

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: VA-603 - Alexandria CoC

1A-2. Collaborative Applicant Name: City of Alexandria, a municipal corporation of Virginia

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Alexandria, a municipal corporation of Virginia

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith-Based Organizations	Yes	Yes	Yes
Affordable Housing Advocates	Yes	Yes	Yes
Safety Net and Homeless Services Providers	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The CoC identifies, solicits and accepts applications from key stakeholders in the community by conducting outreach and recruiting organizations for representation. The CoC membership structure provides for diversity of background, experience, and knowledge. This allows opinions and ideas introduced to mature into goals and initiatives for strategic planning reflective of the richness of interests and knowledge found in the CoC. A Youth Homeless Services Provider representative co-chairs the CoC Governing Board and chairs the Strategic Planning Committee. In this role she helps bring to focus the housing and service needs for transition aged youth in the strategic planning process. The chair of the Transitions Committee is the Executive Director of a reentry organization for women recently discharged from prison. This expertise helps with developing and implementing a community plan for transitioning individuals from institutional care to permanent housing.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
ALIVE! House	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Domestic Violence Program	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The CoC strategic plan, aligned with the goals of Opening Doors, is on target to end homelessness by 2020. The Strategic Planning Committee, made up of the chairs of the CoC committees, determines targets based on High Performing Community imperatives and assigns each strategy to the Committee most appropriate. To meet Strategic Plan Goal 2 – Increase Access to Stable and Affordable Housing, the CoC has implemented a strategy to standardize and coordinate the prioritization of access to permanent supportive housing. This helps to meet the targeted outcome of shortening the length of time individuals and families remain homeless by 10%. This strategy is assigned to the Housing Crisis Response Committee which is composed of staff from emergency, transitional, and permanent housing organizations. To assure proper assignment of strategies, the Strategic Planning Committee surveys target outcomes twice annually and reports progress to the Governing Board and the general CoC membership.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

Community agencies are encouraged to collaborate to address priorities in the community. New projects are considered for funding that align with the strategic plan and meet community needs. CoC Lead meets with agencies not previously funded to discuss needs and funding opportunities and /or provides support to access CoC funding. Upon NOFA release, agencies are encouraged to review eligible activities to determine the appropriateness. The CoC publishes a notice of opportunity to apply for CoC funding approximately 30 days prior to the anticipated date of NOFA release and again within 2 days of the release. Notices include information on accessing the HUD Exchange, becoming part of the HUD Exchange email listserv, and deadlines for submitting letters of intent to the CoC. Publication is done through a city-wide news publication and an email listserv maintained by the Alexandria Office of Housing, which includes CoC members, non-profits, local businesses, citizens and stakeholders.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The Office of Housing is the lead agency for the Five-Year Consolidated (Con) Plan and serves on the CoC Governing Board and ensures coordination between the Strategic Plan, the Con Plan, the Action Plans, and the Housing Master Plan. The Office of Housing updates the Con Plan with annual Action Plans, a joint effort with the CoC. Through consultation with the Office of Housing staff, the CoC provides input regarding activities to address the needs of persons experiencing or at risk of homelessness for the Con Plan and Action Plans. The Office of Housing staff annually solicits the needed input from the CoC to complete the Con Plans and Action Plans before submission to HUD. Topics include specific programs and services, proposed five-year and annual goals to meet the needs, anticipated program and service funding, targeted populations, and PIT data analysis. During Con Plan development and Action Plans process, Housing staff daily consult with CoC members by email, phone or meetings.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The state of Virginia Department of Housing and Community Development is the ESG recipient. The CoC is awarded two-year ESG funding from the state through the Virginia Homeless Solutions Program (VHSP) competitive collaborative grant process for the operation of emergency shelters and provision of RRH services. Prior to the grant application process, the CoC ESG sub-recipients and other organizations meet with the state to provide feedback and information on the needs of the community to inform the funding priorities. The CoC also provides to the state the annual PIT data, and quarterly reports on demographics of persons served, outcomes, and bed utilization. The CoC ESG recipients are regularly monitored by the state. The CoC VHSP collaborative grant application is based on the funding priorities, community needs and performance standards. All ESG sub-recipients submit monthly performance reports and data to the CoC Housing Crisis Workgroup and are monitored by the CoC lead.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Policies are in place across the CoC to ensure safety and security needs of DV survivors are met at all points of entry. Persons at a homeless assistance provider are screened for safety and linked to victim services as needed. If a household presents as fleeing DV, they are immediately linked to the DV Program 24 hour confidential hotline for a risk and safety assessment to determine need for safe housing. The collected data is not entered into HMIS and the location of the DV shelter is undisclosed. Those not needing safe housing are directed to the CoCs coordinated entry to be assessed for diversion services and linked to housing options and victim services. Households at a victim service provider are assigned a family service specialist to set safety and housing goals. CoC providers access resources to address housing crises e.g. ESG and CoC-funded RRH, housing location, case mgt, TH, PSH, and other PH. Homeless persons, including DV survivors are able to access these resources.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Alexandria Redevelopment and Housing Authority	8.60%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

In FY15 the CoC created a pilot PH option to address the needs of homeless individuals with long-term mental health or substance abuse issues with income less than 30% of AMI. There is currently one unit available with the plan to increase to 9 units. This allows the CoC flexibility in serving clients who would not meet more restrictive eligibility criteria existing in supportive housing programs. In an effort to functionally end veteran homelessness, the CoC created a permanent housing option for three homeless single males giving priority to veterans. In accordance with housing first philosophy, support services will be offered but not required. All residents will have access to case management services, employment and education services, and housing locator services when ready.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Engagement of the business community	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

The Homeless Services Assessment Center (HSAC), low barrier coordinated entry serving the entire geographic area and all subpopulations, e.g., families, singles, Veterans, and chronically homeless persons. Persons in a housing crisis access HSAC by phone, walk in or appointment. HSAC assesses for the appropriateness of services, i.e., prevention, diversion or ES. Outreach staff conducts assessments for unsheltered persons and HSAC staff is deployed to Winter Shelter to engage persons hardest to serve. Outreach efforts include posting flyers with service providers; ads in the local newspapers and posted information on websites. HSAC conducts standardized assessments based on homeless certification and risk factors. Households are prioritized for ES based on vulnerability. HSAC refers persons to appropriate services for further assessments, including the VI-SPDAT and housing need and barrier assessments. A CoC committee oversees HSAC and includes ES, PSH, MH providers, and landlords.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faith-Based Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Advocates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Net and Homeless Services Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	6
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	6
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Assistance with mainstream benefits	<input checked="" type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input type="checkbox"/>
Published appeal & grievance procedures	<input checked="" type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
Persons with SMI or dually diagnosed	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

During the CoC’s ranking process projects serving families were given priority based on community needs for permanent housing as demonstrated in the most recent PIT count and the severity of client needs. The CoC had an increase in homeless families. Therefore, the housing first project with the best performance outcome measures serving families ranked number one. The project ranked second is low barrier, serving families and individuals diagnosed with SMI. Subsequent consideration for selection was given to projects with low barriers, serving persons requiring significant levels of support in order to maintain permanent housing, and that prioritized the following vulnerabilities: chronic homelessness, particularly those in unsheltered situations; and significant behavioral health challenges.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The completed CoC Competition Review and Ranking Form was posted to the CoC website on November 6, 2015. In addition, the Ranking Form was sent to the community email list through the Alexandria Office of Housing and to the CoC email list. The use of these three communication resources ensured that all stakeholders and interested citizens received the ranking information.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

A formal monitoring procedure is in place that provides for annual project site visits and includes a project staff questionnaire to solicit information concerning program success, a report submitted to the CoC Lead and used in the monitoring and ranking process, when possible, an interview with a project participant, and a formal presentation before the CoC Governing Board and members of the Ranking Committee. In addition, recipient directors serve on the Governing Board and provide project information, such as staff changes and bed vacancies, throughout the year.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. Pages 4-8

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems LLC
Applicant will enter the name of the vendor (e.g., ABC Systems).

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation Single CoC coverage area:

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$11,776
County	\$0
State	\$0
State and Local - Total Amount	\$11,776

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$4,734
Other - Total Amount	\$4,734

2B-2.6 Total Budget for Operating Year	\$16,510
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/07/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	147	23	124	100.00%
Safe Haven (SH) beds	12	0	12	100.00%
Transitional Housing (TH) beds	84	0	84	100.00%
Rapid Re-Housing (RRH) beds	27	0	27	100.00%
Permanent Supportive Housing (PSH) beds	46	0	46	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.

(limit 1000 characters)

Not Applicable.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	6%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	17%	9%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

Housing Inventory Count (HIC)	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input checked="" type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

The Projects for Assistance in Transition from Homelessness (PATH) program will commence entering data into HMIS on July 1, 2016.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/07/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The CoC collected data on persons in emergency shelter, safe haven, and transitional housing on the night of the 2015 count using HMIS, Provider surveys and interviews. To ensure an unduplicated count, comparisons were made of personally identifying information including name, date of birth, and social security number and other unique identifiers. The following were used to ensure the highest quality count: 1)Creation of a Task Force; 2)Review of HUD guidance and trainings; 3)HMIS data quality was reviewed for compliance with data quality standards; 4)provision of written instructions and training on the data collection requirements and forms; 5)testing of data collection forms and processes; 6)providers were reminded about the count to maximize participation; and 7)comparisons were made with the previous year's count and changes explained. To ensure an accurate enumeration, the CoC elected a complete census count methodology and was able to do so due to the small geographic size.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

Not Applicable.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

Not Applicable.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Not Applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/07/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The CoC covers a small urban geographical area of 15.5 square miles, so the most effective methods were a night of the count-complete census and a service-based count. Coordinated by the PATH outreach staff, the night of the count a complete census was completed by a small group of volunteers and City employees canvassing the entire geographic area. To ensure no unsheltered individuals were missed, the day following the count a service-based count was also conducted. Given the CoC's small numbers of unsheltered individuals any duplicates were easily identified and removed.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

Not Applicable.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Not Applicable.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	267	267	0
Emergency Shelter Total	165	179	14
Safe Haven Total	10	9	-1
Transitional Housing Total	69	56	-13
Total Sheltered Count	244	244	0
Total Unsheltered Count	23	23	0

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	965
Emergency Shelter Total	840
Safe Haven Total	16
Transitional Housing Total	109

3A-2. Performance Measure: First Time Homeless.

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

The CoC uses data to identify gaps and needs to prevent and end homelessness and creates solutions. Data analysis of living situation, household make up, income to rent ratio, and other demographics to identify risk factors and make shifts in resources to prevent first time homelessness among households seeking services who would be homeless without assistance. The homeless prevention program is housed with centralized entry and its services are advertised in the community. Persons who are at imminent risk of homelessness are assessed for diversion or prevention services. Case management and housing location services are available to households who meet the risk factors. Efforts are made to alleviate the housing crises as placement in emergency shelter is the last resort. The CoC educates landlords by providing information about CoC goals and resources of homelessness prevention. Landlords are part of the planning process, and when issues arise they can be handled before homelessness.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

Permanent housing is the goal, so a CoC target is to decrease the average length of homelessness by 10%. HMIS data in a standardized spreadsheet is reviewed and analyzed at Data Subcommittee meetings. Shelter providers perform 30-day reviews for all households, and staff cases with lengths of stay over 120 days. ES, TH, prevention, diversion, PSH, and drop in center providers attend these meetings to discuss successes, barriers, and possible solutions to meet this target. Bi-annually this information is reported to the Strategic Planning Committee where systemic solutions and strategies are created. Providers assess barriers and needs to determine the best housing options. The CoC uses ESG and CoC funding to rapidly rehouse households with financial assistance and community case management for housing stability. The CoC has increased its PSH stock to serve clients with more intensive needs prioritizing chronically homeless with high vulnerability and longer length of time homeless.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	26
Of the persons in the Universe above, how many of those exited to permanent destinations?	21
% Successful Exits	80.77%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	41
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	39
% Successful Retentions/Exits	95.12%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

1. CoC providers utilize HMIS, including RRH, TH, coordinated entry and PSH. HMIS UDEs are entered for households served and reviewed by the Gaps and Needs Committee which makes recommendations to the Governing Board to reduce returns to homelessness. 2. Spreadsheets are reviewed monthly by the Data Subcommittee, which reviews referral lists, patterns of utilization and policies and practices to eliminate barriers to households in securing and maintaining permanent housing. Providers continue case management post-financial assistance to stabilize households. Charities are engaged to financially assist households at risk of returning to homelessness to insure housing stability. 3. Data is analyzed monthly to detect patterns of clients' returns to homelessness. This information is used to identify client characteristics and service needs to coordinate with service providers on alternatives to shelter. Data is used to develop systemic strategies to address specific subpopulation needs.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Case Managers have increased their focus and skills in addressing employment needs, thus incorporating employment goals into service plans and partnering with mainstream employment service providers. Participants are also encouraged to attend workforce development job readiness training and access supported employment services as needed. Employment and income is also tracked during the CoC PIT Count as a snapshot measurement and baseline. The CoC is a SOAR community and participants are assessed for meeting the threshold for eligibility for Social Security benefits at any point of entry in the CoC. Homeless service case managers assist clients in applying for mainstream benefits e.g. TANF and/or SNAP through CommonHelp, a state, centralized electronic application system.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The primary mainstream employment organizations who serve homeless families and individuals are Alexandria Workforce Development Center, CSB Wellness Center, Laurie Mitchel Center, and DARS. After an employment history assessment is completed with each client entering a program, case managers within the CoC provide referrals to an employment service organization that will best serve the clients' needs. Transportation to employment related activities and events are provided as needed. These organizations provide employment and education assessments, job readiness workshops, credentialing opportunities, job placement and limited coaching services for homeless households. Of the 7 CoC funded projects, 100% have a relationship with at least one or more of these providers.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

PATH staff conducts regular outreach and engagement with all unsheltered persons. In addition to canvassing the CoC area, unsheltered persons are identified by community referral (e.g., police department, faith-based service providers, business owners, librarians, and citizens). PATH staff informs the local community of outreach services and partners with referral sources to meet and engage unsheltered individuals. PATH staff tracks persons who are unsheltered by utilizing an electronic health record and quarterly reports provided to the State PATH administrator. Using progressive engagement and the stages of change framework, PATH staff link unsheltered persons to services and housing resources. PATH is an access point for coordinated entry, a primary referral source for safe haven, and is able to make direct referrals to shelter and permanent housing sources. PATH staff is SOAR trained and utilizes mobile technology to complete applications with unsheltered persons in the community.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

Not Applicable.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	63	61	-2
Sheltered Count of chronically homeless persons	45	44	-1
Unsheltered Count of chronically homeless persons	18	17	-1

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The total number of chronic homeless decreased by 2 persons. There were no changes to the PIT methodology. Thus, the decrease may be attributed to implementing the strategies for ending chronic homelessness including, the addition of two PSH beds in September 2014 dedicated to serve chronically homeless individuals; and the prioritization of these beds to persons who were unsheltered, had high vulnerability demonstrated by 10 points or more on the VI-SPDAT, and/or had the longest lengths of homelessness.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

In 2012, the CoC reallocated funding from an under-performing TH program to create 2 housing-first CH beds, in addition to creating 2 housing-first beds for CH singles through an awarded bonus point project. Both began operating in 2013 but 2 do not show on the HIC until 2014. The CoC is reallocating the funding from another TH project in 2013 to provide 8 more housing-first beds for CH individuals. The 2012 and 2013 competitions yielded 12 new CH PSH beds. The average number of CH singles over the past six yrs is 36%; with the new beds, our CH bed capacity is 30%, in keeping with the need. The CoC has consistently made progress toward meeting the needs of the CH population. All non-CH programs prioritize CH for beds vacated through natural turn over. The CoC proposed funding for ongoing subsidies from local resources to create movement from PSH.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

All numeric goals were achieved through the strategies outlined in the FY 2013/FY2014 CoC Application. In September 2013 four new housing first beds designated for chronically homeless individuals were created through the reallocation of CoC funds from a 4-bed transitional housing project and a bonus project award. In September 2014 a reallocation of CoC funds from an 8-bed transitional housing project was used to create nine housing first beds designated for chronically homeless individuals, one bed greater than predicted in the FY2013/2014 CoC application. These strategies resulted in a total of thirteen new housing first beds designated for chronically homeless individuals in FY2013/2014. Furthermore, all non- chronically homeless permanent supportive housing beds are prioritized for chronically homeless individuals and families.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	4	13	9

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

In September 2014 a reallocation of CoC funds from an 8-bed transitional housing project was used to create nine (9) additional housing first beds designated for chronically homeless individuals.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	33

<p>Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.</p>	5
<p>Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.</p>	5
<p>This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.</p>	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The initial strategy tracks the trends as shown in the PIT counts of persons experiencing CH since 2008 and increases dedicated beds to ensure that the CH-designated PSH inventory corresponds to projected need. In 2015 the CoC is applying for a bonus project to add 5 CH-dedicated PSH beds for singles. This would align the CH-dedicated PSH beds inventory with the average percentage of CH persons in the CoC. The VI-SPDAT is administered to all singles referred to PSH to assess severity of need. Priority is given to CH singles and families with the longest history of homelessness and the most severe service needs. The second strategy is that all non-CH dedicated PSH are prioritized for chronic homelessness. The CoC has identified the following potential barriers to accomplishing this goal: 1) The increase of bed inventory not keeping pace with the need; and 2) The lack of movement from PSH to other appropriate permanent housing due affordable housing shortage and/or client choice.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Pregnancy	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

Households in housing crises are assessed at coordinated entry and referred to ES as a last resort. Households must be literally homeless or fleeing DV, and must have insufficient resources and support networks to maintain housing. Upon ES entry, households are quickly assessed for housing need and barriers, and develop a housing plan to ensure a 30-day re-housing process. Households work with a case manager and a housing locator to identify PH options based on needs and preferences. Weekly case management meetings are conducted to review housing plan goals and progress made toward securing permanent housing. Literally homeless households are referred from community agencies and homeless services providers for CoC and ESG funded RRH. The breadth of service provision is based on unique household need as identified by client and demonstrated by administered assessments. Literally homeless households are considered for RRH, and veterans and households with minor children receive priority.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	6	4	-2

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	32	34	2
Sheltered Count of homeless households with children:	32	34	2
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

On the night of the count literally homeless households with increased from 32 in 2014 to 34 in 2015, a 6% increase. We attribute the change, which was observed in the emergency and Domestic Violence Program shelters in part to the concurrent publicity and media campaigns in response to several incidents of domestic violence involving professional athletes.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	2	38	36

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Not Applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$99,000.00	\$100,000.00	\$1,000.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$99,000.00	\$100,000.00	\$1,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	27
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	0

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

The Homeless Education Liaison (HEL), whose job it is to protect the rights of students experiencing homelessness, is a member of the CoC. In addition to annual CoC meetings, the HEL and CoC liaison attend bi-weekly ESG-funded shelter case management meetings to ensure families are connected to educational and community supports and services. The HEL communicates regularly with homeless service providers to discuss youth homelessness as defined by HUD and homelessness as defined under other federal agencies. Families experiencing or at risk of homelessness are linked to potential services, including but are not limited to ESG-funded projects, security deposit and eviction storage assistance. Households in CoC programs are linked to the HEL and social workers. To protect students from discrimination, the disclosure of homeless status is limited to the HEL, principals, social worker, and other members of the student support team.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

At coordinated entry families with children receive homeless education services literature and are linked to the Homeless Education Liaison’s (HEL) to ensure households served by ESG/CoC programs are informed of eligibility for educational services. The HEL attends ESG-funded shelter staffings to ensure families are connected to educational supports and services. Case managers work with households in CoC programs to ensure that participants are informed of their eligibility to receive educational services. Children receive a standardized assessment to collect info on their educational history, absences, and needs including transportation, tutoring, and school supplies, and are included in the housing stabilization plan. School concerns are addressed by the HEL and social workers. Infants and toddlers are referred to assess developmental functioning, and weekly developmental education to their families. Children under 5 are referred for mental health concerns and Headstart as needed.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	18	12	-6
Sheltered count of homeless veterans:	16	10	-6
Unsheltered count of homeless veterans:	2	2	0

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The 2015 City of Alexandria PIT count had a 33 percent decrease in the number of veterans experiencing homelessness from the 2014. While the number of homeless veterans is small (6% of the total homeless population), there has been a focus and creation of a coordinated system to end veteran homelessness. The Public Housing Authority allocated 25 set-aside vouchers to the CoC specifically for homeless veterans. The CoC gathered names and information of the veterans in the homeless system and used a by-names list to track those who entered each month. These set aside vouchers gave our community targeted resources to reduce the number. Six veterans were permanently housed. There were no changes to the PIT count methodology.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

At coordinated entry and during street outreach persons are asked about veteran status. Veterans are linked with the VA Medical Center social worker to connect to medical care, apply for benefits, HUD-VASH vouchers, and request VA specific documents. Five SSVF providers that serve the CoC are also contacted when a homeless veteran is identified. Veterans also self-refer to the SSVF providers. The CoC has a monthly Veterans Initiative Committee meeting to staff cases using a by-names list. This committee discusses veterans' needs and assists with coordination to resources. Members of the committee, made up of shelter, safe haven, transitional housing, coordinated entry, prevention, SSVF and VA providers, are assigned tasks to quickly house homeless veterans permanently. At meetings timelines are established and progress toward housing goals are reviewed. Once successfully housed, veterans are added to the "housed" by-names list. Outcomes are reported monthly to the state of Virginia.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Upon notification from the VA Medical Center social worker of a veteran's ineligibility for VA services, the veteran is then immediately referred to non-VA programs including veteran-specific ESG-funded RRH, set aside HCVs and permanent housing. Veterans ineligible for RRH are referred to the Veteran Permanent Housing Program. If it is determined that veterans need more intensive services such as PSH, they are referred and priority is given to those who are chronically homeless and have a VI-SPDAT score of 10 or greater. Local priority for veteran-specific set aside HCVs, is given to literally homeless veterans who make at or below 30% of AMI and have no other housing options and are ineligible for other veteran-specific resources within the community. The CoC has one ESG RRH project, three Veteran Permanent Housing Program beds under development and 25 set aside vouchers that are 100% prioritized for homeless veterans.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	19	12	-36.84%
Unsheltered count of homeless veterans:	5	2	-60.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The most effective strategy is the use of a by-names list and monthly staffing by the Veterans Initiative Committee, made up of five SSVF providers, shelter, transitional housing, CSB, VA social worker, retired veteran volunteer, PATH outreach, and the CoC Lead. Veterans are placed on the by-names list at coordinated entry or with SSVF providers as soon as they are identified. Depending needed services, the veteran is linked with a case manager responsible for helping the client end homelessness. The case manager provides updates about the status of the veteran’s case, where they are in the process of finding housing, and any identified barriers. As of October 1, 2015 the CoC had eight homeless veterans who are connected with case managers and actively looking for permanent housing. This group will continue to track new veterans and will also serve as a model for how the CoC will address ending chronic homelessness.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	7
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	6
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	86%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

During 2015 the CoC-Lead agency partnered with Enroll Virginia to host six community enrollment fairs to assist with enrollment in marketplace health insurance. The efforts were promoted by posting flyers in facilities and offering clients assistance in accessing services. Five of the fairs were co-located with the CoCs coordinated entry. The City of Alexandria has also partnered with INOVA Hospital and Neighborhood Health to provide free quarterly health fairs to serve the uninsured. Assistance is also available to help clients with marketplace enrollment and Medicaid. Workstations for CommonHelp the Virginia State electronic benefits processing system, were set up at 10 locations throughout the CoC for persons to apply for mainstream benefits including Medicaid. Staff within the CoC-Lead agency trained personnel and volunteers at approximately 15 homeless and emergency service providers to help persons in applying for benefits. As a result Medicaid enrollment has increased by 16%.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	7
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	3
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	43%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	7
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	4
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	57%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Community Informational Meetings	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	11	15	4

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)**

Not applicable.

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input checked="" type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes		
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/16/2015
1B. CoC Engagement	11/16/2015
1C. Coordination	11/16/2015
1D. CoC Discharge Planning	11/16/2015
1E. Coordinated Assessment	11/16/2015
1F. Project Review	Please Complete
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/16/2015
2B. HMIS Funding Sources	11/16/2015
2C. HMIS Beds	11/16/2015
2D. HMIS Data Quality	11/16/2015
2E. Sheltered PIT	11/16/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/16/2015
2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/16/2015
3B. Objective 1	Please Complete
3B. Objective 2	11/16/2015
3B. Objective 3	11/16/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/16/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required