

NORTHERN COLORADO CONTINUUM OF CARE

Consolidated Application to the FY23 CoC Program Notice of Funding Opportunity (NOFO)

Abstract

This document is a copy of the answers related to Larimer and Weld County's response to homelessness, provided to the Housing and Urban Development (HUD) Department annual Continuum of Care Program funding competition.

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1B. Coordination and Engagement–Inclusive Structure and Participation

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/ Person	Participa ted in CoC Meeting S	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Y	Y	Y
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Y	Y	Y
3.	Disability Advocates	Y	Y	Y
4.	Disability Service Organizations	Y	Y	Y
5.	EMS/Crisis Response Team(s)	Y	Y	Y
6.	Homeless or Formerly Homeless Persons	Y	Y	Y
7.	Hospital(s)	Y	N	Y
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Non-existent		
9.	Law Enforcement	Y	Y	Y
	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Y	Y	Y
11.	LGBTQ+ Service Organizations	Y	N	N
12.	Local Government Staff/Officials	Y	Y	Y
13.	Local Jail(s)	Y	Y	Y
14.	Mental Health Service Organizations	Y	Y	Y
15.	Mental Illness Advocates	Y	Y	Y
	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Y	Y	Y
17.	Organizations led by and serving LGBTQ+ persons	Y	Y	Y
18.	Organizations led by and serving people with disabilities	Y	Y	Y
19.	Other homeless subpopulation advocates	Y	Y	Y
	Public Housing Authorities	Y	Y	Y
	School Administrators/Homeless Liaisons	Y	Y	Y
22.	Street Outreach Team(s)	Y	Y	Y
23.	Substance Abuse Advocates	Y	Y	Y
24.	Substance Abuse Service Organizations	Y	Y	Y

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25.	Agencies Serving Survivors of Human Trafficking	Y	Y	Y
26.	Victim Service Providers	Y	Y	Y
27.	Domestic Violence Advocates	Y	Y	Y
28.	Other Victim Service Organizations	Y	Y	Y
29.	State Domestic Violence Coalition	N	N	N
30.	State Sexual Assault Coalition	N	N	N
31.	Youth Advocates	Y	Y	Y
32.	Youth Homeless Organizations	Y	Y	Y
33.	Youth Service Providers	Y	Y	Y
	Other: (limit 50 characters)			
34.				
35.				

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

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

(1535)

New members are always invited to join the CoC. 1) Information on General Membership meetings are clearly displayed on the CoC's website (nocococ.org) and sent out regularly via an online newsletter that reaches dozens more agencies than are currently signed on as members of the CoC, encouraging them to officially join as a member. In addition, current members are encouraged to invite other organizations and individuals to participate. This year, it has been a priority to engage sectors who have historically not been represented within the CoC membership. 2-3) The CoC Director and other staff regularly attend and speak at community meetings and presentations, both in person and virtual. It is standard practice to always invite anyone who is interested in learning more about the CoC to meet personally with the CoC Director. We also implemented a Governing Board subcommittee focused on Member Engagement that is tasked with identifying and engaging unrepresented stakeholders to participate in the CoC. In 2023, the CoC Director met and onboarded new CoC members representing two justice system-based agencies, two new veteran service providers, both Medicaid Regional Accountable Entities (RAEs), two school districts, one housing legal aid project, and two food security service agencies. Additionally, the CoC Director has given several presentations in the past year in which organizations serving culturally specific communities were in attendance explaining the work of the CoC and inviting interested parties to join.

CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
NOFO Section V.B.1.a.(3)	
 Describe in the field below how your CoC:]

	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(2493)

1) Membership meetings are an opportunity for all stakeholders to contribute ideas, input, and information to the CoC's collective knowledge. We have a robust work structure that is deployed to seek partner engagement and participating woven throughout our entire CoC process to prevent and end homelessness. A diverse group of individuals and organizations with specialized knowledge pertaining to that subcommittee's work are invited and encouraged to participate, including an emphasis on people with lived experience. 2) This year the CoC Director has participated in several "Community Conversations on Homelessness" throughout the region. The public was invited to learn more about the CoC and the local work that was happening in their city and then had the opportunity to ask questions and provide feedback. The Director has also presented to 3 different City Councils and 1 County Board of Commissioners, answering questions and getting feedback from the elected officials. In 2023, the CoC began offering free trainings bi-monthly for any partner or community member to attend. This year we provided training on Fair Housing rights, Eviction Prevention resources, and changes to SNAP benefits and housing policy in CO. Member agencies are encouraged to bring information from other groups and networks to the CoC, and are encouraged to share relevant information about the CoC's current work in other forums; this information is later emailed out may be posted on our website. 3) In 2023, we upgraded our CoC website and made it more accessible to persons with disabilities. We upload video recordings of all of our member meetings and trainings with subtitles enabled for people with auditory challenges. The content on the website is organized to look clean and easy-to-read for people with visual challenges. 4) CoC board members and the Director attend other collaborative partnership meetings and often share information related to the work of addressing homelessness. For example, the Director participates in the Stone Soup Collective, a multidisciplinary group working to improve service coordination and discharge planning for incarcerated people at the Larimer County Jail. Participation in the Collective has spurred crossengagement among criminal justice reform advocates and the homelessness work of the CoC, especially through deeper connections to peer support groups; their input is being utilized within our current efforts to improve our common housing assessment.

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

1) The NoCO CoC informed the public of the opportunity to apply through a detailed post to the CoC's website, two email notifications through the CoC's listserv, a direct email from the CoC Director to all designated CoC member agency representatives that provided details on the competition, eligible projects, and competition deadlines, as well as through an announcement at the CoC General Membership meeting. Additionally, it was requested in all communication to partners that this information be forwarded on to any other listservs or contacts lists as appropriate. 2) Projects interested in applying for new or renewal funds were directed to CoC Director for more information and to submit a letter of intent to apply. Additionally, the CoC Director communicated directly with all victim service providers of the availability of DV Bonus Funds. Renewal and new projects were provided an application, used for rating and ranking purposes, along with instructions to submit the application for the local competition as well as how to submit an application through *e-snaps*. Four new projects applied for funding through the local competition. New project applications were scored and ranked by a Project Rating and Ranking Committee. 3) Whether a new project was included in the consolidated application was determined by two factors, outlined in the Project Rating and Ranking Process which was guided by CoC-wide priorities set by the Governing Board on an annual basis; and its score, which determined where it ranked among all projects. 4) It is important to the NoCO CoC to ensure broad accessibility of information for this competition. The CoC Director held an informational webinar for interested applicants on how to access and use *e-snaps*, and provided a recording with closed captions enabled. Additionally, information on the competition was provided on the CoC website in clear and easy-to-read formatting, with links to other helpful HUD-provided resources. General strategies we use to increase accessibility include email and web-based communication so that individuals can access tool and apps that increase readability for those with low vision or other disabilities including minimizing the use of pictures to allow for easier access for those using screenreaders, using simple fonts and adequate white space, and underlining links to other web pages, email addresses or documents.

1C. Coordination and Engagement

Coordination with Federal, State, Local, Private, and Other Organizations.	
NOFO Section V.B.1.b.	
In the chart below:]

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

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

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

	Describe in the field below how your CoC:
	consulted with ESG Program recipients in planning and allocating ESG Program funds;
	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic

area; and
provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(1824)

1) The NoCO CoC coordinates closely with the CO Division of Housing on ESG funding, provides letters of CoC engagement and support for agencies applying directly to the Division of Housing for their applications for certain ESG funds, and has served as the fiscal agent for the vast majority of ESG-CV Rapid Rehousing funds and some Emergency Shelter funds since 2020. As the fiscal agent for these funds, the NoCO CoC coordinated a local competition that evaluated applicant's based on CoC-wide priorities, adherence to best practices such as Housing First and low barrier programming, engagement with the CoC, and overall project performance. 2) The CoC Collaborative Applicant conducts ongoing evaluation of subrecipients of ESG rapid rehousing and emergency shelter funds during each reimbursement request, including verification of eligible expenses and documentation. Additionally, the CoC Director provides technical assistance towards meeting ESG requirements, such as using coordinated entry for referrals and implementing Housing First practices. The Director has conducted program reviews for two funded agencies and gave recommendations on how to improve service delivery to more closely align with CoC written standards. 3) The four Consolidated Planning Jurisdictions in our have staff representatives that participate in the NoCO CoC, including holding board seats. The NoCO CoC prepares a yearly written report as well as an interactive data dashboard of PIT and HIC data, which is shared with the Consolidated Planning Jurisdictions as well as the CoC membership. 4) Additionally, there is a higher level of coordination of Consolidated Plans due to the fact that key staff leading the consolidated planning process for all city governments receiving CDBG funding have seats on the NoCO CoC Governing Board.

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

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

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

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

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

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

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

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

(974)

Addressing youth homelessness and improving the ability of our homeless system to respond to youth and young adults is a priority for the CoC. In 2023, the CoC has obtained MOUs and onboarded two new school districts, Poudre School District and Thompson School District, to participate in our coordinated entry process. Notably, Thompson School District and Poudre Schools District are key partners, alongside a youth service provider The Matthews House, to build and operate the first at-risk drop-in center and youth shelter by mid-2024. This highly collaborative project has implemented a multi-disciplinary Leadership Committee, which includes CoC representation, has identified funding for the project and is now working on developing programmatic processes to ensure youth are identified, assessed and have access to eligible housing resources that flow through our coordinated entry system. The CoC has formal partner MOUs with all three lead partners on the project.

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

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

(1192)

There are 17 different school districts in the NoCO CoC, but the vast majority of students attend school in the three urban districts. The primary procedure the CoC uses to ensure individuals and families who become homeless are informed of the availability of educational services is through the direct relationship many of the emergency shelter and other direct assistance programs have with the school district McKinney Vento Liaisons. These programs, including the region's victim service providers, have formal agreements to make referral to enroll children in school and receive the educational benefits for which they are eligible through the McKinney Vento program at the district. McKinney Vento Liaisons in two of the three largest school districts also have signed formal MOUs with the CoC and participate in the coordinated entry system (CES), which is an opportunity for them to potentially identify families in their district that were otherwise unknown to the program. Additionally, and families on the by-name list can benefit from two different State of Colorado Next Step 2 Gen grants to provide housing assistance to families identified through the McKinney Vento program.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Νο
6.	Head Start	No	No
7.	Healthy Start	Yes	Yes
8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	N/A	N/A
	Other (limit 150 characters)		
10.			

1C-5. Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.

NOFO Section V.B.1.e.

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

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	No
3.	other organizations that help this population	Yes

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

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(1927)

Our CoC is proud of the deep collaboration that happens between victim service providers (VSP) and mainstream homeless service providers, particularly in our coordinated entry process. 1) In the 2021 CoC Competition, our CoC was awarded SSO-CE DV Bonus funds, with the project officially beginning October 1, 2022. To date, this project is helping to improve our coordinated entry system for survivors; we have hired a

new coordinated entry specialist and DV resource navigator, are in the process of developing a trauma informed assessment tool to replace the VI-SPDAT, have begun evaluating our policies and procedures to improve alignment with the needs of victims and conducted a community-wide training on issues and best practices for working with victims experiencing homelessness. 2) In February 2022, the CoC hired a new Director who had many years of experience working with people experiencing domestic violence, both in the shelter setting and in managing a rapid rehousing program for survivors. Because of her experience in trauma informed practice, our CoC Director regularly provides technical assistance to shelter and housing providers to ensure victims seeking services are quickly connected to resources and housing. This year, we have also sought outside technical assistance from Safe Housing Partnerships with implementation of our improvements to coordinated entry and to ensure compliance with VAWA requirements and best practices. Additionally, every CoC committee has at least one member who works with people experiencing domestic violence, especially on decision-making committees. This helps ensure that issues experienced by victims are always considered. For example, the CoC Governing Board has two board members that are Executive Directors of domestic violence programs and there is representation on our Coordinated Entry Steering Committee from one of our largest victim service providers.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim- centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(1871)

1-2) Domestic violence providers in the region are active, voting members in the CoC, including two members from domestic violence service agencies that sit on the CoC governing board. In June of 2023, the CoC hosted a large training led by one of our victim service provider partners on domestic violence 101, safety planning, and coordinated entry best practices to ensure the safety and confidentiality of survivors. The online training was so well attended by community partners that we had more people try to join the virtual training platform than spaces we had available; the training was recorded and put onto our website and a link was sent out to all CoC members. Additionally, each year there is a presentation at a CoC general member meeting from the local domestic violence providers on how to access their services. The CoC continues to conduct these trainings at least annually. In addition, DV providers serve as access points for this population and have representation in all CoC committees, including at coordinated entry case conferences. There is also required online training related to serving victims of DV each person who works at our Access Point partners who assess and enters households into the coordinated entry project. The CoC has hired a new Coordinated Entry specialist to specifically work on further improving the system's ability to effectively serve victims of domestic violence, including ensuring regular and useful training opportunities. Furthermore, four victim service providers are recipients of either CoC or ESG RRH funding, providing these critical housing resources to survivors. Because VSP providers are involved at every level of the CoC, there is a regular emphasis on the unique needs of survivors and advocacy and many opportunities for in the moment training for mainstream providers on how to best support victims.

	plemented Safety Planning, Confidentiality Protocols in Your CoC's	
Co	ordinated Entry to Address the Needs of Domestic Violence,	
Dat	ting Violence, Sexual Assault, and Stalking Survivors.	

	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(1709)

1) The most important safety protocol our coordinated entry system (CES) uses is the regular representation and active participation from victim service providers (VSP) during case conferencing. On example stands out in which an individual who had been accessing a mainstream homeless service provider was being case conferenced and the VSP staff person voiced that it sounded like this individual was experiencing domestic violence and the group discussed a plan to connect that individual to the VSP as soon as possible for resources and ultimately safe-shelter. An example of a planning protocol used is the practice of conducting separate CES assessments for all adults, even if they are in an intimate relationship with another individual experiencing homelessness. This ensures that someone who may be experiencing active domestic violence does not have their chance of obtaining a housing resource contingent on their partnership with their abuser. 2) Confidentiality of DV-affected households is a high priority for our CES. All individuals who are assessed at a VSP are included on the by-name list using a unique identifier and only non-identifying information is shared about their housing needs during the case conferencing process. Referrals are coordinated through the VSP so that the victim's confidentiality is keep until they explicitly agree through a written release of information for their personal information to be provided to the resource point of contact. Additionally, we have sought technical assistance from Safe Housing Partnerships this past year to further review our coordinate entry practice and ensure it aligns with VAWA requirements and best practices for confidentiality.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(2186)

1) Victim service providers (VSP) in the CoC use databases, comparable to HMIS, to collect client data. The State of Colorado requires VSP recipients of ESG to use the comparable database CAFÉ, which is capable of pulling the ESG Consolidated Annual Performance and Evaluation Report (CAPER). All VSPs in our region use CAFÉ for reporting and at least two others also use an independent database called Apricot, that is capable of pulling the CoC Annual Performance Report (APR) as well. The state-sponsored comparable database, CAFÉ, is continuing to be improved upon for use with CoC requirements. The HMIS Lead is continuing to develop processes for examining aggregate data to better understand system-level performance across the region and ensure comparable data collection and analysis between HMIS and comparable databases. For example, to better support the VSP with improving data quality and standardizing data collection in line with the standards of mainstream providers, our HMIS Lead Administrator has been meeting weekly with developers of the CAFÉ to meet the needs of our local process. 2) A specific example of how our system has used de-identified data to best meet the needs of victims is the way we integrate the DV by-name list into the HMIS created by-name list. In our coordinated entry system, all VSPs provide non-identifying client data to the Coordinated Entry specialist in standardized spreadsheet format. When preparing to assign

2023 CoC Application – FINAL housing resources in case conferencing, the mainstream by-name list is pulled from HMIS using a special report that creates a spreadsheet that can be easily combined with the DV by-name list spreadsheet. This process allows victims the same access to being referred to a mainstream housing resource in addition to DVspecific housing resources. Additionally, our Coordinated Entry Specialists and the VSPs hold monthly meetings to case-conference DV households more specifically and to have open lines of communication related to the coordinated entry system improvements we are working collaboratively to implement.

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
	the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(1769)

1) Our CoC has policies and procedures that include an emergency transfer plan; documents related to this are posted on our website. Additionally, this year we hosted a Fair Housing Rights training for the CoC membership that included information related to housing rights of victims of domestic violence. 2) It is a funding requirement of all our PSH programs to honor emergency transfer plans if a victim requests a transfer due to safety concerns. All of our RRH programs keep documentation that there are lease addendums in place for all assisted units that detail the VAWA protections, including transfers and lease rescissions options, afforded to victims of domestic violence. If a tenant reasonably believes there is a threat of imminent harm from further violence if they remain in the same unit, they are eligible to request an emergency transfer. The tenant must request the transfer in writing to their property manager either through self-disclosing their concern for further harm or via a qualified third party, such as a victim advocate. 3) When responding to the emergency transfer request, there is an expectation of confidentiality and expediency on the part of the property manager. In Colorado, there are expanded protections for victims requesting emergency transfers and property managers must comply with valid requests for emergency transfer in accordance with Colorado law. If there is a tenant or advocate concern of non-compliance, there are several legal aid organizations that can assist victims with landlord mediation or representation if necessary. The CoC has hosted these legal aid program at two different general membership meetings to share with membership, including housing case managers, how to access their services for tenants.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(2496)

1) The CoC's coordinated entry system (CES) currently keeps a separate, parallel process for intaking and managing assessment data from households who are accessing the system through victim service providers (VSP). When any household presents at an access point for the CES, part of the prevention and diversion screening involves assessing whether they are fleeing domestic violence (DV). If the household identifies as fleeing DV, they are offered to either complete the assessment at the mainstream access point or to be referred to the DV provider in that area for a confidential assessment. If they choose to complete the assessment at the mainstream access point they are still referred to DV support services and they are flagged on the by-name list as experiencing DV. All VSPs provide non-identifying client data to the Coordinated Entry team in standardized spreadsheet format. When preparing to assign housing resources in case conferencing, the mainstream by-name list is pulled from HMIS using a special report that creates a spreadsheet that can be easily combined with the DV by-name list spreadsheet. This process allows victims the same access to being referred to a mainstream housing resource in addition to DV-specific housing resources. This ensures households fleeing DV have full access to those housing resources provided through the CES while still maintaining confidentiality and privacy of the household. Additionally, often victims who are accessing a mainstream housing resource continue to receive supportive services and safety planning through a VSP. 2) The CoC has made a concerted effort to identify areas for system improvement in access to housing and services for victims of domestic violence. First, the CoC Director and the HMIS Lead Administrator have been working closely with the Colorado Division of Housing and the CO Domestic Violence Program to make improvements to the state-sponsored comparable database to better integrate VSP data into mainstream data, in part for the purpose of tracking housing referrals and outcomes. The CoC Director and CES staff participate in monthly meetings with VSP leadership and housing staff to monitor system process and troubleshoot solutions. Through this process, it is clear to create a responsive system that works for our VSPs and prioritizes positive housing outcomes for survivors, we need to hire an outside facilitator for a strategic planning session; this planning session is scheduled the end of 2023.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.
	NOFO Section V.B.1.e.
	Describe in the field below how your CoC:
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC- wide policy and programs; and

(1901)

1) The CoC involves the perspective of survivors with broad lived expertise in policy development and governance. Our General Membership has multiple representatives from urban and rural victim service providers (VSPs), both domestic violence specific, VSPs that also serve victims more broadly, as well as Peer Support Advocates that have lived experience of homelessness, substance use and/or mental health, several of whom self-identify as survivors as well. Additionally, our Governing Board has a representative from a domestic violence shelter, who is a survivor herself, and a representative from a VSP that more broadly serves survivors of domestic violence, sexual assault, stalking and trafficking. Our Lived Experience Advisory Council has a member whose experience of homelessness was directly related to her experience of victimization, who is compensated for her time and expertise. Finally, our CoC Director has an extensive professional background prior to this position in working with victims of domestic violence, sexual assault, stalking and trafficking and has intentionally woven this experience into ensuring the complex needs of survivors are elevated alongside those of people experiencing homelessness not related to victimization. 2) A specific example of how the feedback we have received from our survivor representatives is taken into account is within the extensive process we are going through to improve our common assessment tool for coordinated entry. There is survivor perspective represented on the improvement taskforce and we have also gathered comments and suggestions

for change from our Lived Experience Advisory Council members, including our survivor representative. Our new tool and prioritization process is being developed using this feedback to ensure it is responsive to the complex ways vulnerability presents itself for people in abusive situations.

Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Training.	
NOFO Section V.B.1.f.	

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

Anti-Discrimination Policy–Updating Policies–Assisting Providers– Evaluating Compliance–Addressing Noncompliance.	
NOFO Section V.B.1.f.	

	Describe in the field below:
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC- wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti- discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti- discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti- discrimination policies.

(2377)

1) The CoC has updated its CoC-wide anti-discrimination policy to include more specific language to align with HUD Equal Access and Gender Identity Rules, as well as updating procedures of how the CoC will ensure equal access. The CoC has several people who identify as part of the LGBTQ+ community at levels of leadership, including on the CoC Governing Board. In our region there is a lack of specific LGBTQ+ advocacy and service organizations, however several peer support programs participate as part of the general membership and within our coordinated entry system (CES), and have provided useful guidance on CoC and CES policy. 2) The CoC has provided information to partners on best practice for gender inclusive language as well as shared with partners trainings offered by national technical assistance firms associated with non-discrimination and Fair Housing rights. The CoC also hosted a Fair Housing training for partners, which included information policies through formal monitoring of ESG and CoC funded programs. This past year the CoC implemented a new process for evaluating program's commitment and effort to address issues of diversity, equity and inclusion (DEI) within their programming and asked them to identify specific action steps to be taken over the next year. These evaluations were completed outside of the NOFO competition process,

but results of the assessments influenced the Project Rating Process. Additionally, individuals or agencies that have a concern related to a program's possible non-compliance with anti-discrimination policies are encouraged to contact the CoC Director to disclose the specifics of the concern and inquire about methods for addressing issues. 4) Upon completion of the DEI assessment process, CoC and ESG funded programs are asked to meet with the CoC Director to review their self-identified action plan for improvement. These DEI assessments will be re-evaluated yearly to see what progress has been made. Results will be factored in to the project's renewal rating if requesting continued CoC funding. Failure to make corrections could impact the program's receipt of future funds, either through the CoC local competition process or through advocacy to the State Division of Housing ESG Program.

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Catalyst	43.3%	Yes, General	Yes
Division of Housing		Yes, General Homeless Preference from waiting list; "literally homeless" definition (Chapter 4, pg 108)	Yes, in HCV program waiting list preference for "Current Participants in the following DOH subsidy programs: Permanent Supportive Housing (PSH) (Chapter 4, page 109)

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

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

(1751)

1) Housing Catalyst, a public housing authority in the CoC, has various homeless preferences for their HCV program depending on the specific type of voucher provided. For certain project-based vouchers attached to permanent supportive housing units, Housing Catalyst has a written preference for homeless families and individuals referred through the CoC and member agencies. For their HCV waitlist, Housing Catalyst has a preference for non-elderly individuals with disabilities who are homeless or who are transitioning out of institutional settings and would be discharged into homelessness; Housing Catalyst receives referrals for these

preferred applicants from the NoCO CoC. In addition, Housing Catalyst has a preference for up to 24 mainstream vouchers for families who qualify under other preferences and are at increased risk of illness from COVID-19 due to underlying health conditions. Housing Catalyst also received 24 Emergency Housing Vouchers which were issued to referrals from the CoC for families experiencing homelessness or who were at risk of homelessness. They have adopted a Move-On preference for people requesting to move from project based PSH to a tenant based voucher. The Division of Housing- Housing Authority Department also has both a homeless preference and a Move On preference for their HCV, FUP, Mainstream, and Non-Elderly Disabled vouchers. In addition to their extensive number of state housing vouchers, in northern Colorado, the Division of Housing has agreements with two agencies to administer CoC-funded vouchers for people experiencing homelessness, Northrange Behavioral Health and Summitstone Health Partners. Additionally, they have designated 56 Emergency Housing Vouchers to Larimer and Weld County.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

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

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

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

1. Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing	Yes
project serving individuals of families experiencing	

homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	
	Program Funding Source
2. Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP

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

1C-7e.1.	Voucher (EHV) Program.	Housing Catalyst, Division of Housing
	Not Scored–For Information Only	

Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
If you select yes to question 1C-7e.1., you must use the list feature below]
to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

1D. Coordination and Engagement Cont'd

1D-1. Discharge Planning Coordination.

NOFO Section V.B.1.h.

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	8
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	

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

	You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
	Describe in the field below:
1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(2496)

1) Projects funded through the CoC are expected to adhere to Housing First (HF) practices, including prioritizing rapid placement and stabilization in permanent housing. For the 2023 rating process, housing first implementation and practices were weighted heavily. Projects were scored on both outcome data that indicate an embrace of HF practices, as well as on a program's understanding and implementation of harm reduction

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and trauma-informed care practices. Prior to the competition, CoC projects were required to complete a HF Assessment that asks a variety of questions and gathers verification of policy and procedure. These results were also used as a factor in the rating process. 2) Renewal projects were asked questions to evaluate rhe percentage of successful referrals, acceptance of vulnerable populations from the by-name list, factors from the HF Assessment that ascertained whether program referrals have been declined due to income, lack of documentation, substance use history, criminal record, and domestic violence. The projects are evaluated on whether participants have been terminated for not engaging in supportive services, not progressing on service plan, losing income, and domestic violence. PSH projects are asked about whether terms in their lease are not found in standard leases and RRH projects are asked if participants can be exited from the program if they violence their lease. New projects were asked a variety of narrative questions around the factors to determine their program design and to what degree they subscribe to HF principles. 3) Outside of competition, we administered the HUD-sponsored HF Assessment Tool and also collected copies of policies and procedures as well as ask for specific examples of Housing First in practice. The tool asked projects to identify specific action steps for improvement, which will be reviewed with the CoC Director and projects will be asked to report on progress towards these steps next year. Programs are also evaluated by the CES team throughout the year on how many referrals are being accepted or denied, and the stated reason for denials and notifying the CoC Director if there are any concerning trends in denials. Program data collected and reported in HMIS provides a more structured opportunity to assess whether a program's participants are remaining housed or moving on to other permanent housing. An unusually high rate of exits to homelessness is an indicator the program model may need adjustment.

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

(2497)

1) Outreach happens by multiple organizations on a daily basis in both counties of our CoC. All outreach efforts are similarly based around often being the first point of contact for the unhoused for services, including enrolling in the coordinated entry system. The teams generally focus first on building relationships and trust with those who are under-engaged in services; once trust is established they are more able to connect the individual to other services and resources. In Fort Collins, a dedicated street outreach team (Outreach Fort Collins) is a key access point to the coordinated entry system, and also is regularly deployed to find individuals referred to resources, and engaging in merchant and law enforcement mediation to prevent unnecessary criminalization. In Loveland, a partnership with the City of Loveland and a local non-profit to conduct outreach to natural areas and other hot spots for encampments and encourage unsheltered people to access the newly expanded shelter and services. Loveland recently received funding to create a dedicated street outreach team. In the mountain-resort town of Estes Park, outreach efforts are conducted by Crossroads Ministry, including within the forested area that surround the town. In Weld County, a Street Outreach workgroup formed this past year to map out where and when each organization conducts outreach, and to create a coverage plan and coordination of efforts. Most of the unsheltered population in Weld County live in Greeley and there has been significant increase the number of outreach efforts conducted primarily by United Way of Weld County and the City of Greeley Homeless Response Team; the rural parts of Weld County are covered primarily by the Northern Colorado Health Alliance and Volunteers of America. 2) About 52.5%% of our CoC geographic area is accessible and 50% is covered by street outreach, leaving about 2.5% of accessible area uncovered. The

other 42.5% of inaccessible geography is protected land, including Rocky Mountain National Park, four different Wilderness areas, one National Forest, and one National Grassland. 3) Street outreach efforts are happening on a daily basis, including weekends. 4) The CoC works with all outreach teams to understand their role as potentially the primary point of contact for services for people with the highest barriers. The teams are trained to use non-threatening and approachable methods to engage people, including relying on others with lived experience.

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

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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

	HIC Longitud inal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	-	270	249

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

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

	Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes

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5. Substance Use Disorder Programs	Yes
6. Employment Assistance Programs	Yes
7. Other (limit 150 characters)	
	Medicaid changes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.
	NOFO Section V.B.1.m
	Describe in the field below how your CoC:
	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(2345)

1) The CoC communicates with members and funded projects primarily through email communications and virtual as well as in-person meetings. Information released from federal and state partners regarding mainstream benefits, including how to access and utilize them, is regularly forwarded to CoC members via email. Any relevant information on upcoming trainings is also shared at membership meetings. More specifically though, in 2023 the CoC began offering 6 CoC-sponsored trainings per year on the off months in between General Member meetings. As far as mainstream benefits, this year we have offered live trainings for providers to learn about changes to SNAP benefits, changes to Medicaid policy. 2) Many members and funded projects actively collaborate with healthcare organizations, including local behavioral health organizations, to ensure clients can access services. Funded projects and member organizations actively assist clients in accessing and using benefits, including Medicaid. For instance, Navigators -- who are often among the first staff members in contact with someone newly accessing services and the coordinated entry system -- assist individuals to enroll in critical benefits. The CoC Director is a member of the Mental Health Substance Use Alliance (MHSUA), a collaborative addressing intersecting issues related to ensuring access to mental and behavioral health services in our region. Additionally, the CoC Director sits on the Interagency Council, which is a network of mental and behavioral health providers, emergency medicine, law enforcement and coresponders that share both organizational level information and best practices as well as conduct coordination of services for high utilizers of the emergency response system. By participating in these groups and sharing about the work of the CoC, the number of healthcare sector CoC partners has increased. Additionally, recognizing there was a lack of representation on these meetings from victim service providers (VSP), the CoC Director connected representatives from the major VSPs in the region to both of these collaboratives. 3) Two highly engaged CoC and coordinated entry partners, SummitStone Health Partners in Larimer and NorthRange Behavioral Health in Weld, offer SOAR certification for their staff and ensure such services are widely accessible.

1D-7. Increasing Capacity for Non-Congregate Sheltering.	
NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(1044)

Within the CoC there were several projects that expanded non-congregate sheltering. In Loveland, in response

to reduce criminalization of homeless and also address the rising concern of growing encampments, the Salvation Army has increased the number of motel vouchers available for people experiencing homelessness, supported with additional funds from the City of Loveland. In Fort Collins and in Greeley, in addition to efforts by the night-by-night shelters, Homeward Alliance and United Way of Weld County also began offering motel vouchers for people to alleviate shelter overcrowding and to support medically fragile individuals and others whom congregate sheltering is not a viable option. Non congregate sheltering options were also increased for domestic violence victims in Loveland and in Greeley. In Loveland, the local victim service provider began providing motel stays when their safehouse was at capacity. In Greeley the domestic violence safehouse changed their shelter design to allow families to have their own private room.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.
	NOFO Section V.B.1.o.
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2.	prevent infectious disease outbreaks among people experiencing homelessness.

(1839)

The CoC improved its ability to respond to future public health emergencies by 1) collaboratively rethinking the structure of current programs and facilities, and forging new partnerships. The need to keep people experiencing homelessness safe during the pandemic required organizations to work together in ways that built off previous partnerships but responded to the particular challenges of the pandemic. For instance, emergency shelters in the CoC that regularly coordinate to maximize space during cold weather months again were required to work together to determine how best to use the space across all available shelters to serve individuals and families safely, as well as increasing the use of motels and other non-congregate options. These collaborations have been sustained and continue into the upcoming cold weather months. Lessons learned from these collaborative efforts are also informing current conversations regarding the development of new shelter space in the community. In addition, the pandemic required agencies to develop new partnerships, particularly with public health agencies. As CoC agencies and providers have expertise and relationships with people experiencing homelessness, and public health agencies have resources and a responsibility to protect the public health, it was imperative to work together during the pandemic. Coming out of the pandemic, the CoC has forged further partnerships with the State Department of Health Care Policy and Financing (HCPF). as well as our local Regional Accountability Entity (RAEs) that operate in each county in our region. Both HCPF and the RAEs myriad resources and information that the CoC was not previously connected. These partnerships and relationships will serve all parties well if and when there is a need to respond to a future public health emergency.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
		1
	Describe in the field below how your CoC:	
	shared information related to public health measures and homelessness, and	
	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

1) The CoC has formal partnerships with both the State of Colorado Department of Public Health and Environment (CDPHE), as well as public health departments from both counties in our region. Because of this partnership, public health information has been shared with members during our General Membership meetings, notably around Covid-19, Monkeypox, and Hepatitis C prevention. Both the Larimer and Weld County Health Departments continue to regularly publish data on the prevalence of public health concerns present in the region. A CoC Governing Board member who is the executive director of a domestic violence shelter also sits on the Weld County board to review protocols for emergency preparedness to provide perspective on the needs of highly vulnerable sheltered populations, 2) In both counties, over the last year there has been an expansion of communication and collaboration between public health providers and homeless service providers. In Fort Collins, the largest day shelter in the CoC, the Murphy Center, is repurposing a portion of their space into a permanent medical clinic specifically for people experiencing homelessness in partnership with Summitstone Health Partners and others; the first of its kind in our region. In Greeley, the Housing Navigation Center hosts medical clinic hours several times a month. Due to a high percentage of people staying in encampments during the summer months in Greeley, the Weld County Health Department monitors the river water content for dangerous levels of E.coli and other infectious bacteria and coordinates with street outreach workers to proactively notify residents of the encampment if levels become dangerous and also to assist in compassionate encampment movement when needed.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.
	NOFO Section VII.B.1.p.
	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(1946)

1) The Coordinated Entry System (CES) uses a "no-wrong-door" approach to access the system and covers 100% of our CoC. The CES includes 41 physical "Access Points" into the system, strategically located throughout both counties where people experiencing homelessness often seek services. The street outreach teams operating in the CoC also serve as mobile access points. Additionally, the CoC maintains an online portal hosted on FindHelp.com to expand access to CES where anyone can self-refer or be referred by someone else for assistance and assessment by a homeless resource navigator. As part of the development of this online portal, the CoC worked to outreach, engage and train organizations who have not historically participated in our CES, such as healthcare, probation, competency court, education, libraries, cultural community centers and others to use the online referral portal when they encounter someone who is experiencing homelessness. 2) Our CES uses a combination of the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) and custom follow-up questions to assist with prioritization as our standardized assessment. All staff conducting these assessments are required to complete online training in administering the assessment and entering the information into the HMIS CES project. 3) Every year our CES conducts an annual evaluation to gather feedback from partners on system functioning, engagement and the collaborative process. During this year's evaluation process, the CoC Lived Experience Advisory Council reviewed the standard assessment and the process to access coordinated entry and provided extremely valuable feedback that will be part of the foundation of our current goals of changing our assessment and prioritization policies. At the conclusion of the CES Evaluation, an official report is released and the results of the annual evaluation inform system-wide improvement goals.

Program Participant-Centered Approach to Centralized or Coordinated Entry.	
NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:	
	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(2452)

1) In keeping with the "no wrong door" approach, individuals who may not seek services elsewhere are still connected to the coordinated entry system (CES) through whichever entity might be in a position to assist them. In many cases our outreach teams and low barrier day shelters are the point of entry into CES as they regularly engage and build trust with people who are otherwise service hesitant. Households in the CES are prioritized based partly on their assessment score and partly on other criteria. 2) The CoC has adopted HUD's Orders of Priority (CPD Notice16-11) for PSH programs and prioritizes households based on chronic status and length of time homeless in addition to their VISPDAT score. Households are primarily prioritized for RRH based on their VISPDAT score and length of time homeless. 3) The CES utilizes case conferences to collaboratively refer households to resources and ensure the household is properly assisted with any front-end needs, such as securing required documentation to access housing. This process ensures households are connected as quickly and seamlessly to available housing resources as possible. Through case conferencing, our CES partners set action steps for each week and identify specific activities that should be accomplished by the case managers in between meetings to expedite housing. Additionally, referred households are always offered the housing opportunity as a choice and not as their only option. If a household declines a resource for whatever reason, they remain prioritized on the by-name list for future resources that may fit better with their preferences. 4) An example of taking steps to reduce burdens on people using coordinated entry is our CES adopting procedures to ensure people who have declined or who are unable to complete the VISPDAT are still included in the by-name list and their housing needs are determined through the case conferencing process. This is especially important option for those who are often living unsheltered and generally only engaging with targeted street outreach. This also can ensure people who may be leery of providing personal information to others to still be considered for resources. Our community participated in a HUD Workshop Series on Improving Assessment and Prioritization and we have created a taskforce that is starting the challenging work of creating a new assessment tool that is much simpler and less invasive than the VISDPAT.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.
	NOFO Section V.B.1.p.
	Describe in the field below how your CoC through its centralized or coordinated entry:
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

1) The CoC's coordinated entry system (CES) uses a no-wrong door approach, with access points to the CES being available both at mainstream homeless service programs, but also at other locations that have a broader service footprint, such as mental and behavioral health, criminal justice advocacy, cultural community centers, etc. There is also access to our CES through our online referral platform hosted by FindHelp.org. Each of these access points are responsible for affirmatively marketing housing resources and services through direct case management, visual aids, and other materials in an accessible way to people of any race, ethnicity, or belonging to any marginalized identify. 2) This includes providing information on fair housing rights, rights afforded to victims of domestic violence, as well as remedies for violations to civil rights. The CoC partners with Colorado Poverty Law Project (CPLP), a non-profit law firm that provides housing advocacy and education, eviction prevention, and tenants right legal aid services. CPLP hosts legal clinics and provides legal clinics for people who may have experienced fair housing violations, or how have been unjustly served an eviction notice. 3) This year, the CoC hosted a Fair Housing Rights training provided by the Denver Metro Fair Housing Center (DMFHC) for all CoC partners to know and understand federal and Colorado Fair Housing laws, including recent policy changes. The CoC endorses a process for partner organizations to report either on behalf of or together with clients who have experienced conditions or actions that violate Fair Housing rights to the CPLP or to DMFHC. Both CPLP and DMFHC have provided CoC-sponsored training for housing service providers in 2023.

1D-10. Advancing Racial Equity in Homelessness–Conducting Assessment.	
NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial	6/1/2023
	disparities.	

1D-10a. Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
NOFO Section V.B.1.q.	

	Describe in the field below:
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(2169)

1) Our CoC has used quantitative and qualitative methods to analyze the nature of racial disparities in the provision of homeless assistance. In 2022, our CoC participated in the HUD-sponsored workshop, System Improvement using Stella- P, to better understand how the racial disparities manifest locally. Through this workshop, our CoC has adopted an annual process of analyzing our HMIS data and other data sources, including our coordinated entry by-name-list data and our year over year Point in Time Count data, to identify multiple disparities in outcomes involving underserved communities in northern Colorado. In addition to outcome disparities, local homelessness data was also compared to the American Communities Survey and the 2020 Census to show the extent of disparity present in the number of people of color experiencing homeless in relation to the proportion to the total population. Finally, as part of our annual coordinated entry evaluation, we analyze referral data to determine whether there were racial disparities in who was being referred and accepted for housing resources. 2) Specifically the HMIS data revealed that Black/African American households experiencing homelessness to exit into permanent housing (14% for Black/African American households compared to 30% for White households). In addition, Black/African American households to exit the system into

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unknown destinations. There is a 15 percentage point gap between these two groups for exits of this type. The data additionally revealed that Native American/Indigenous households experience homelessness for longer. More broadly, disparities between the total population and the proportion of those experiencing homeless in our region see overrepresentation of Black/African Americans (5%), Native Americans (6%), and Native Hawaiians (3%), despite these groups only being less than 1% of the total population. Positively, there were no identifiable disparities in housing referrals based on race or ethnicity.

1D-10b. I	mplemented Strategies that Address Racial Disparities.	
1	NOFO Section V.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c. Implemented Strategies that Address Known Disparities. NOFO Section V.B.1.q.

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(2438)

Through the work done by the CoC Data and Performance committee, which participated in the HUDsponsored workshop System Performance Improvement using Stella-P as well as through analysis of the year or year Point in Time Count data, there were many areas for improvement in eliminating disparities in our system. To create meaningful change, the committee chose to first focus on the disparity between the

2023 CoC Application – FINAL percentage of Hispanic/Latin(a)(o)(x) households staying in emergency shelter and who are enrolled in the coordinated entry system (CES) compared to the percentage of non-Hispanic/Latin(a)(o)(x) households. The Data and Performance committee identified that Hispanic/Latin(a)(o)(x) households were 8-percentage points less likely to be enrolled into CAHPS than non-Hispanic households. Because CES is the process that most of our regions' homeless-specific housing resources are allocated, it is imperative for the CoC and its stakeholders to address this disparity and make a plan to prevent its growth. Driven by data, the CoC established a committee of diverse individuals and service providers to gather information and develop a plan to accomplish parity. Through conversations with community partners the Data and Performance committee was able to identify barriers, misunderstanding regarding resources, existing outcomes, and available resources. Following these conversations, the Committee identified specific improvement strategies that can have a rapid and meaningful impact on closing the disparity gap in enrollments. For example, all of our shelters are now receiving regular reports from HMIS of people who are enrolled in a shelter program but are not enrolled in CAHPS so that shelters can more easily know who needs to be assessed and enrolled. We also translated the housing assessment into Spanish to reduce the burden on bilingual housing case managers having to translate the form verbally while conducting the assessment with Spanish-speaking clients. We also created a data dashboard to consistently monitor the number of Hispanic-identifying households enrolled in shelters versus enrolled in CAHPS to see whether we were being successful in reducing the identified disparity. Five months into this targeted effort, we no longer saw this disparity and have maintained parity between the percentage of Hispanic and non-Hispanic identifying households using shelter also being enrolled in coordinated entry.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.
	NOFO Section V.B.1.q.
	Describe in the field below:
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(1775)

1) The CoC is committed to fostering a culture of system improvement based in equity as an integral part of our practice. In any report or presentation the CoC releases, we ensure it is prepared through a racial equity lens and includes data and discussion on how homelessness impacts minority populations. Over the last two years, we have implemented several processes to monitor progress on eliminating disparities within our homeless system. We have a standing Data and Performance Committee that is responsible for reviewing the data available to us and identifying possible strategies that could be implemented to make improvements. Once a strategy is identified, we have a process of delegating associated tasks to other appropriate CoC committees to work on. For example, because we have identified that we need to move to a different common assessment tool than the VI-SPDAT, the Data and Performance Committee reviewed data related to how individuals answered questions on the VI-SPDAT by race/ethnicity to see if which questions did or did not show biases and also track how the experience of homelessness may differ between groups. The next step in this strategy is to share this data with the committee that is working on actually developing the new assessment tool. Though we are still working through the process of creating a new assessment tool, we have incorporated conducting a review of our coordinated entry assessment and outcome data into a robust annual coordinated entry evaluation, which will allow us to track improvements over time and monitor whether new disparities arise. 2) The primary tools we use for tracking our equity progress is HMIS program data, Stella-P data, as well as coordinated entry data from HMIS as well as manually collected.

1D-11. Involving Individuals with Lived Experience of Homele	sness in Service
Delivery and Decisionmaking–CoC's Outreach Effe	s.
NOFO Section V.B.1.r.	

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

(1932)

The CoC created a committee to implement the StriveTogether Theory of Action framework to develop more equitable strategies for solving homelessness in northern Colorado. The NoCO StriveTogether committee focused on: 1) establishing a NoCO CoC Lived Experience Advisory Council (LEAC), and 2) expanding the diverse representation and participation in the Continuum of Care's boards, committees and workgroups. By following the StriveTogether action plan, the committee developed an intentional and deliberate plan for building a lived experience advisory council and other opportunities for input that includes diversity of personal experience and cultural background. The NoCO CoC acknowledges the importance of compensating individuals for their work and has funds to pay participants for their work on the LEAC. The second goal of the StriveTogether committee is to expand the diversity and representation of participants within the CoC. Until this point, the NoCO CoC had not collected data on the demographics and background of its membership. The StriveTogether committee developed an anonymous demographics survey for all service providers and access points in the CoC to see where gaps and disparities may exist so that intentional recruitment to fill gaps in representation can occur. The demographics survey included a secondary survey to capture interest for individual's involvement in the work of the CoC, with the purpose of supporting expanding membership on CoC board, committees, and workgroups to be more diverse and representative of the community as a whole and the people it is meant to serve, Lastly, now that the LEAC is an active part of the CoC structure, the council has begun to discuss more possible ways to meaningfully engage other people with lived experience, formally and informally. Discussion has included focus groups, one-on-one interviews, etc. and topics would focus on CoC and CES priorities.

	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	18	5
2.	Participate on CoC committees, subcommittees, or workgroups.	18	5
3.	Included in the development or revision of your CoC's local competition rating factors.	2	1
4.	Included in the development or revision of your CoC's coordinated entry process.	7	3

Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
NOFO Section V.B.1.r.	

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

(1913)

CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness. In Larimer County, Homeward Alliance has created and expanded a program called Hand Up in which employment specialists work with clients experiencing homelessness to build a resume, apply for jobs, and connect with employer partners. Homeward Alliance partners with other agencies to host office hours for their Hand Up employment specialists throughout Larimer County. Another strategy that has been deployed is targeting employment services for individuals at high risk for exiting incarceration into homelessness. In Larimer County, Homeward Alliance supports a re-entry program called Work and Gain Education and Employment Skills (WAGEES) for individuals exiting the criminal justice system. The program works with clients to set and attain employment and educational goals and secure stable housing. In Weld County, Weld Employment Services hold weekly office housing at the local Housing Navigation Center, assisting guests with resume building, job searching and general employment readiness. Additionally, Jobs of Hope operates a reentry program that provides employment and transitional housing services to individuals 18 and over, released from incarceration having had or currently gang-affiliated and involved in the justice system. As a participant of the Jobs of Hope program, individuals meet regularly with their Reentry Case Manager/Navigator to receive a fully integrated, holistic and collaborative service planning for meeting selfidentified goals related to employment and permanent housing. For the veteran population, there is a new organization called Veteran Employment Services that works with unhoused veterans to find and maintain employment, complete certificates to increase wages, and provide material assistance needed for employment.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.
	NOFO Section V.B.1.r.
ſ	Describe in the field below:
-	how your CoC routingly gathers foodback from people experiencing
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and

(2378)

1-2) The CoC created a Lived Experience Advisory Council (LEAC) to inform the broader work of the CoC, advise the governing board, and steer priorities of CoC committees. The LEAC is comprised of people who have recent or current experience of homelessness; members are paid for their expertise and are invited to be involved and paid for participating in other CoC committees and initiatives. Several LEAC members have received assistance from CoC and ESG funded programs, including two that live at a CoC-funded PSH complex. Additionally, there are regular lived experience listening sessions occurring at the two primary homeless resource centers/day shelters, both of whom receive ESG funding, to gather feedback and understand concerns of people receiving assistance. Because both of these agencies are highly engaged in the CoC, the feedback they have gathered within these lived experience groups has been communicated at CoC meetings and has helped inform certain policies and priorities. 3) Broadly, feedback that has been gathered from both the LEAC and through listening sessions is that people feel frustrated and let down by the length of time it takes for them to receive housing assistance and actually lease up in a unit. The CoC has taken many steps to address this challenge through optimizing our coordinated entry system to better streamline referrals, identify target move-in dates and encourage a sense of urgency and positive problem

solving in housing navigators so that people on the by-name list are being housed as quickly as possible. Another specific example is feedback provided by the LEAC representative who currently serves on the Project Rating Committee. The feedback shared was a recommendation that the perspective of people being served by CoC-funded programs should be included as part of the Rating and Ranking process. Additionally, feedback from people with lived experience should be collected in ways other than a paper survey since most people feel more positively when they are given the opportunity to actually talk about their experiences and not just given another piece of paper to fill out. This suggestion was overwhelmingly supported by the rest of the Project Rating Committee and the next CoC Competition will include the perspective of program recipients in the rating process and not simply through the use of a survey.

1D-12.	Increasing Affordable Housing Supply.
	NOFO Section V.B.1.t.
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(2499)

1-2) The CoC has strong partnerships with the major municipalities in the region, including reserving seats on the CoC governing board, and engages the CoC network to support affordable housing strategies happening at the city, county and state levels. Significantly, the State of Colorado passed Proposition 123, which incentivizes cities and counties to commit to increasing the supply of affordable housing and increase homeownership. Several of the municipalities and one county have submitted proposals to the state to qualify to receive Prop123 funds for this purpose, in doing so committing to increasing the supply of affordable housing by at least 3% each year. Additionally, Fort Collins, the largest city in the CoC, recently rewrote its land use regulations to reform zoning and permit more housing development, including expanding the number of approved housing types and increase development incentives for affordable housing, reducing parking standards, increasing height and density, recommending accessory dwelling units (ADUs). The City of Loveland also has reformed its regulations to make ADUs more available and accessible and making changes to water rights policy to reduce cost and increase access, both of which can have an effect on housing prices. The City of Loveland also expanded Single Family Zoning to focus on encouraging higher density and diversity of housing units, as well as creating a Loveland Land Bank for future development designated as 100% Affordable. Larimer County has completed an audit of current zoning land use codes, from an affordable housing lens, and County Commissioners approved four specific strategies for improvement. Larimer County is also part of a town driven initiative with resort town Estes Park, called Estes Forward, which will establish goals, policies and actions to address a variety of areas, including housing and land use. In Weld County, two CoC members, United Way of Weld County and the Weld County Department of Public Health and Environment, partnered on a shared grant to conduct the Thriving Weld Housing and Land Use Project, This pilot program worked with four municipalities inside Weld County to help them review and update their zoning, land use, and building codes to be more supportive of affordable housing development and higher density building. The project focused on community engagement to inform residents of zooming and housing options to empower the community to advocate for housing changes themselves.

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

Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
NOFO Section V.B.2.a. and 2.g.	
You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	8/18/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	8/18/2023

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over- represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	No

1E-2a.	Scored Project Forms for One Project from Your CoC's Local	
	Competition. We use the response to this question and Question 1E-2.	
	along with the required attachments from both questions as a factor when	
	determining your CoC's eligibility for bonus funds and for other NOFO	
	criteria below.	

NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen. Complete the chart below to provide details of your CoC's local competition:

	What were the maximum number of points available for the renewal project form(s)?	125
2.	How many renewal projects did your CoC submit?	6
3.	What renewal project type did most applicants use?	PH

	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
ļ	NOFO Section V.B.2.d.	

	Describe in the field below:
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(2339)

1) The Project Rating Application used a combination of quantitative data pulled from HMIS and qualitative narrative provided by the applicants to evaluate project's ability to successfully house people in permanent housing. Renewal Projects submitted their most recent Annual Performance Report (APR) to address outcomes related to remaining in or exiting to permanent housing. Applicants also were asked to describe a specific scenarios around how their program used harm reduction and trauma informed care to keep people housed. 2) This data was analyzed and scored by the Project Rating and Ranking Committee. First, projects are scored based on their adherence to accepting new referrals through coordinated entry. This process prioritizes those households with high assessment scores, long length of time homelessness, and chronic status. Each project was also assessed to ensure the project is serving households experiencing chronic homelessness (for example, with full points awarded to PSH projects filling 95% or greater vacancies with households experiencing chronic homelessness), and serving households that fall within the recommended range of assessment scores for that project type. 3) In addition, each project is assessed to ensure they adhere to specific expectations regarding serving households with specific barriers and vulnerabilities including too little or no income, history and active use of substances, having a criminal record, and a history of domestic violence. The scoring tool provided space for projects to explain factors that affected the rapid placement into housing. For example, if a RRH project had an average length of time to housing in excess of 30 days, they were given an opportunity for "bonus points" if they were able to provide an explanation as to why this occurred, such as housing higher acuity households outside of standard RRH practice. 4) The CoC gave priority in the scoring process to projects that provide housing and services to the hardest to serve populations by more heavily weighting questions that addressed these practices. Additionally, as outlined in the Rating and Ranking policies and procedures, project ranking may be adjusted outside of the raw score the application

received based on the project meeting CoC high priorities, including serving the most vulnerable.

1E-3. Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
NOFO Section V.B.2.e.	

	Describe in the field below:
	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over- represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(1312)

The CoC uses one Project Rating and Ranking Committee to develop the local Project Rating Application, scoring tool, and then to rate and rank the submitted applications. In this year's Rating and Ranking process, the CoC made significant improvement on increasing representation on the Committee as well as the scoring process's ability to address diversity, equity and inclusion (DEI). 1) The Rating and Ranking Committee included two people of color. 2-3) Informed by the thoughtful input of the committee members of color, the committee collectively developed a set of questions intended to evaluate the level of implementation of DEI practices at applicant agencies, including the number of traditionally minoritized individuals in leadership, how the input of people of color, LGBTQ+ and people with lived experience informs the project, the number of bilingual staff, and DEI training provided. 4) Additionally, projects were asked to detail their agency plans or practices for reviewing policies and procedures from an equity lens, as well as reviewing participant outcomes based on race, ethnicity and gender identity. Using input from our committee members of color and others, the committee chose to heavily weight the DEI related questions, which had an impact on the overall project scoring process.

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

(1744)

1) This is the third competition in which the Northern Colorado Continuum of Care has submitted an

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application. Until 2020, funded projects were previously a part of a different CoC, with different standards for monitoring, rating and ranking, and reallocation. During the split from our former CoC, some project contracts changed hands and management. All of these factors have made consistently and objectively evaluating projects more challenging. In addition, due to COVID-19 and delays in hiring CoC staff our CoC has made progress on formulating comprehensive plans to correct project underperformance, but has not fully implemented these to fidelity. For these reasons, the CoC has chosen to only pursue reallocation for projects that did not meet minimum threshold criteria or that have underspent the previous year's grant funds. This was outlined in the Policies and Procedures for Project Rating, Ranking, and Reallocation which were disseminated to project applicants prior to the rating and ranking process, 2-3) The CoC is reallocating two renewal projects this competition. One project was identified as not meeting threshold requirements and at the recommendation of the Project Rating Committee, the CoC Governing Board chose to reallocate \$65,000 from this project to a new project. Additionally, a second renewal project chose to no longer pursue CoC funding and these funds were reallocated to a new project. Through the rating and ranking process, the CoC identified an additional two projects that are at risk for potential reallocation if performance does not improve over the coming year; both projects were ranked lower on the Priority Listing due to performance concerns. 4) This question is not applicable to our CoC.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	9/8/2023

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

		9/8/2023
	applications were accepted and ranked on the New and Renewal Priority	
	Listings in writing, outside of e-snaps. If you notified applicants on	

vari	ous dates, enter the latest date of any notification. For example, if	
you	notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then	
you	n must enter 06/28/2023.	

1E-5b. Local Competition Selection Results for All Projects.	
NOFO Section V.B.2.g.	
You must upload the Local Competition Selection Results attachmethe 4B. Attachments Screen.	ent to

Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	9/26/2023
Application on the CoC's website or partner's website–which included: 1 the CoC Application; and	
 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings. 	
Replacement Project Listings.	

Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
NOFO Section V.B.2.g.	
You must upload the Notification of CoC- Approved Consolidated Application attachment to the 4B. Attachments Screen.	

Enter the date your CoC notified community members and key stakeholders that the CoC- approved Consolidated Application was posted on your CoC's website or partner's website.	23
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2A. Homeless Management Information System (HMIS) Implementation

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

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

Bitfocus

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

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

Enter the date your CoC submitted its 2023 HIC data into HDX.	4/26/2023
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Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
NOFO Section V.B.3.b.	

	In the field below:
	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;
	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and
3.	state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(949)

1) The three primary domestic violence providers in the CoC all use HMIS- comparable databases. One provider uses an independent database, Apricot, while the other two providers use CAFE, a database supported by the State of Colorado and used by the majority of DV providers throughout the state. Given the size of these three providers, the overwhelming majority of households fleeing domestic violence in the region have data inputted into an HMIS-comparable database. Additionally, the CoC Director and HMIS Administrator have been working with the State of Colorado Domestic Violence Program Office to allow HMIS Leads to have access to a training version of the CAFÉ database with the goal of being able to provide our CoC victim service providers with comparable data management support of CoC and ESG funded programs than mainstream providers receive. 2) The Northern Colorado Continuum of Care is compliant with the 2022 HMIS Data Standards.

2A-5. Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.

NOFO Section V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year- Round Beds in 2023 HIC	Total Year- Round Beds in HIC Operated by Victim Service Providers	Total Year- Round Beds in HMIS	HMIS Year- Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	372	87	279	97.89%
2. Safe Haven (SH) beds	0	0	0	N/A
3. Transitional Housing (TH) beds	110	0	54	49%
4. Rapid Re-Housing (RRH) beds	249	54	195	100%
5. Permanent Supportive Housing (PSH) beds	461	0	196	42.52%
6. Other Permanent Housing (OPH) beds	28	0	28	100%

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

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

(1353)

1) Only two of the six transitional housing projects in Northern Colorado are not currently participating in HMIS, however, these projects account for more than half of all TH beds. Both of these projects are located in Weld County, where the CoC is actively working to develop a data driven culture amongst providers. United Way of Weld County was recently awarded funds that will allow them to hire a Homeless Systems Improvement Specialist, who will serve as a liaison between the service providers and the HMIS Lead, with a goal of increasing HMIS coverage to build more comprehensive reporting tools. The VASH Voucher program accounts for 63% of the beds that are not in HMIS, and it is run by the Fort Collins Housing Authority. The CoC is continuing to work on solutions to streamline the process for providers who have to enter data into multiple systems. 2) Northern Colorado will take steps to increase HMIS coverage for PSH beds and TH beds, which include a) continuing outreach to agencies across both counties, to educate providers on the benefits and importance of HMIS and b) increasing efforts to make HMIS more accessible by exploring data integration tools that would decrease the workload on the agencies responsible for collecting and entering data, specifically the VASH program which collects a number of comparable data elements.

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

You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?

Yes, all of our files

were usable.

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

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

Enter the date your CoC conducted its 2023 PIT count.		1/24/2023
		-
2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

Enter the date your CoC submitted its 2023 PIT count data in HDX.	4/24/2023
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PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
NOFO Section V.B.4.b.	

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

(849)

Conducting a robust youth-specific count is an area in need of improvement in the CoC. In general, youthspecific homeless services is lacking in Northern Colorado, which has impacted the CoC's ability to effectively and accurately collect and understand youth homelessness data. In 2023, the CoC collected Housing Inventory Count collected data from one transitional housing program that serves youth and one youth-specific permanent supportive housing project. The PIT count identified 27 homeless youth (18-24) throughout the two counties, which is assuredly an undercount. However, the CoC intends to capitalize on and increase focus in this space in light of recent discussions for increased coordination with McKinney Vento Liaisons at the three largest school districts, as well as the new development of a youth shelter underway in Loveland.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes	

	between 2022 and 2023, if applicable;
	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(1156)

1) For the 2023 PIT count, 83% of the shelter data was collected from HMIS, which was an increase from the 72% that was used in the 2022 PIT count. The quality of HMIS data is far better than surveys completed by volunteers and staff, due to the extensive training end users receive prior to collecting and entering HMIS data. Also, de-duplicating data from HMIS is a much simpler process, thanks to identifying information in the system such as, SSN, and DOB. 2) The 2023 unsheltered PIT count was conducted using a combination of HMIS and client-level surveys. The methodology was based off of a "Night of the Count-known location" approach. A new program was adopted to collect information on clients who were counted outside of HMIS, Survey123 by ArcGIS. This program assists with deduplication and consistency in information collected. 3) The results of the PIT count from 2022 to 2023 showed an 11% increase in the total population, which could be attributed to both the outreach to providers that was conducted leading up to the PIT by the PIT Committee, as well as the overall increase in available Emergency Shelter beds (2022: 430 vs 2023: 514).

2C. System Performance

	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	

NOFO Section V.B.5.b.

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

(1917)

Ensuring households that can be prevented from becoming homeless are prevented/diverted from the homeless services system is a critical component of the coordinated entry system (CES). 1) As the CoC developed the CES, they incorporated questions recommended by HUD, national technical assistance organizations, and other CoCs into a diversion/prevention tool to identify those households at-risk of homelessness and prevent them from becoming homeless. Households are noted as being at elevated risk of homelessness if the household believes they will lose their housing within the next 72 hours and if they have no safe options of other places to reside. 2) Part of the prevention/diversion process entails asking the household if any resources (e.g., conflict mediation, rental assistance, utility assistance, etc.) could help them stay where they are currently living. Multiple CoC partners receive Homeless Prevention funding and households flagged as high risk are regularly referred to these programs for assistance in preventing eviction or housing loss. Additionally, the CoC has been intentional in expanding the number of formal partnerships that work to provide eviction prevention assistance, both through direct client assistance funding and through legal aide. 3) While the work of preventing and ending homelessness is shared by multiple agencies involved in the CoC, Neighbor to Neighbor and Colorado Poverty Law Project are experts in homeless and eviction prevention and provide leadership in the CoC to develop strategies to prevent homelessness among individuals and families in the region. In addition, given the overarching goal of the CoC is to prevent and end homelessness, the Governing Board of the CoC is responsible for approving any CoC-wide strategies developed to prevent and end homelessness and ensuring agencies are adhering to the tactics and practices outlined in those strategies.

2C-1a. Impact of Displaced Persons on Number of First Time Homeless. NOFO Section V.B.5.b

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	Yes

2C-2. Length of Time Homeless–CoC's Strategy to Reduce.	
NOFO Section V.B.5.c.	

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

(1740)

1) Length of time homeless and chronicity are prioritization factors for the CoC's coordinated entry system (CES). This ensures households who have been without permanent housing the longest are prioritized for any available housing resources and are assisted to quickly access those resources. The CoC has been working with Community Solutions Built for Zero Initiative since 2019 to create comprehensive strategies based in data to reduce the length of time people remain on our by-name list. 2) Currently, the CES relies on a combination of self-reported data regarding a person's homeless history to determine length of time homeless and investigation of their homeless history using HMIS. With a change in HMIS software, codification of Northern Colorado's status as an independent CoC (rather than a region in the Balance of State CoC), and the establishment of a local HMIS lead agency and team, more agencies are using HMIS. This provides more accurate information about households' histories of homelessness and provides a more reliable way to track length of time homeless over the coming years. Additionally because our HMIS is a statewide implementation, we are able to see if individuals have experienced homelessness in other parts of the state. 3) While the work of reducing the length of time individuals and families experience homelessness falls to all agencies involved in the CoC, Homeward Alliance, the HMIS Lead Agency and a major service provider in the CoC, has the expertise to lead strategies related to this outcome. This is partly accomplished by utilizing HMIS in the CES, providing accurate information on length of time homeless to all agencies in the CES, enabling more accurate prioritization of households.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section V.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(2194)

1) Increasing exits to permanent housing destinations and rates of housing retention involves multiple strategies. Primarily, the coordinated entry system (CES) and in particular the case conferences provide a collaborative space for key agencies involved in the housing process to monitor the community's by-name list and troubleshoot issues residents currently housed may be facing. For instance, if a resident of one permanent housing project is leaving, the case conference team may identify other resources that are coming available to which the resident can be referred, ensuring housing is retained. In 2023 our CoC redesigned the way we case

conference to allow for more thoughtful discussion of household's needs and barriers related to housing resources, create weekly action steps to housing, and ensuring the household with a housing resource is followed until they successfully lease up. 2) In addition, Housing Catalyst (local PHA) has contracted with HWA (local service provider) to provide housing navigation and stabilization services to persons experiencing homelessness who are newly issued a special purpose Housing Choice Voucher. This helps the voucher holder to have success in using their voucher and ensures they have the basic resources needed to be successful. The CoC also has prioritizes Emergency Housing Vouchers for people enrolled in Rapid Rehousing Programs who have demonstrated they would be better supported with long term housing assistance. For our veteran population, we have successfully used SSVF RRH to HUD VASH as a strategy to quickly house veterans and then provide long term support. 3) While the strategy to increase the rate of permanent housing exits is influenced by the participation of all members, staff at the Collaborative Applicant, United Way of Weld County, and HMIS Lead, Homeward Alliance, are the primary organizations responsible for ensuring households who are eligible for an available resource through a specific service provider are flagged in HMIS and ensuring that when any HMIS user in the community comes in contact with the household, they can rapidly connect them back to the provider with the available housing resource.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.
	NOFO Section V.B.5.e.
	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(1867)

1) The CoC has the advantage of being part of a statewide HMIS. This enables users, including funded projects with access to HMIS, to more accurately identify households who have previously experienced homelessness, even if their last contact with a homeless service provider was in another part of the state. Our HMIS Lead has created custom reports that are sent to our coordinated entry lead to show enrolled households that are returns to the system. 2) The CoC's strategy to ensure households do not return to homelessness involves first referring households to housing that meets their needs, including incorporating client preference into the housing process. Households that have choice in where they live are more likely to remain housed. Second, CoC members and funded projects are committed to providing adequate supportive services in permanent housing programs and continuously working to build trust and rapport with residents. When a household faces issues that may compromise their housing, case managers and service providers with already- established relationships are best able to work with the household to address those issues and increase the household's chances of staying housed. Third, even if a household must leave a housing unit. agencies work with the current housing provider to execute a mutual rescission rather than an eviction. This ensures the household will not face unnecessary barriers as they work to identify the next permanent housing opportunity or unit to which they can move. 3) While the work of reducing returns to homelessness falls to all agencies involved in the CoC, much of this work occurs in the coordinated entry system (CES). Therefore, the United Way of Weld County, which serves as the administrator for the CoC's CES holds the responsibility of overseeing the CoC's strategy to reduce returns to homelessness.

2C-5. Increasing Employment Cash Income–CoC's Strategy.	
NOFO Section V.B.5.f.	
In the field below:	

1.	describe your CoC's strategy to access employment cash sources;
	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(1525)

1) Funded providers are expected to assist households in securing or increasing their income, including employment cash sources for those households who are capable of working. This regularly involves helping clients to access services provided through local county workforce development centers. While each agency may assist their clients, there are also programs dedicated to assisting individuals experiencing homelessness or at-risk of homelessness secure employment. 2) For example, United Way of Weld County's Housing Navigation Center partners with Employment Services of Weld County to provide employment training and job search assistance to increase participant income. Additionally, the Hand Up program at Homeward Alliance provides a range of employment services including case management, job search training, resume building, interview preparedness, workshops and career counseling with the Larimer County Economic and Workforce Development Center, and assistance in securing needed documents or other resources (e.g., necessary clothing or footwear, eyeglasses, IDs, etc.). In addition, the program proactively cultivates relationships with local employers who are able to offer jobs to program participants. 3) Homeward Alliance, a large service provider in the CoC, provides multiple employment-related services to clients, both those in housing and those not yet housed. Given this expertise and capacity, Homeward Alliance is able to lead strategies in the CoC related to increasing income from employment.

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

(1845)

Securing cash income from non-employment sources is a priority for service agencies assisting people experiencing homelessness. 1) Particularly for funded PSH projects, given the severity of health conditions and disabilities as well as age of many residents, accessing income through sources other than paid employment is critical. All funded projects work with participants to apply for and access the benefits to which they are entitled. Depending on which subpopulations the household belongs to determines which agency may assist them. For instance, veteran service providers are skilled at working with veterans to secure necessary documentation and navigate the VA system to access veteran benefits. Additionally, agencies like Disabled Resource Services in Fort Collins and Loveland, and Center for Independent Living, provide services from their own buildings and also hold office hours at the central resource centers to assist people in applying for public benefits like social security disability. Agencies typically begin working with households immediately to access income sources. In particular, this is part of the process of working with Navigators across the CoC, who are often among the first staff positions people experiencing homelessness come in contact with. When a household accesses housing, the staff members in that project often assume responsibility for continuing to work with and follow-up on any applications submitted. Intentional work with households is needed, especially given it is commonplace for applications to some disability benefits to be denied multiple times before being approved. 2) In the CoC, the Navigators, housed at the United Way of Weld County and the Murphy Center,

are experts in this work and have the expertise to lead strategies to increase non- employment cash income across the CoC.

3A. Coordination with Housing and Healthcare

3A-1. New PH-PSH/PH-RRH Project-Leveraging Housing Resources.

NOFO Section V.B.6.a.

You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.

Is your CoC applying for a new PH-PSH or PH-RRH project that uses ^{Yes} housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

Mason Place PSH StarRise PSH

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

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

Project Name	Project Type	Rank Number	Leverage Type
	Hous	sing Catalyst –	
	Masc	on Place	
	Highl	Plains Housing	
	Deve	elopment –	
	StarF	Rise PSH	

4A. DV Bonus	
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4A-3. Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area. NOFO Section I.B.3.I.(1)(c)

1.	Enter the number of survivors that need housing or services:	195
2.	Enter the number of survivors your CoC is currently serving:	8
3.	Unmet Need:	187

*

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

(1449)

(1) The number of survivors calculated for this question include the number that are included on our coordinated entry system (CES) by-name list. These households were primarily assessed by victim service providers but a portion of them were also identified by mainstream access points to our CES. 2) This number was determined in part from our by-name list pulled from our HMIS, but primarily from the list that our victim service provider partners provide our CES team. The number of survivors being served currently is solely based on data collected from our CES team on referrals to available resources. 3) We are currently unable to meet the needs of all survivors primarily due to lack of available housing assistance, but also because housing resources are not connected to referrals fast enough for households that are fleeing domestic violence. For many victims of DV, if a safe housing opportunity is not identified quickly and they do not feel there are viable alternatives, survivors may often return to an abusive situation to ensure housing for themselves and their children. Because of this, the most successful housing resource referrals for survivors of DV occur very quickly after the household is identified, however this is now currently how our overall CES operates. This topic is something that our Victim Service Provider partners and the CoC plan to address at a scheduled strategic planning session the beginning of November.

4A-3b. Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.

NOFO Section II.B.11.e.(1)(d)

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Alternatives to Violence
2.	Project Name	Northern Front Range Rapid Rehousing for Survivors
3.	Project Rank on the Priority Listing	
4.	Unique Entity Identifier (UEI)	CSM9A1F5MVN6
5.	Amount Requested	\$110,000
6.	Rate of Housing Placement of DV Survivors–Percentage	60%
7.	Rate of Housing Retention of DV Survivors–Percentage	83%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
1.	how the project applicant calculated both rates;	
2.	whether the rates accounts for exits to safe housing destinations; and	
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(1494)

1) The rate of Housing Placements for 2022 was calculated using CES referrals of people fleeing domestic violence (DV) to both DV specific housing resources as well as those who were referred to mainstream resources. Of the 50 referrals, 30 of them were successfully enrolled into the program to be placed in housing; 20% of referrals were denied due to client rejecting the referral or the housing provider denying based on predetermined eligibility criteria. Currently our CoC is unable to determine long-term housing outcomes for survivors from mainstream programs because they are only identified using a unique identifier and when they are enrolled in the mainstream program they are enrolled in HMIS under their own name; our CES does not have access to this information. The Housing Retention rate from the DV Bonus project applicant, Alternatives to Violence, for their existing RRH program is 83%. This is calculated based on those who gained/remained in permanent housing at the end of their RRH program enrollment. 2) Collecting data on whether these households were housed in "safe destinations", is inaccessible since mainstream housing programs also house survivors and they do not track this information. However, for the housing placements made by DV providers, 100% of them are to "safe destinations". 3) The data sources used to determine these outcomes include the HMIS comparable database, Apricot, and coordinated entry data tracked in both HMIS and via Excel spreadsheet.

4A- 3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below how the project applicant:	

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.	

(2426)

1) The referral process for the Rapid Rehousing Program at both Alternatives to Violence (ATV) and subrecipient A Woman's Place (AWP) involves multiple sources and a speedy but structured assessment process to ensure that individuals and families escaping domestic violence and experiencing homelessness receive appropriate support. There are three primary victim service providers that identify the majority of individuals seeking housing assistance as part of their attempt to flee domestic violence, however mainstream homeless service providers are also trained to refer victims to coordinated entry. All referrals to the ATV and AWP RRH programs come from coordinated entry in a timely manner. 2) Survivors referred to these resources are prioritized first by the level of imminent danger they are experiencing, as self-identified or as assessed by our victim service provider partners. Additional prioritization includes other factors that contribute to vulnerability, length of time homeless, and experiencing a disability. 3) Case Managers conduct housing and service needs assessments at enrollment to determine which supportive services the survivor needs and selfidentifies as important. 4) The RRH program uses a housing first approach, prioritizes finding housing and takes all reasonable steps to reduce barriers to housing. However, connecting households to supportive services to stabilize and maintain in housing is an essential part of the RRH programming. Case managers are trained in certain stabilization supports, such as budgeting and goal planning and the agency has many direct partnerships with other service providers for things like counseling and employment assistance. But if the agency is unable to provide a service that a participant needs, the Case Manager will find another community organization that is able to offer the particular support and provide the participant with a warm hand-off to ensure connection to this resource. 5) The combination of step-down rental assistance, paired with tailored supportive services, including support in increasing income, is intended to set the participant up for success in being able to sustain housing stability after the subsidy ends. However, if it is determined that the participant actually would benefit from a longer term assistance our CoC has avenues for such households to potentially obtain vouchers to prevent a return to homelessness.

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

(1834)

1) For both ATV and AWP RRH programs, the intake and interview process are conducted in a private location, either at the agency or in the community at a location convenient and safe to reduce potential coercion of survivors. 2) Oftentimes survivors may be constrained in finding housing based on what location they consider safe. Case managers conduct extensive and personalized safety planning is conducted with all clients prior to housing placement to ensure physical and emotional safety needs are met with new housing location/environment and confidentiality. 3) Both ATV and AWP Rapid Rehousing programs are compliant with information sharing provisions for service providers working with victims of domestic violence, sexual assault and stalking, as outlined in the Violence Against Women Act (VAWA), Family Violence Prevention and Services Act (FVPSA), and the Victims of Crime Act (VOCA). The option of what kind of information to share and with whom is at the sole discretion of the survivor and case managers always obtain releases of information when information sharing is necessary. 4) Staff receive training on safety and confidentiality extensively at the time of hire and then refresher training guarterly. 5) Case managers discuss with survivors how they can maintain their privacy and confidentiality in housing. For example, case manager may assist to enroll the client in the Address Confidentiality Program, make a safety plan with neighbors and the property manager if they see the abusive partner on the premises, install security systems, etc. It is also important to recognize that many survivors choose to continue having contact with their abusive partner for a variety of reasons, and case managers are also trained in providing harm reduction-based safety planning support for these kinds of situations.

4A- 3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section I.B.3.I.(1)(d)
	Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(1595)

Through a diligent and ongoing evaluation process, ATV prioritizes survivor-centered approaches to enhance their safety and stability. Our regular surveys play a pivotal role in this evaluation process by capturing critical insights into the experiences of survivors within our program. These surveys are designed to provide survivors with a confidential platform to express their feelings of security, stability, and overall satisfaction with our services. By conducting these surveys at specific intervals, we can track changes in survivors' perceptions and circumstances over time, allowing us to adapt and tailor our supportive services accordingly. Through this ongoing evaluation process, we have identified areas for improvement that guide our efforts to enhance survivor safety. Notably, the feedback from survivors has highlighted the importance of bolstering security measures in their new homes, which includes improving surveillance through cameras to create an even safer living environment. Additionally, the surveys have illuminated challenges survivors face in accessing legal and financial resources, signaling the need for us to further streamline and expand these services internally and with partner programs. Furthermore, we have recognized the significance of providing trauma-informed support to both survivors and our dedicated staff members who interact with survivors regularly. These findings underscore our dedication to ensuring that the ATV RRH program remains a sanctuary where DV survivors can rebuild their lives with the utmost safety, empowerment, and dignity.

4A- 3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

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

(3943)

Project applicants, Alternatives to Violence (ATV) and A Woman's Place (AWP) collectively boast a remarkable track record of over 40 years dedicated to addressing the needs of domestic violence victims. This extensive experience underscores their deep understanding of the complexities, challenges, and sensitivities associated with this population. Through their longstanding commitment, they have established a strong rapport within the community and gained the trust of those they serve.

Both agencies adhere to ACRTI Principles (Accessible, Culturally Responsive, and Trauma-Informed) and Case Managers are trained in harm reduction, housing first, trauma informed case management, and have weekly supervision regarding their case load. All staff complete training in: Creating a Positive Work Environment, Cultural Competency & Humility, Data Privacy, Diversity Inclusion and Sensitivity, Microaggressions in the Workplace, Preventing Workplace violence, and Unconscious Bias. 1) The project will fully embrace the Housing First approach, which prioritizes providing stable and immediate housing to individuals and families experiencing homelessness or unstable living conditions, without preconditions or barriers. Victims will not be required to achieve certain milestones or engage in specific services before being provided with housing. The goal is to ensure that individuals and families have a secure place to live as a foundational step toward stability. 2) Case managers work alongside survivors, minimizing power differentials to create an environment of mutual respect by using a combination of the Strengths Based service model, ACRTI best practices, and client centered services ensuring that the client's goals and preferences for housing are the focus of housing search and placement, as well as working with the survivor to locate a suitable living situation within the community that meets their family's size and needs. 3) Oftentimes the experience of trauma and PTSD create additional barriers for survivors, and case managers are trained to share with clients information on "normal" reactions to trauma and how trauma impacts the brain. Warm hand-off referrals to clinical support are also made if the survivor desires. 4) Program staff incorporate trauma-informed care and strengths-based advocacy in every case management interaction to meet people where they are, both figuratively and literally, and tailor services to their specific needs, rather than imposing rigid expectations that can deter participation. Housing and stability goals are defined by the survivor and not based on predetermined expectations of where they "should" be in their journey. 5)

Additionally, both programs understand it is essential to be culturally responsive to the needs of survivors when creating a housing and safety plan so that the survivor feels supported and comfortable in their housing environment and in their support network. There are a large number of refugees and immigrants in our region, so ATV and AWP access case management tools such as a language assistance line, support services from the Immigrant and Refugee Center and hire bilingual staff whenever possible. 6) Both agencies recognize the negative impact that isolation has on a survivor's mental and emotional wellbeing. Peer support groups are offered on site at both agencies, and information to community groups, peer navigators or other safe social gatherings is provided to survivors as requested. 7) To address and foster positive parenting for overall family stability, both agencies employ youth and family advocates trained to support children who have experience trauma due to domestic violence as well as offer positive parenting, both agencies have partnerships with other organizations that provide youth and family counseling and other family services.

4A- 3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.	

(3046)

Both organizations have demonstrated a comprehensive and holistic approach to providing supportive services. They have consistently offered a range of resources tailored to the unique needs of domestic violence victims. These resources encompass safety planning, which is crucial for individuals seeking to escape abusive situations, as well as shelter options that provide immediate protection and a sense of security. Moreover, their commitment extends beyond short-term solutions, with a proven track record of assisting victims in finding and establishing permanent housing. This approach aligns perfectly with the proposed project's emphasis on rapid rehousing and long-term stability.

The project will collaborate closely with other organizations and service providers within the community to offer a comprehensive network of support. This collaborative approach ensures that victims have access to a wide range of services, such as legal assistance, counseling, healthcare, and job training that contribute to their overall well-being and success in achieving and maintaining permanent housing. ATV and AWP have displayed a history of collaborating effectively with various community stakeholders, including law enforcement, legal services, and counseling professionals. Their ability to forge partnerships and create a supportive network ensures a comprehensive wraparound services for domestic violence victims, enhancing their chances of not returning to their abusive situation and becoming self-sufficient and permanently housed. Our housing case managers provide case management support during the rapid rehousing period and continues as needed once the individual obtains permanent housing. Support to increasing their employment or other income to a level necessary to maintain permanent housing are often part of comprehensive programs designed to address the various factors that contribute to housing instability. Some of these supports include financial literacy education, and referring to agencies that can help with job training, and employment placement services. Case managers also assist with flexible financial assistance for supportive services such as child care, transportation, legal services, and public benefits navigation. Before, during and after the housing placement process, the housing case managers will work with

survivors to provide a detailed and personalized plan to assist them in accessing and benefiting from health, social, and employment programs for which they are eligible. This plan focuses on guiding each individual through the process, removing barriers, and maximizing the support available to them.

The survivor's housing case manager remains engaged in her journey, offering ongoing support as they navigate their path to stability. This includes assistance with rent payments, budgeting skills, childcare resources, and transportation options. Using this approach, it is the ultimate goal for the survivor to take over their rental payments and remain in stable housing with their children.

4A- 3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(1375)

Lived Expertise is a critical part of both Alternative to Violence and A Woman's Place's program implementation. ATV has created opportunities for current RRH participants to provide input, feedback, and suggestions at various stages of program development. This includes involvement in needs assessments, interviews and surveys where they can share their insights and preferences. For example, at ATV case managers regularly request feedback from participants, including suggestions of how to make services more accessible and helpful to participant's goals. AWP uses the disbursement of anonymous surveys to residents and non-residential clients in order to measure the success of the program. The surveys provide feedback from survivors which allows AWP to identify any deficiencies or challenges within the programming structure and analyze feedback to get a scope of positive aspects of the programs and parts of the program that need additional attention. AWP notes that they have infused the feedback of lived experience throughout our policies, program development, leadership, and governance. At AWP, 46% of staff members are survivors of domestic violence with lived experience; 40% of Board of Directors are survivors of domestic violence with lived experience.