20). *Factors a reduction in points proportionate to percentage of population not updated for benefits.*

D. Bed Utilization (Annual Progress Report Question 7b). *Handicap or bonus points are given to facility-based beds that may have to reduce bed capacity due to COVID-19.*

Section 11: Effective Use of Coordinated Entry: Negative point for appropriate CES referral for any openings that was not accepted.

Section 12: HMIS Quality and Usage: Awards points based on the data quality rates for HUD data elements and date entry timeliness found in question 6 of Annual Progress Reports.

Section 13: Homeless (Or Formerly Homeless In Past 7 Years) Participation: Calculated based on percentage of homeless or formerly homeless in decision making board x 3 points.

Section 14: Racial Disparity: Base score given if the percentage of minority beneficiary demographics = county average plus extra point for every five percent above average.

Section 15: Utilize Health Care And Public Housing Vouchers: Project includes written agreement with Public Housing Authority/developer and/or Healthcare agencies to "utilize housing vouchers and healthcare provided through an array of healthcare services providers" and 25% of project beds are funded by those sources.

C. RANKING TOOL CRITERIA (Continued)

PROJECT
PROJECT TYPE (**PH** - Permanent Housing, **PSH** - Permanent Supportive Housing, **PH-RRH** - Permanent Housing - Rapid Rehousing, **TH**- Transitional Housing, **SH** - Safe Haven, **HMIS** - Homeless Management Information System, **CES** - Coordinated Entry System)
1. THRESHOLDS (hyperlinked below to various source documents) Yes/No
Attend 75% of CACH general membership or CACH committee/sub-committee meetings
Participate in Coordinated Entry
Consistent with CACH Blueprint
Consistent with Harrisburg City Consolidated Plan (pg. 60 ff and 85 ff)
Consistent with Dauphin County Consolidated Plan (pg. 45 ff)
Consistent with Harrisburg City Comprehensive Plan
Consistent with Dauphin County Comprehensive Plan
Consistent with Dauphin County Human Services Block Grant Plan
Consistent with Zoning for Housing Components of Project
2. PROJECT TYPE PRIORITIES
Homeless Management Information System/Coordinated Entry System -50 pts
Permanent Housing. This includes Permanent Supportive Housing, Rapid Rehousing, and Joint Transitional Housing and Rapid Rehousing - 45 pts
Safe Haven - 40 pts
3. HUD AND LOCAL POPULATION PRIORITIES Source: Project Submission Q. 5. Projected Numbers. (Total possible points 5) (HMIS/CES gets average of points)
Dedicated Beds for Chronic Homeless (5 pts x % of beds)
Dedicated Beds for Families with Children (5 pts x % of beds)
Dedicated Beds for Veterans (5 pts x % of beds)
Dedicated Beds for Unaccompanied Youth under 25 (5 pts x % of beds)
Dedicated Beds for Mental Health/Autism/Developmental Programs or Drug and Alcohol (5 pts x % beds)
Dedicated Beds for VAWA victims (5 pts x % of beds)
4. AGENCY EXPERIENCE AND CAPACITY (Total possible points 9)
Board Members' Experience (0.5 pts)
Executive Leadership Experience (2 pts)
Program Manager Experience (0.5 pts)
Agency Resume (2 pts)
Agency Financial Statement (2 pts)
Program Operating Successfully/Sufficient Staff (Average of Pts for New Projects) (2pts)
5. CURRENT GRANT STATUS (Total possible points 8) (HMIS renewal is given average of all points)
Existing grant implemented (2 pts)
Existing grant drawing funds on time (2 pts)
Participant eligibility adhered (2 pts)
Funds not fully drawn down in previous grant and returned to HUD (- 2 pts)
No HUD findings in last 3 years (2 pts)
6. PROJECT COST EFFECTIVENESS (Total possible points 8) Highest pts to project with lowest cost per bed and other projects pts are based on % variance from that lowest cost. (HMIS/CES gets average of scores)
7. NUMBER OF BEDS (1 point for every 5 beds) (HMIS/CES gets average of scores) Source: Project Submission Q.4
8. HOUSING FIRST (Total Possible Points: 5) (HMIS/CES get average of scores) Source: Project Submission Q.3b

C. RANKING TOOL CRITERIA (Continued)

9. Vulnerability Needs/ Localized Needs (Coordinated Entry Referral Needs): % population x pts. (Total possible points: 20) (HMIS/CES gets average of all scores) Source: Project Submission Q3b, 5b.
Serving Low or no Income (2 pts)
Not screening out current or past substance use (2 pts)
Serving or not screening out Criminal Record (2 pts)
Willing to serve those having been or currently a victim of DV/VAWA (2pts)
Serving those with significant Health/Behavioral challenges (3 pts)
Serving those with a high utilization of crisis or ES (i.e. CH) (3 pts)
Serving youth under 25 / aging out of foster care/ LGBTQ+ (2 pts)
Serving those coming from streets or unsheltered situations (5 pts)
10. RENEWAL PROJECTS: (Total possible points: 35) (HMIS/CES and 1st yr/Reallocation Projects - *given average of total)* Source: Annual Progress Reports
% of those who exited to PH or stayed put in PH program (% x 10 pts.) (APR Question 23a)*
% of total participants that "increased or maintained" income (% x 10 pts) (APR Q. 16)**
% of total participants that "increased or maintained" benefits (% x 10 pts) (APR Q. 16)**
Bed Utilization: 75% (1 pt) 76-80%(2 pts) 81-85% (3 pts) 86-90%(4 pts) 91-100 (5 pts) (APR Question 7B) 2 pt bonus for CDC compliance that affects facility based beds.
**Less % retuning to homelessness in previous 12 months (Source: HUD-HDX- Stella/HMIS)*
***Less % without the required annual assessment information updated (APR Question 16)*
11. EFFECTIVE USE OF COORDINATED ENTRY: -1 pt for every appropriate CES referral for an opening which was not accepted up to -3 points maximum.
12. HMIS QUALITY AND USAGE. Source - Annual Progress Reports (APR) Question 6**.** (HMIS/CES and new projects gets average of all scores) (Total possible points: 10)
APR 6a - Data Quality: Personally Identifiable Information - 2 points x % without errors
APR 6b - Data Quality: Universal Data Elements - 2 points x % without errors
APR 6c - Data Quality: Income and Housing Data Quality - 2 points x % without errors
APR 6d - Data Quality: Chronic Homelessness - 2 points x % without errors
APR 6e - Data Quality: Timeliness -- 2 points x % without errors
13. HOMELESS (OR FORMERLY HOMELESS IN PAST 7 YEARS) PARTICIPATION (Total 3 pts)
Has homeless or formerly homeless persons on agency board who is able to make decisions on program structure, function, operations, budget and personnel (% of persons x 3 points)
14. RACIAL DISPARITY (HMIS/CES and new projects gets average of all scores) (Total 3 pts) (1 pt if % minority=county average +1 point for every 5% over up to maximum of 3 pts)
People of different races or ethnicities are more likely to receive homeless assistance
15. UTILIZE HEALTH CARE AND PUBLIC HOUSING VOUCHERS (Total 3 points)
Project includes written agreement with Public Housing Authority/developer and/or Healthcare agencies to "utilize housing vouchers and healthcare provided through an array of healthcare services providers" and 25% of project beds are funded by those sources.
SCORE

D. 2021 Housing for Victims of Human Trafficking Renewal

PA 501 CONTINUUM OF CARE RANKING TOOL AND TABLE

	2021 Housing for Victims of Human Trafficking Renewal
PROJECT TYPE (**PH** - Permanent Housing, **PSH** - Permanent Supportive Housing, **PH-RRH** - Permanent Housing - Rapid Rehousing, **TH**- Transitional Housing, **SH** - Safe Haven, **HMIS** - Homeless Management Information System, **CES** - Coordinated Entry System)	PH-RRH
1. THRESHOLDS (hyperlinked below to various source doucments) Yes/No	
Attend 75% of CACH general membership or CACH committee/sub-committee meetings	Y
Participate in Coordinated Entry	Y
Consistent with CACH Blueprint	Y
Consistent with Harrisburg City Consolidated Plan (pg. 60 ff and 85 ff)	Y
Consistent with Dauphin County Consolidated Plan (pg. 45 ff)	Y
Consistent with Harrisburg City Comprehensive Plan	Y
Consistent with Dauphin County Comprehensive Plan	Y
Consistent with Dauphin County Human Services Block Grant Plan	Y
Consistent with Zoning for Housing Components of Project	Y
Average Beds (# of persons point in time) Utilized (APR Q7b)	7.25
Total Persons Served (APR Q5a)	22
Total Adults (APR Q5a)	14
Total Households (APR Q 8a)	13
2. PROJECT TYPE PRIORITIES	
Homeless Management Information System/Coordinated Entry System - 50 pts	
Permanent Housing. This includes Permanent Supportive Housing, Rapid Rehousing, and Joint Transitional Housing and Rapid Rehousing - 47 pts	47.00
Safe Haven (Indefinite Housing for Chronically Homeless Persons) - 45 pts	
3. HUD AND LOCAL POPULATION PRIORITIES Source: Project Submission Q. 3B, 5A,B - Projected Number (Total possible points 35) (HMIS/CES gets average of points)	
Dedicated Beds for Chronic Homeless (5 pts x % of beds) *Proj. Subm. 5b*	0.00
Dedicated Beds for Families with Children (5 pts x % of beds) *Proj. Subm. 5a*	2.27
Dedicated Beds for Veterans (5 pts x % of beds) *Proj. Subm. 5b*	0.00
Dedicated Beds for Unaccompanied Youth under 25 (5 pts x % of beds) *Proj. Subm. 5a*	1.82
Dedicated Beds for Mental Health/Autism/Developmental Programs or Drug and Alcohol (5 pts x % beds) *Proj. Subm. 5b*	0.45
Dedicated Beds for VAWA victims (5 pts x % of beds) *Proj. Subm. 5b*	5.00
4. AGENCY EXPERIENCE AND CAPACITY (Total possible points 9)	
Board Members' Experience (0.5 pts)	0.50
Executive Leadership Experience (0.5 pts)	0.50
Program Manager Experience (2 pts)	2.00
Agency Resume (2 pts)	2.00
Agency Financial Statement (2 pts)	2.00
Program Operating Successfully/Sufficient Staff (Average of Pts for New Projects) (2pts)	2.00
5. CURRENT GRANT STATUS (Total possible points 10) Source: Project Submission - Recipient Performance (pg 23, 24) and SAGE - Grant Spending report.	
Existing grant implemented (2 pt)	2.00
Existing grant drawing funds on time (quarterly) (2 pt)	2.00
Participant eligibility adhered (2 pt)	2.00
Funds not fully drawn down in previous grant and returned to HUD (- 2 pts)	-
No HUD findings in last 3 years (2 pts)	2.00
Submitted APR on time (2 pts)	2.00
6. PROJECT COST EFFECTIVENESS (Total possible points 8) Highest pts to project with lowest cost per bed and other projects pts are based on % variance from that lowest cost. (HMIS/CES gets average of scores)	
Average Beds utilzation (APR Q7b)	7.25
Points Awarded	0.00
7. NUMBER OF BEDS (1 point for every 5 beds) (HMIS/CES gets average of scores) Source: Project Submission Q.4b	2.00
8. HOUSING FIRST (Total Possible Points: 5) (HMIS/CES get average of scores) Source: Project Submission Q.3b	5.00
9. Vulnerability Needs/ Localized Needs (Coordinated Entry Referral Needs): % population x pts. (Total possible points: 20) (HMIS/CES gets average of all scores) Source: Project Subm. Q3b, 5a Or APR 5.a, 26b, 11, 15	
Serving Low or no Income (2 pts) *Project Submission 3b.*	2.00

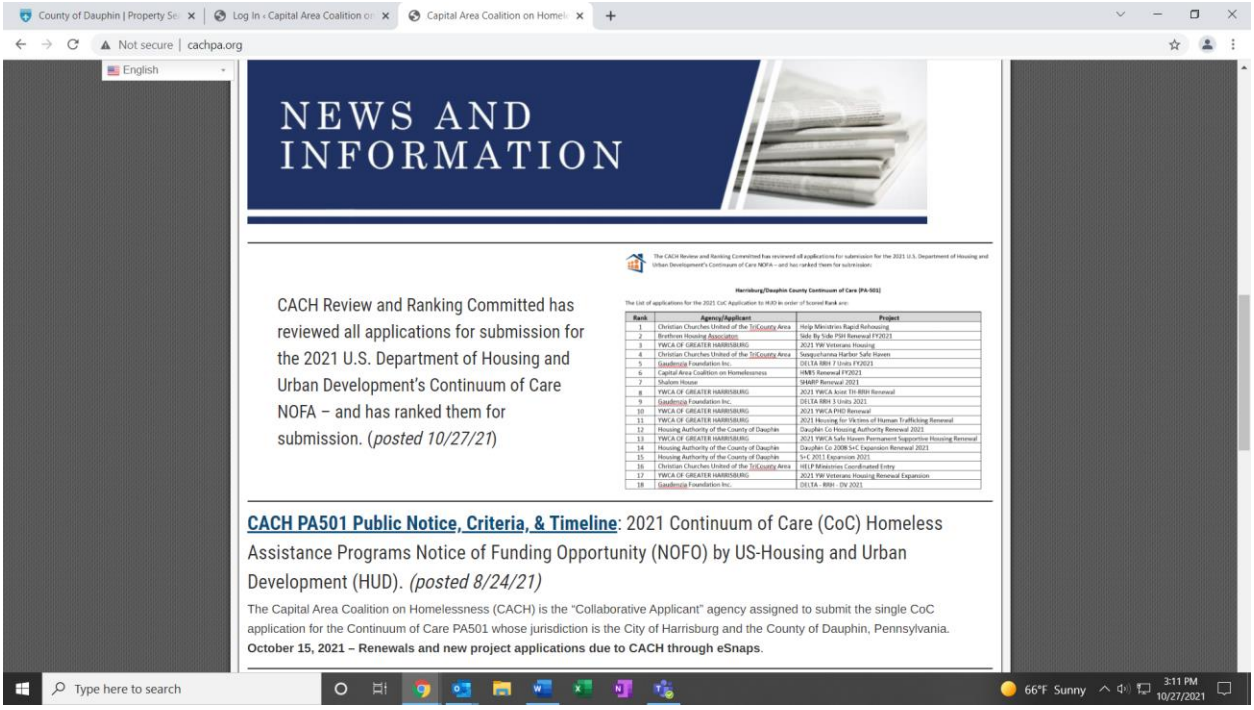
PA 501 CONTINUUM OF CARE
RANKING TOOL AND TABLE

	2021 Housing for Victims of Human Trafficking Renewal
Not screening out current or past substance use (2 pts) *Project Submission 3b.*	2.00
Serving or not screening out Criminal Record (2 pts) *Project Submission 3b.*	2.00
Willing to serve those having been or currently a victim of DV/VAWA (2pts) *Proj Subm. 3b*	2.00
Serving those with significant Health/Behavioral challenges (2 pts) *APR Q. 13a1*	0.36
Serving those with a high utilization of crisis or ES (i.e. CH) (3 pts) *APR Q. 26b*	0.00
Serving youth under 25/aging out of foster care/LGBTQ+ (3 pts) *APR Q. 11*	0.86
Serving those coming from streets or unsheltered situations (5 pts) *APR Q. 15*	0.00
10. RENEWAL PROJECTS: (Total possible points: 35) (HMIS/CES and 1st yr/ Reallocation Projects - *given average of total)* Source: Annual Progress Reports	
% of those who exited to PH or stayed put in PH program (% x 10 pts.) *(APR Q. 23c)*	9.09
% of participants that "increased or maintained" income (% x 10 pts) *(APR Q. 19a1)* *	10.00
% of participants that "increased or maintained" benefits (% x 10 pts) *(APR Q 19a1, 20a)* *	10.00
Bed Utilization: 75% (1 pt) 76-80%(2 pts) 81-85% (3 pts) 86-90%(4 pts) 91-100 (5 pts) 2 pt bonus for CDC compliance that affects facility based beds. *(APR Q. 7B)*	0.00
**Less % without the required annual assessment info updated (APR Q. 16)*	
11. EFFECTIVE USE OF COORDINATED ENTRY: -1 pt for every appropriate CES referral for an opening which was not accepted up to -3 points maximum.	
	3.00
12. HMIS QUALITY AND USAGE. Source - Annual Progress Reports (APR) Question 6**.** (HMIS/CES and new projects gets average of all scores) (Total possible points: 10)	
APR 6a - Data Quality: Personally Identifiable Information - 2 points x % without errors	2.00
APR 6b - Data Quality: Universal Data Elements - 2 points x % without errors	2.00
APR 6c - Data Quality: Income and Housing Data Quality - 2 points x % without errors	2.00
APR 6d - Data Quality: Chronic Homelessness - 2 points x % without errors	1.58
APR 6e - Data Quality: Timeliness -- 2 points x % without errors	0.14
13. HOMELESS (OR FORMERLY HOMELESS IN PAST 7 YEARS) PARTICIPATION (3 pts)	
Has homeless or formerly homeless persons on agency board who is able to make decisions on program structure, function, operations, budget and personnel	0.00
14. RACIAL DISPARITY (HMIS/CES and new projects gets average of all scores) (3 pts) (1 pt if % minority=county average +1 point for every 5% over up to maximum of 3 pts)	
People of different races or ethnicities receive homeless assistance *(APR Q 12.a)*	3.00
% of Population non white or minority (Dauphin County Minority (US Census) =28.5%)	50%
15. UTILIZE HEALTH CARE AND PUBLIC HOUSING VOUCHERS (new project only) (CES/HMIS projects gets average of all scores) **(3 pts)**	
Project includes written agreement with Public Housing Authority/developer and/or Healthcare agencies to "utilize housing vouchers and healthcare provided through an array of healthcare services providers" and 25% of project beds are funded by those sources.	
SCORE	135.08

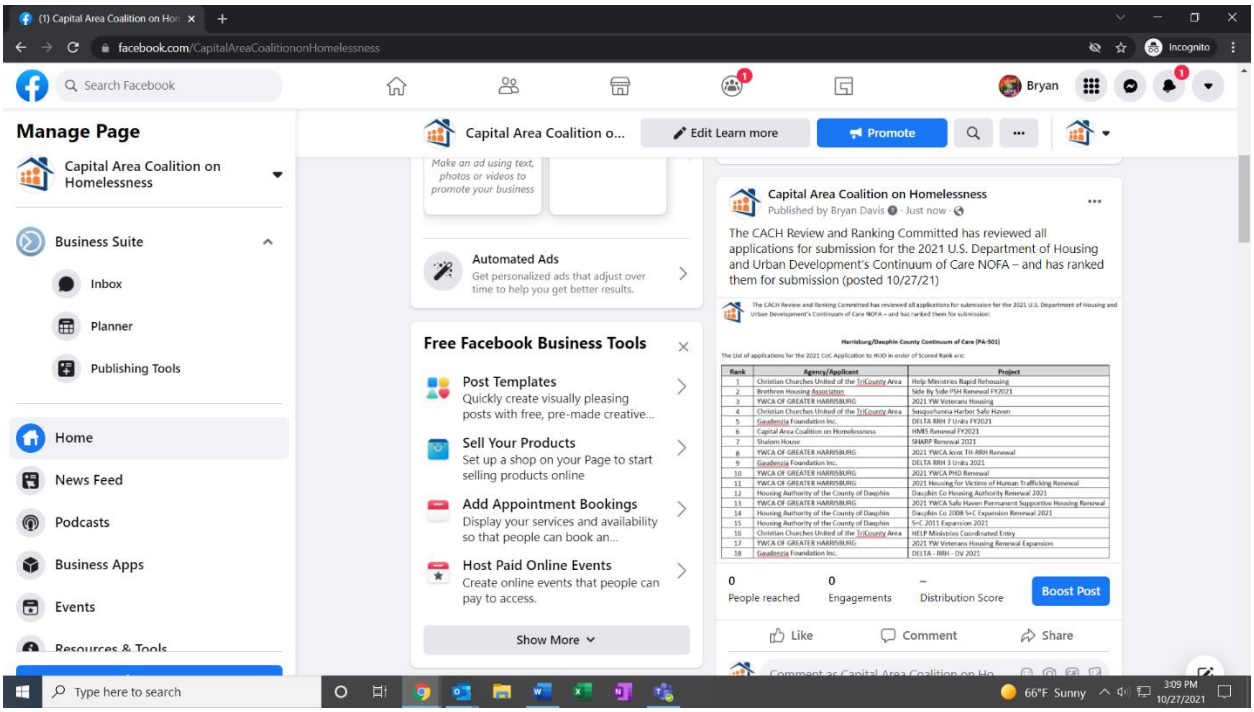
No projects were rejected and so a notice to all the projects with their rank for submission was given in its place on 10-28-2021 (see 1E-6 attachment)

Screenshots of Media Posting of CoC Competition Project Ranking 2021

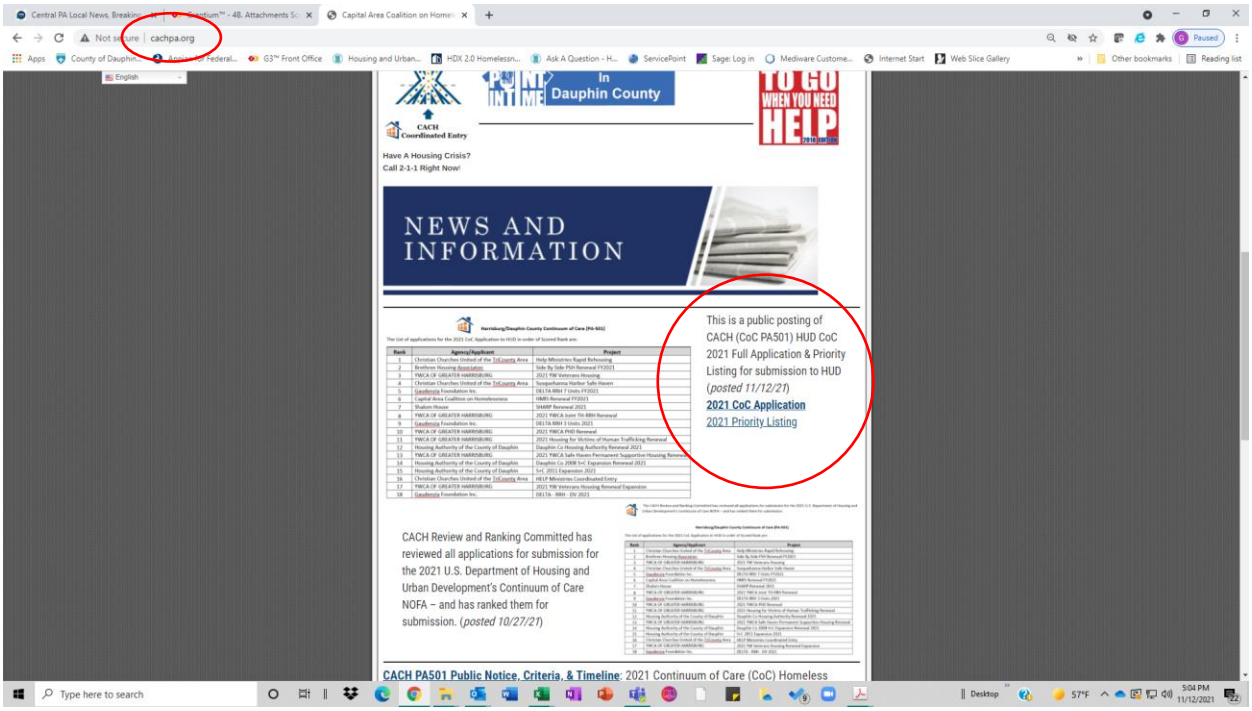
Screenshot of CACH homepage posting. Posted 10/27/21



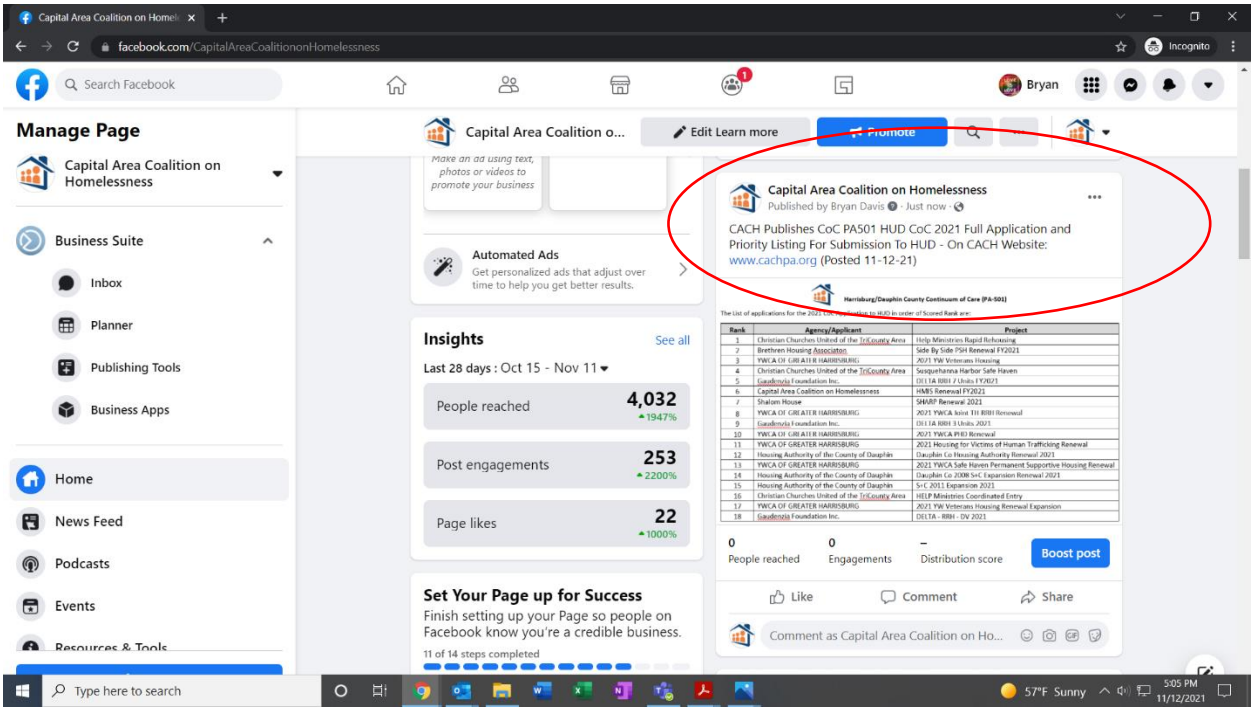
Screenshot of CACH FB posting. Posted 10/27/21



Screenshot of Web Posting of CoC Approved Consolidated Application on www.Cachpa.org



Screenshot of Facebook to Web Posting of CoC Approved Consolidated Application



Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2021 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHPD Renewal Project Listing; and
- YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

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

Collaborative Applicant Name: Capital Area Coalition on Homelessness

2. Reallocation

Instructions:

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

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

Continuum of Care (CoC) New Project Listing

Instructions:

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

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

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
RRH - DV 2021	2021-10-15 15:07:...	PH	Gaudenzia Foundat...	$85,981	1 Year	D17	DV Bonus	RRH	
HELP Ministries C...	2021-11-08 16:21:...	SSO	Christian Churche...	$97,265	1 Year	16	PH Bonus		

Continuum of Care (CoC) Renewal Project Listing

Instructions:

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

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

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
RRH 3 Unit 2021	2021-10-15 10:46:...	1 Year	Gaudenzia Foundat...	$40,432	9	RRH	PH		
2021 Housing for ...	2021-10-13 12:24:...	1 Year	YWCA OF GREATER H...	$150,505	11	RRH	PH		

2021 YWCA Joint T...	2021-10-13 12:23:...	1 Year	YWCA OF GREATER H...	$176,328	8		Joint TH & PH-RRH		
Sharp Renewal 2021	2021-10-08 14:14:...	1 Year	Shalom House	$106,791	7	PSH	PH		
HELP Ministries R...	2021-10-15 13:19:...	1 Year	Christian Churche...	$88,771	1	RRH	PH		
Susquehanna Harbo...	2021-10-15 13:30:...	1 Year	Christian Churche...	$317,210	4		SH		
RRH 7 Unit 2021	2021-10-15 14:28:...	1 Year	Gaudenzia Foundat...	$91,992	5	RRH	PH		
HMIS Renewal FY2021	2021-10-15 19:38:...	1 Year	Capital Area Coal...	$48,705	6		HMIS		
Dauphin Co. Housi...	2021-11-10 08:31:...	1 Year	Housing Authority ...	$238,065	12	PSH	PH		
S+C 2011 Expansio ...	2021-11-10 08:33:...	1 Year	Housing Authority ...	$24,583	15	PSH	PH		
2021 YWCA Safe Ha...	2021-11-10 09:25:...	1 Year	YWCA OF GREATER H...	$137,469	13	PSH	PH		
Dauphin Co. 2008 ...	2021-11-10 08:33:...	1 Year	Housing Authority ...	$35,556	14	PSH	PH		
2021 YWCA PHD Ren...	2021-11-10 09:22:...	1 Year	YWCA OF GREATER H...	$128,515	10	PSH	PH		
Side by Side PSH ...	2021-11-11 08:43:...	1 Year	Brethren Housing ...	$79,002	2	PSH	PH		
2021 YW Veterans ...	2021-11-12 12:27:...	1 Year	YWCA OF GREATER H...	$77,140	3	PSH	PH		

Continuum of Care (CoC) Planning Project Listing

Instructions:

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

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

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
CoC PA501-CACH P...	2021-11-11 09:24:...	1 Year	Capital Area Coal...	$64,481	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

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

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

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing.	
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing renewal projects.	X

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

Continuum of Care (CoC) YHDP Replacement Project Listing

Instructions:

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

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

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

Funding Summary

Instructions

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

Title	Total Amount
Renewal Amount	$1,741,064
New Amount	$183,246
CoC Planning Amount	$64,481
YHDP Amount	$0
Rejected Amount	$0
TOTAL CoC REQUEST	$1,988,791

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	1of 3 - Certifica...	11/12/2021
FY 2021 Rank Tool (optional)	No	2021- CACH CoC Ra...	11/12/2021
Other	No	2 of 3 -Certifica...	11/12/2021
Other	No	3 of 3 Certific...	11/12/2021

Attachment Details

Document Description: 1of 3 - Certificates of Consistency

Attachment Details

Document Description: 2021- CACH CoC Ranking Tool and Criteria

Attachment Details

Document Description: 2 of 3 -Certificates of Consistency

Attachment Details

Document Description: 3 of 3 Certificates of Consistency

Submission Summary

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

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

Page	Last Updated
Before Starting	No Input Required
1A. Identification	10/15/2021
2. Reallocation	10/15/2021
5A. CoC New Project Listing	11/12/2021
5B. CoC Renewal Project Listing	11/12/2021
5D. CoC Planning Project Listing	11/12/2021
5E. YHDP Renewal	No Input Required
5F. YHDP Replace	No Input Required
Funding Summary	No Input Required
Attachments	11/12/2021
Submission Summary	No Input Required

Please note the Certificates of Consistency is too big for one attachment.

This is 1 of 3

2of 3 and 3 of 3 are in “Other Attachments”

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Brethren Housing Association

Project Name: Side by Side Permanent Supportive Housing Renewal FY2021

Location of the Project: 219 Hummel Street
Harrisburg, Pennsylvania 17104

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks.

Title: Director of Economic Development

Signature:

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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(Type or clearly print the following information:)

Applicant Name: Brethren Housing Association

Project Name: Side by Side Permanent Supportive Housing Renewal FY2021

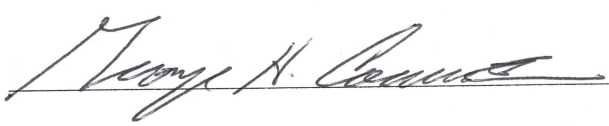
Location of the Project: 219 Hummel Street
Harrisburg, Pennsylvania 17104

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: 

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Capital Area Coalition on Homelessness

Project Name: Homeless Management Information System

Location of the Project: 10 North Second Street, Suite 405

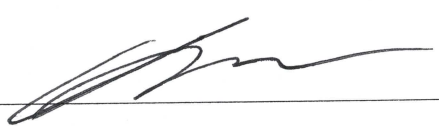
Harrisburg, Pennsylvania 17101

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

Date: November 9, 2021

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(Type or clearly print the following information:)

Applicant Name: Capital Area Coalition on Homelessness

Project Name: Homeless Management Information System

Location of the Project: 10 North Second Street, Suite 405
Harrisburg, Pennsylvania 17101

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature:

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Capital Area Coalition on Homelessness

Project Name: CACH Planning Project 2021-2022

Location of the Project: 10 North Second Street, Suite 405

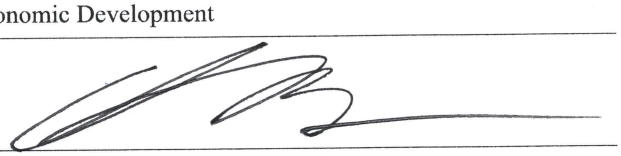
Harrisburg, Pennsylvania 17101

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

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(Type or clearly print the following information:)

Applicant Name: Capital Area Coalition on Homelessness

Project Name: CACH Planning Project 2021-2022

Location of the Project: 10 North Second Street, Suite 405
Harrisburg, Pennsylvania 17101

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature:

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Christian Churches United of the TriCounty Area

Project Name: Help Ministries Coordinated Entry - New Project

Location of the Project: 413 South 19th Street

Harrisburg, Pennsylvania 17106-0750

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks.

Title: Director of Economic Development

Signature:

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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Project Name: Help Ministries Coordinated Entry - New Project

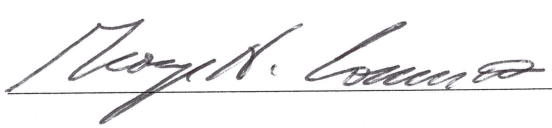
Location of the Project: 413 South 19th Street
Harrisburg, Pennsylvania 17106-0750

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: 

Date: November 9, 2021

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Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Christian Churches United of the TriCounty Area

Project Name: Help Ministries Rapid Rehousing

Location of the Project: 413 South 19th Street
Harrisburg, Pennsylvania 17106-0750

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature:

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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Applicant Name: Christian Churches United of the TriCounty Area

Project Name: Help Ministries Rapid Rehousing

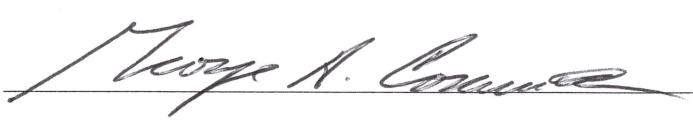
Location of the Project: 413 South 19th Street
Harrisburg, Pennsylvania 17106-0750

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: 

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Christian Churches United of the TriCounty Area

Project Name: Susquehanna Harbor Safe Haven

Location of the Project: 1805 North 12th Street
Harrisburg, Pennsylvania 17103-1116

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature:

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan. (Type or clearly print the following information:)

Applicant Name: Christian Churches United of the TriCounty Area

Project Name: Susquehanna Harbor Safe Haven

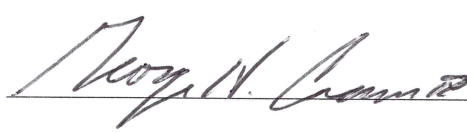
Location of the Project: 1805 North 12th Street
Harrisburg, Pennsylvania 17103-1116

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: 

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Gaudenzia Foundation Inc.

Project Name: DELTA RRH 7 units FY2021

Location of the Project: 2930 Derry Street

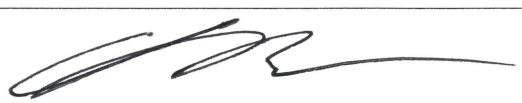
Harrisburg, Pennsylvania 17111

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

Date: November 9, 2021

RANKING TOOL CRITERIA

The Capital Area Coalition on Homelessness (CACH) Continuum of Care (CoC) 2021 Ranking is based on the following criteria specified in each section of the ranking tool:

Section 1 Threshold: are the factors at a minimum all applicants, new or renewal, must have in order to submit a project. The factors require general involvement and consistency with the continuum of services that they seek to obtain funding.

Section 2: Project Types: Points are given to the type of project being funded.

- PH - PSH – Permanent Housing - Permanent Supportive Housing;
- PH - RRH - Permanent Housing - Rapid Rehousing;
- Joint TH-RRH – Permanent Housing - Joint Transitional Housing-Rapid Rehousing
- SH - Safe Haven;
- HMIS - Homeless Management Information System;
- CES - Coordinated Entry System.

HMIS and CES are given highest points because they are required by HUD. Permanent Housing (PH) is given next highest points because of HUD priority for PH programs which include PSH - Permanent Supportive Housing, PH-RRH - Permanent Housing - Rapid Rehousing. Included in PH is Joint Transitional Housing – Rapid Rehousing, because of the RRH component. SH-Safe Haven providing indefinite stay for chronically homeless persons is given the next priority.

Section 3: Special Population Groups: Points are given proportionate to a project's % of beds dedicated or indicated to serve populations groups in Project Submission Question 5. The special population groups are those who experience chronic homelessness, youth ages 18-24 (Transitional Age Youth); Veterans; families; victims of domestic violence, sexual assault, dating violence, stalking, human trafficking; persons with needs related to mental health/ autism/ developmental program or drug and alcohol use.

Section 4. Agency Experience and Capacity: Scores the ability and solvency of agencies to execute new or renewal projects.

Section 5: Current Grant Status: Points for execution and compliance of existing grant and funding drawdown. Data source is fiscal drawdown and report timeliness found in HUD's SAGE portal for each project.

Section 6: Project Cost Effectiveness: Using full points for the lowest cost per bed as a base for the type of housing, other projects are given diminishing points relative to their respective base.

Section 7: Number of Beds. Gives 1 point for every 5 beds in a program.

Section 8: Housing First: Scores if housing first as indicated by project submission Q. 3b.

Section 9: Vulnerability Needs/ Localized Needs (Coordinated Entry Referral Needs):
Scores projects based on serving population with vulnerabilities including: serving low or no Income; not screening out current or past substance use; serving or not screening out criminal record; willing to serve those having been or currently a victim of DV/VAWA; serving those with significant Health/Behavioral challenges; serving those with a high utilization of crisis or

ES (i.e. CH); serving youth under 25/ aging out of foster care/ LGBTQ+; and serving those coming from streets or unsheltered situations.

CACH uses data from its Coordinated Entry System (CES) referrals **which include homeless victim CES referral data from local domestic violence (DV) and human trafficking service providers**. Based on that data, the CoC weights programs serving those reflected by CES referrals. FY 2021 CES data show the following needs as a percentage of total referrals.

Chronic Homeless	27%
Victims of Domestic Violence/Victims of Violence	14%
Mental Health/Autism/Developmental Program	55%
Drug and Alcohol	17%
Family	40%
Single	60%
Youth Ages 18-24 (Transitional Aged Youth)	10%

Section 10: Renewal Project Performance: Scores renewals based on Performance Measures

A. Permanent Housing placement (Annual Progress Report Question 23a). *Less % retuning to homelessness in previous 12 months (Source: HUD-HDX- Stella and HMIS).*

B. Improving or Maintaining Income (Annual Progress Report Question 16). *Factors a reduction in points proportionate to percentage of population not updated for income.*

C. Improving or Maintaining Benefits (Annual Progress Report Question 20). *Factors a reduction in points proportionate to percentage of population not updated for benefits.*

D. Bed Utilization (Annual Progress Report Question 7b). *Handicap or bonus points are given to facility-based beds that may have to reduce bed capacity due to COVID-19.*

Section 11: Effective Use of Coordinated Entry: Negative point for appropriate CES referral for any openings that was not accepted.

Section 12: HMIS Quality and Usage: Awards points based on the data quality rates for HUD data elements and date entry timeliness found in question 6 of Annual Progress Reports.

Section 13: Homeless (Or Formerly Homeless In Past 7 Years) Participation: Calculated based on percentage of homeless or formerly homeless in decision making board x 3 points.

Section 14: Racial Disparity: Base score given if the percentage of minority beneficiary demographics = county average plus extra point for every five percent above average.

Section 15: Utilize Health Care And Public Housing Vouchers: Project includes written agreement with Public Housing Authority/developer and/or Healthcare agencies to "utilize housing vouchers and healthcare provided through an array of healthcare services providers" and 25% of project beds are funded by those sources.

RANKING TOOL CRITERIA

PROJECT
PROJECT TYPE (**PH** - Permanent Housing, **PSH** - Permanent Supportive Housing, **PH-RRH** - Permanent Housing - Rapid Rehousing, **TH**- Transitional Housing, **SH** - Safe Haven, **HMIS** - Homeless Management Information System, **CES** - Coordinated Entry System)
1. THRESHOLDS (hyperlinked below to various source documents) Yes/No
Attend 75% of CACH general membership or CACH committee/sub-committee meetings
Participate in Coordinated Entry
Consistent with CACH Blueprint
Consistent with Harrisburg City Consolidated Plan (pg. 60 ff and 85 ff)
Consistent with Dauphin County Consolidated Plan (pg. 45 ff)
Consistent with Harrisburg City Comprehensive Plan
Consistent with Dauphin County Comprehensive Plan
Consistent with Dauphin County Human Services Block Grant Plan
Consistent with Zoning for Housing Components of Project
2. PROJECT TYPE PRIORITIES
Homeless Management Information System/Coordinated Entry System -50 pts
Permanent Housing. This includes Permanent Supportive Housing, Rapid Rehousing, and Joint Transitional Housing and Rapid Rehousing - 45 pts
Safe Haven - 40 pts
3. HUD AND LOCAL POPULATION PRIORITIES Source: Project Submission Q. 5. Projected Numbers. (Total possible points 5) (HMIS/CES gets average of points)
Dedicated Beds for Chronic Homeless (5 pts x % of beds)
Dedicated Beds for Families with Children (5 pts x % of beds)
Dedicated Beds for Veterans (5 pts x % of beds)
Dedicated Beds for Unaccompanied Youth under 25 (5 pts x % of beds)
Dedicated Beds for Mental Health/Autism/Developmental Programs or Drug and Alcohol (5 pts x % beds)
Dedicated Beds for VAWA victims (5 pts x % of beds)
4. AGENCY EXPERIENCE AND CAPACITY (Total possible points 9)
Board Members' Experience (0.5 pts)
Executive Leadership Experience (2 pts)
Program Manager Experience (0.5 pts)
Agency Resume (2 pts)
Agency Financial Statement (2 pts)
Program Operating Successfully/Sufficient Staff (Average of Pts for New Projects) (2pts)
5. CURRENT GRANT STATUS (Total possible points 8) (HMIS renewal is given average of all points)
Existing grant implemented (2 pts)
Existing grant drawing funds on time (2 pts)
Participant eligibility adhered (2 pts)
Funds not fully drawn down in previous grant and returned to HUD (- 2 pts)
No HUD findings in last 3 years (2 pts)
6. PROJECT COST EFFECTIVENESS (Total possible points 8) Highest pts to project with lowest cost per bed and other projects pts are based on % variance from that lowest cost. (HMIS/CES gets average of scores)
7. NUMBER OF BEDS (1 point for every 5 beds) (HMIS/CES gets average of scores) Source: Project Submission Q.4
8. HOUSING FIRST (Total Possible Points: 5) (HMIS/CES get average of scores) Source: Project Submission Q.3b

RANKING TOOL CRITERIA

9. Vulnerability Needs/ Localized Needs (Coordinated Entry Referral Needs): % population x pts. (Total possible points: 20) (HMIS/CES gets average of all scores) Source: Project Submission Q3b, 5b.
Serving Low or no Income (2 pts)
Not screening out current or past substance use (2 pts)
Serving or not screening out Criminal Record (2 pts)
Willing to serve those having been or currently a victim of DV/VAWA (2pts)
Serving those with significant Health/Behavioral challenges (3 pts)
Serving those with a high utilization of crisis or ES (i.e. CH) (3 pts)
Serving youth under 25 / aging out of foster care/ LGBTQ+ (2 pts)
Serving those coming from streets or unsheltered situations (5 pts)
10. RENEWAL PROJECTS: (Total possible points: 35) (HMIS/CES and 1st yr/Reallocation Projects - *given average of total)* Source: Annual Progress Reports
% of those who exited to PH or stayed put in PH program (% x 10 pts.) (APR Question 23a)*
% of total participants that "increased or maintained" income (% x 10 pts) (APR Q. 16)**
% of total participants that "increased or maintained" benefits (% x 10 pts) (APR Q. 16)**
Bed Utilization: 75% (1 pt) 76-80%(2 pts) 81-85% (3 pts) 86-90%(4 pts) 91-100 (5 pts) (APR Question 7B) 2 pt bonus for CDC compliance that affects facility based beds.
**Less % retuning to homelessness in previous 12 months (Source: HUD-HDX- Stella/HMIS)*
***Less % without the required annual assessment information updated (APR Question 16)*
11. EFFECTIVE USE OF COORDINATED ENTRY: -1 pt for every appropriate CES referral for an opening which was not accepted up to -3 points maximum.
12. HMIS QUALITY AND USAGE. Source - Annual Progress Reports (APR) Question 6**.** (HMIS/CES and new projects gets average of all scores) (Total possible points: 10)
APR 6a - Data Quality: Personally Identifiable Information - 2 points x % without errors
APR 6b - Data Quality: Universal Data Elements - 2 points x % without errors
APR 6c - Data Quality: Income and Housing Data Quality - 2 points x % without errors
APR 6d - Data Quality: Chronic Homelessness - 2 points x % without errors
APR 6e - Data Quality: Timeliness -- 2 points x % without errors
13. HOMELESS (OR FORMERLY HOMELESS IN PAST 7 YEARS) PARTICIPATION (Total 3 pts)
Has homeless or formerly homeless persons on agency board who is able to make decisions on program structure, function, operations, budget and personnel (% of persons x 3 points)
14. RACIAL DISPARITY (HMIS/CES and new projects gets average of all scores) (Total 3 pts) (1 pt if % minority=county average +1 point for every 5% over up to maximum of 3 pts)
People of different races or ethnicities are more likely to receive homeless assistance
15. UTILIZE HEALTH CARE AND PUBLIC HOUSING VOUCHERS (Total 3 points)
Project includes written agreement with Public Housing Authority/developer and/or Healthcare agencies to "utilize housing vouchers and healthcare provided through an array of healthcare services providers" and 25% of project beds are funded by those sources.
SCORE

PA 501 CONTINUUM OF CARE
RANKING TOOL AND TABLE

	Side By Side	Susquehanna Harbor Safe Haven	Homeless Management Information System	Dauphin Co 2008 S+C Expansion Renewal 2019	Dauphin Co Housing Authority Renewal 2019	S+C 2011 Expansion 2019	2019 PHD Renewal	2019 Safe Haven Permanent Supportive Housing Renewal	2019 YW Veterans Housing	SHARP	DELTA RRH 3 Units FY2019	2019 Housing for Victims of Human Trafficking Renewal	Help Ministries Rapid Rehousing	DELTA RRH 7 Units FY2019	2019 YWCA Joint TH-RRH Renewal		
PROJECT TYPE (**PH** - Permanent Housing, **PSH** - Permanent Supportive Housing, **PH-RRH** - Permanent Housing - Rapid Rehousing, **TH**- Transitional Housing, **SH** - Safe Haven, **HMIS** - Homeless Management Information System, **CES** - Coordinated Entry System)	PSH	SH	HMIS	PSH	PSH	PSH	PSH	PSH	PSH	PSH	PH-RRH	PH-RRH	PH-RRH	PH-RRH	Joint TH-RRH		
1. THRESHOLDS (hyperlinked below to various source doucments) Yes/No																	
Attend 75% of CACH general membership or CACH committee/sub-committee meetings																	
Participate in Coordinated Entry																	
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Consistent with Zoning for Housing Components of Project																	
2. PROJECT TYPE PRIORITIES																	
Homeless Management Information System/Coordinated Entry System - 50 pts																	
Permanent Housing. This includes Permanent Supportive Housing, Rapid Rehousing, and Joint Transitional Housing and Rapid Rehousing - 47 pts																	
Safe Haven (Indefinite Housing for Chronically Homeless Persons) - 45 pts																	
3. HUD AND LOCAL POPULATION PRIORITIES Source: Project Submission Q. 5. Projected Numbers. (Total possible points 5) (HMIS/CES gets average of points)																	
Dedicated Beds for Chronic Homeless (5 pts x % of beds)																	
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Dedicated Beds for Veterans (5 pts x % of beds)																	
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Dedicated Beds for VAWA victims (5 pts x % of beds)																	
4. AGENCY EXPERIENCE AND CAPACITY (Total possible points 9)																	
Board Members' Experience (0.5 pts)																	
Executive Leadership Experience (0.5 pts)																	
Program Manager Experience (2 pts)																	
Agency Resume (2 pts)																	
Agency Financial Statement (2 pts)																	
Program Operating Successfully/Sufficient Staff (Average of Pts for New Projects) (2pts)																	
5. CURRENT GRANT STATUS (Total possible points 8) (HMIS gets average of scores)																	
Existing grant implemented (2 pt)																	
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Serving those with a high utilization of crisis or ES (i.e. CH) (3 pts)																	
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Serving those coming from streets or unsheltered situations (5 pts)																	

PA 501 CONTINUUM OF CARE
RANKING TOOL AND TABLE

	Side By Side	Susquehanna Harbor Safe Haven	Homeless Management Information System	Dauphin Co 2008 S+C Expansion Renewal 2019	Dauphin Co Housing Authority Renewal 2019	S+C 2011 Expansion 2019	2019 PHD Renewal	2019 Safe Haven Permanent Supportive Housing Renewal	2019 YW Veterans Housing	SHARP	DELTA RRH 3 Units FY2019	2019 Housing for Victims of Human Trafficking Renewal	Help Ministries Rapid Rehousing	DELTA RRH 7 Units FY2019	2019 YWCA Joint TH-RRH Renewal		
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SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan. (Type or clearly print the following information:)

Applicant Name: Gaudenzia Foundation Inc.

Project Name: DELTA RRH 7 units FY2021

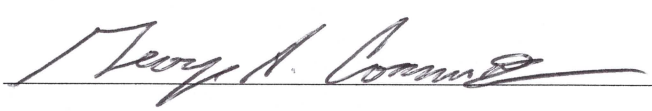
Location of the Project: 2930 Derry Street
Harrisburg, Pennsylvania 17111

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: 

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

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Applicant Name: Gaudenzia Foundation Inc.

Project Name: DELTA RRH - DV 2021 - New Project

Location of the Project: 2930 Derry Street

Harrisburg, Pennsylvania 17111

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature:

Date: November 9, 2021

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Project Name: DELTA RRH - DV 2021 - New Project

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Harrisburg, Pennsylvania 17111

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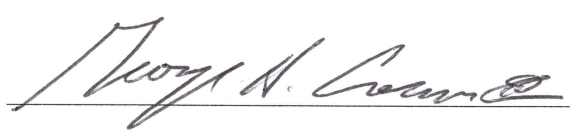
Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: 

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(Type or clearly print the following information:)

Applicant Name: Gaudenzia Foundation Inc.

Project Name: DELTA RRH 3 Units 2021

Location of the Project: 2930 Derry Street

Harrisburg, Pennsylvania 17111

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature:

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

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Project Name: DELTA RRH 3 Units 2021

Location of the Project: 2930 Derry Street
Harrisburg, Pennsylvania 17111

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature:

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I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Housing Authority of the County of Dauphin

Project Name: Dauphin County 2008 S+C Expansion Renewal 2021

Location of the Project: 501 Mohn Street
Steelton, Pennsylvania 17113

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature:

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

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Project Name: Dauphin County 2008 S+C Expansion Renewal 2021

Location of the Project: 501 Mohn Street
Steelton, Pennsylvania 17113

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: George A. Connor

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Housing Authority of the County of Dauphin

Project Name: 2011 S+C Expansion 2021

Location of the Project: 501 Mohn Street
Steelton, Pennsylvania 17113

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature:

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

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(Type or clearly print the following information:)

Applicant Name: Housing Authority of the County of Dauphin

Project Name: 2011 S+C Expansion 2021

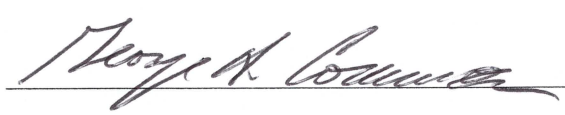
Location of the Project: 501 Mohn Street
Steelton, Pennsylvania 17113

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: 

Date: November 9, 2021

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(Type or clearly print the following information:)

Applicant Name: Housing Authority of the County of Dauphin

Project Name: Dauphin County Housing Authority Renewal FY2021

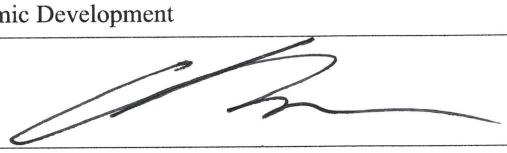
Location of the Project: 501 Mohn Street
Steelton, Pennsylvania 17113

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

Date: November 9, 2021

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I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Housing Authority of the County of Dauphin

Project Name: Dauphin County Housing Authority Renewal FY2021

Location of the Project: 501 Mohn Street
Steelton, Pennsylvania 17113

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature:

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Shalom House

Project Name: SHARP Renewal 2021

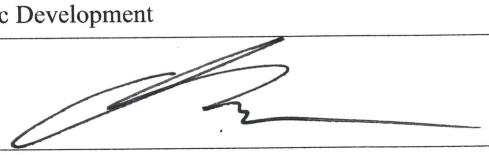
Location of the Project: 9 S. 15th Street
Harrisburg, Pennsylvania 17104

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Shalom House

Project Name: SHARP Renewal 2021

Location of the Project: 9 S. 15th Street
Harrisburg, Pennsylvania 17104

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: George N. Connor

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 Housing for Victims of Human Trafficking Renewal

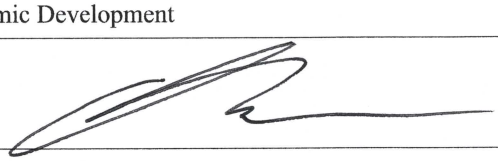
Location of the Project: 1101 Market Street
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 Housing for Victims of Human Trafficking Renewal

Location of the Project: 1101 Market Street
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature:

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

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U.S. Department of Housing and Urban Development

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(Type or clearly print the following information:)

Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 YWCA Joint TH-RRH Renewal

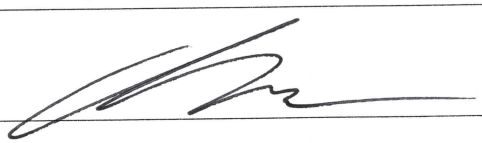
Location of the Project: 1101 Market Street
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

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Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 YWCA Joint TH-RRH Renewal

Location of the Project: 1101 Market Street

Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: George N. Connor

Date: November 9, 2021

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(Type or clearly print the following information:)

Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 YWCA PHD Renewal

Location of the Project: 1101 Market Street

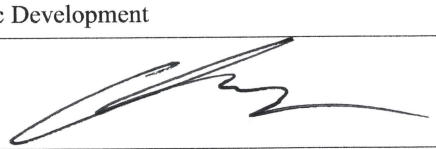
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

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Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 YWCA PHD Renewal

Location of the Project: 1101 Market Street
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature:

Date: November 9, 2021

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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(Type or clearly print the following information:)

Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 YWCA Safe Haven Permanent Supportive Housing Renewal

Location of the Project: 1101 Market Street

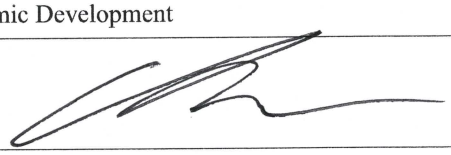
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature: 

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(Type or clearly print the following information:)

Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 YWCA Safe Haven Permanent Supportive Housing Renewal

Location of the Project: 1101 Market Street
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature:

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

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(Type or clearly print the following information:)

Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 YW Veterans Housing

Location of the Project: 1101 Market Street
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Harrisburg

Certifying Official of the Jurisdiction Name: Otto V. Banks

Title: Director of Economic Development

Signature:

Date: November 9, 2021

OMB Approval No. 2506-0112 (Exp. 1/31/2011)

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(Type or clearly print the following information:)

Applicant Name: YWCA of Greater Harrisburg

Project Name: 2021 YW Veterans Housing

Location of the Project: 1101 Market Street

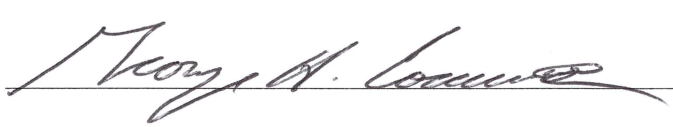
Harrisburg, Pennsylvania 17103

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: County of Dauphin

Certifying Official of the Jurisdiction Name: George Connor

Title: Executive Director

Signature: 

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