Before Starting the CoC Application

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

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

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

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

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

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

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-506 - Tallahassee/Leon County CoC

1A-2. Collaborative Applicant Name: Apalachee Regional Planning Council

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Apalachee Regional Planning Council

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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, 2023 to April 30, 2024:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	No
21.	School Administrators/Homeless Liaisons	Yes	Yes	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	No
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

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

(limit 2,500 characters)

BBCoC has prioritized intentional collaboration with underserved communities, particularly Black and Brown communities, to ensure equitable access to services and programming. A key part of this is community engagement. BBCoC regularly hosts meetings through its Needs Assessment Committee to gather input on the specific challenges and needs faced by these communities. Additionally, monthly networking meeting provide opportunities to strengthen relationships with community members and agency staff at all levels. BBCoC also builds partnerships with local leaders and startup organizations to create solutions that are both inclusive & relevant. To ensure the equitable distribution of resources, BBCoC uses racial data tracking through HMIS to identify service gaps & reallocate resources to areas disproportionately impacting Black and Brown populations. Our commitment to culturally relevant programming ensures that services, such as mental health care, are provided by partner agencies and other providers who understand the cultural and social contexts of the communities they serve. BBCoC also formed a Racial Equity Committee to monitor outcomes and ensure that all populations benefit equitably from programming. This workgroup is open to the public, but BBCoC intentionally recruited individuals affiliated with the NAACP, human trafficking organizations, LGBTQ+ advocacy groups, and leaders from predominantly Black and Brown neighborhoods facing poverty. School liaisons from predominantly Black schools and minority-led organizations dedicated to serving marginalized populations are also actively involved. Furthermore, the committee engages in policy advocacy to address systemic barriers, such as discriminatory rental practices and access issues within social services. BBCoC has successfully advanced racial equity across multiple areas. Our efforts have led to measurable improvements in housing stability for Black and Brown individuals by addressing racial disparities in homelessness. BBCoC also focuses on building the capacity of local organizations that are run by or serve these communities by providing technical assistance and funding. Through ongoing training, the CoC ensures that our partner agencies address implicit biases and provide inclusive services. BBCoC's approach reflects a deep commitment to embedding equity in decision-making, resource allocation, and service delivery, fostering trust with marginalized communities and driving systemic change.

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

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

(limit 2,500 characters)

1. The CoC welcomes new member twice annually, in April and October, but membership opportunities are available throughout the year. Anyone interested in our mission to eradicate homelessness is eligible to join. We reach out to our mailing list, which includes over 500 individuals and organizations, to invite them to join and spread the word among their networks. Additionally, we feature calls for new members on our website landing page and social media platforms, and announce new memberships at local community meetings. Year-round, the community can access our online membership application on our website. Additionally, we offer membership through networking at non-CoC events hosted by partner agencies throughout the community. 2.As part of our commitment to accessibility, we offer accommodations to anyone requiring them to fully review electronic information distributed via our web notices, recordings, and announcements at public meetings. By leveraging Microsoft and Adobe's tools, we make recommendations for more accessible formats, ensuring our electronic communications are accessible for individuals with large print needs, compatibility with assistive technology, and language translation. To enhance accessibility further, we collaborate with two specialized organizations dedicated to empowering individuals with different abilities, who meticulously review our notices to ensure they are optimized for accessibility. Over three-fourths of our meetings take place via Teams, which not only hosts a variety of accessibility features like closed captioning and transcripts but also text telephony and screen reader support, further enhancing inclusivity.3.The Racial Equity Workgroup, launched in 2021, expanded its focus to include organizations serving homeless communities, with an emphasis on culturally specific services. While open to all, BBCoC intentionally recruited members from the NAACP, Human Trafficking Organizations, LGBTQ+ advocacy groups, and leaders from Black and Brown neighborhoods affected by poverty. The group also engaged school liaisons from predominantly Black schools and minority-led organizations. Its primary goal is to evaluate racial disparities within the homelessness system and provide guidance on fostering equity.

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

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

(limit 2,500 characters)

1. BBCoC actively seeks and considers input through various channels, including CoC-facilitated Partner Meetings, CoC Committee meetings—such as the Needs Assessment and Planning & the Race Equity Workgroup—and during CoC Board and Membership Meetings via public comment. The CoC also engages with the broader community through CoC-led meetings and collaboration with representatives from diverse fields. All CoC committee and board meetings remain open to the public. This year, the CoC has conducted multiple meetings with partners, agency staff, small business owners, community advocates, neighborhood associations, faith-based organizations, and local stakeholders to ensure the inclusive representation of all communities. 2.BBCoC ensures that each Board, Membership, and committee meeting agenda allocates time for the discussion of relevant information with the community. Additionally, the CoC's monthly Partner Meetings offer a platform for both the CoC and participants to share and discuss critical information of importance to the community. CoC staff are responsible for gathering public input and producing meeting minutes, which are utilized for future feedback and incorporated into strategic planning processes. 3.BBCoC distributes E-newsletters to over 500 organizations and individuals, informing them of opportunities for engagement and input. All electronic communication platforms used by the CoC incorporate a range of accessibility features, including screen reader compatibility, effective color contrast, alternative text for images, and plain text versions, ensuring broad and inclusive access to information. 4.BBCoC NAP meetings engage a diverse group of participants, including individuals with lived experience of homelessness, agency staff, small business owners, community advocates, faith-based organizations, and local stakeholders. The purpose of the meetings is to gather input on innovative strategies for addressing homelessness within the service area. Participants contribute a variety of creative ideas and suggestions to enhance the current response to homelessness. Based on feedback & priorities, the NAP and Executive Committees review and recommend updates or new strategies to improve housing outcomes & stability for those in need of housing assistance. This may involve revising procedures, policies, the CoC's HAP, or setting priorities for future work and funding opportunities, including local initiatives and ESG funding streams.

	1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
		NOFO Section V.B.1.a.(4)	

		Describe in the field below how your CoC notified the public:
	1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
	2.	about how project applicants must submit their project applications–the process;
	3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
	4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1. According to our Renewal and New Project Review P&P, the application process is open to agencies that meet the threshold criteria, including new agencies. The funding opportunity is posted on the CoC website within 48 hours of release from HUD. The RFP is distributed through local networks to ensure broader dissemination including local newspapers, TV & radio stations, & social media. Communications are shared via the BBCoC listserv, email, & social medias, actively encouraging agencies to apply. On 8/1/24, BBCoC initiated postings on available funding opportunities, followed by weekly notifications. All communications specifically encouraged recipients to forward the information to any interested parties. Additionally, the CoC held a community-wide training on the funding opportunity on 8/20/24, via Teams, allowing participation across the entire CoC coverage area. The training was recorded & posted on the CoC website for later review, ensuring access for anyone unable to attend the live session. 2.BBCoC held weekly TA sessions for prospective applicants who submitted a letter of intent. Each session focused on a specific aspect of the application process. Topics included troubleshooting & technical assistance with E-SNAPS applications, reviewing the local application & timeline, Q&A sessions, project scoring tools, presentation, & submission of application packets. All TA sessions were recorded and made available on the CoC website. Applicants were required to submit their local applications along with any necessary backup documentation via email and complete their ESNAPS applications in the E-SNAPS system by midnight on 9/25/24. 3. We used a trained committee of community members, free of conflicts as our Project Application & Performance Review Committee to review and score project proposals. The committee makes recommendations for high-scoring projects to be included in the ranking/tiering that is then completed by the CoC Executive Committee. 4.BBCoC posted full recordings of all TA sessions in the NOFO section of our website. We employed Adobe and Microsoft tools to ensure that all electronic text formats were accessible. Additionally, our virtual meeting platform, Microsoft Teams, offered various accessibility features, including assistive technology such as closed captioning, transcripts, text telephone, and screen reader support, to enhance accessibility for all participants.

1C. Coordination and Engagement

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

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

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

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

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

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

Within the governance structure of the BBCoC board, we ensure a collaborative, multi-sector approach by including representatives from local K-12 school districts, universities, and community colleges. These representatives are integral to the decision-making process, actively participating in votes on policies, procedures, and the strategic allocation of funding to enhance services for homeless and at-risk populations. Presently, the Director of Professional, Community, and Intervention Services for Attendance and Families in Transition with the Leon County School system holds an elected seat on our CoC Board, bringing critical insights from the K-12 education sector.

BBCoC has also established a strategic partnership with Florida State University to address the unique needs of homeless students, with a specific focus on those transitioning out of foster care or currently facing homelessness. Through this collaboration, we ensure that these students are assessed within our coordinated entry system, enabling us to verify their homeless status. This verification process is essential for facilitating access to state tuition waivers, thereby removing financial barriers to higher education.

Additionally, we have formalized a Memorandum of Agreement with CareerSource Capital Region, which delivers targeted employment training and educational resources to homeless youth ages 18-24. This partnership allows us to offer comprehensive support that addresses both immediate and long-term needs, equipping young adults with skills for sustainable employment and financial independence.

To inform and optimize our homelessness prevention and rental assistance programs, we utilize data provided by the Florida Department of Education on homeless youth and families living in "doubled-up" situations. This data-driven approach ensures that our resource allocations are responsive to the specific challenges and demands across the eight counties within our CoC coverage area.

Each county school district within our region also designates a Families In Transition (FIT) Liaison. These liaisons are pivotal in the school-based support network, working directly with school-aged youth and their families who are at risk of or currently experiencing homelessness. They provide essential resources and interventions to stabilize students' educational experiences and overall well-being, reflecting our commitment to holistic, community-centered support.

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

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

(limit 2,500 characters)

Per our Written Standards Policy and Procedure, all providers within our CoC are mandated to coordinate with mainstream educational resources to ensure seamless support for clients with children. As part of our commitment to education access, our Family emergency shelter, HOPE Community, has implemeted a client orientation that include comprehensive guidance on available childcare and educational services for children in our programs upon acceptance into the shelter. During this orientation, households with children receive an in-depth review of the McKinney-Vento Act, including a thorough explanation of the benefits and protections it affords them. This orientation is mandatory within the first seven days of intake, and clients confirm their participation by signing an acknowledgment form. This form also verifies that they have been introduced to their assigned case manager, who is available to assist with any follow-up questions or additional support.

To further support educational access, programs serving families with children are required to appoint a dedicated educational liaison. This liaison plays a critical role in ensuring that children are enrolled in school and connected with appropriate community resources. These services include early childhood education programs such as Head Start, services under Part C of the Individuals with Disabilities Education Act, and supports provided by the McKinney-Vento Act. By facilitating these connections, the liaison ensures that children have the resources and support they need to succeed academically and developmentally.

Additionally, our CoC has recently established a partnership with Florida State University to enhance support for homeless students. Through this collaboration, we aim to connect students experiencing homelessness with essential services, ensuring they have access to the resources required for academic success and stability.

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

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

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

	Other (limit 150 characters)		
10.			

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

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

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	International Rescue Committee (IRC)	Yes

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

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

(limit 2,500 characters)

1.To strengthen collaborative efforts in shaping CoC-wide policies, the CoC has designated a dedicated board seat for the Executive Director of Refuge House, the region's certified domestic violence and sexual assault service provider. This ensures that the voice of Refuge House is integrated into high-level decision-making. Furthermore, the CoC's NAP Committee, tasked with conducting gap analyses and recommending policy changes, actively involves Refuge House in reviewing and revising the CoC's Homelessness Assistance Plan (HAP). This engagement ensures that the plan comprehensively addresses the needs of the community, particularly in relation to both CoC and ESG programming at the CoC and municipal levels. To enhance data-driven policy development, the CoC has integrated targeted questions into provider intake assessments, allowing for the collection of essential information from participants fleeing domestic violence situations. This client-level data is vital in shaping and refining CoC-wide policies, ensuring they are responsive and relevant to those most in need. Moreover, the CoC's Coordinated Entry policy mandates ongoing collaboration with domestic violence service providers, enabling a more effective response to issues of domestic violence, sexual assault, dating violence, and stalking within the community. 2.CoC-wide policies and procedures require all participating agencies to provide annual client-centered, trauma-informed training to their staff, ensuring a culturally responsive and trauma-informed approach to client care. This year, the CoC has expanded opportunities for partner agencies by offering multiple sessions of trauma-informed care training led by local experts. Notably, Refuge House and Survive and Thrive Advocacy, both organizations dedicated to supporting survivors, provide continuous access to training, educational seminars, and webinars, in which CoC partners actively participate. Additionally, the CoC mandates that agencies submit proof of staff training during monitoring processes. This requirement is also a scored component in CoC funding competitions, underscoring the critical importance of ongoing staff education in delivering effective, compassionate services to vulnerable populations. This emphasis on training ensures that all participating agencies are equipped to meet the complex needs of the communities they serve.

	1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
		NOFO Section V.B.1.e.	

		Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:
	1.	safety planning protocols; and
	2.	confidentiality protocols.

(limit 2,500 characters)

1.BBCoC partners with community providers to deliver specialized training for service providers, including those serving as access points for the CE system & all street outreach teams, to ensure they are equipped to effectively support survivors of domestic violence. Refuge House plays a key role by offering a comprehensive & customized community education and training program, covering a wide range of topics designed to promote violence prevention through heightened awareness and strategic response measures. In addition, Survive and Thrive Advocacy Center, in collaboration with Leon County, has developed enhanced and tailored training specifically designed for CoC agencies to improve service delivery. To further support these efforts, CoC partner agencies incorporate training on safety and planning protocols for assisting domestic violence survivors into their new hire orientations. This ensures that all staff members are well-prepared to respond to the unique and critical needs of this population, reinforcing the CoC's commitment to providing informed, compassionate, and effective services. 2.Staff at CE Access Points and street outreach teams undergo annual training to prioritize the safety and well-being of individuals seeking victim-centered services. This training equips staff with the skills to manage sensitive situations, ensuring they can effectively support those in need. Individuals seeking assistance are offered the opportunity to connect with the local DV shelter provider, law enforcement, and/or medical services as appropriate. CE staff have access to a 24-hour hotline managed by Refuge House for immediate support. All agencies involved in CE must complete annual CoC training, reinforcing privacy and safety protocols. Housing referrals prioritize survivor safety, offering tailored solutions and immediate access to emergency services like DV shelters. When making housing referrals, CE protocols prioritize the safety of survivors, directing them to housing solutions tailored to their specific needs. DV survivors are granted immediate access to emergency services, including DV shelters. For victim service providers not directly participating in CE, processes are in place to ensure individuals & families receive the same level of care & confidentiality. The local Partnership Against Domestic Violence provides opportunities to regularly review and improve programmatic procedures, ensuring comprehensive care meets the evolving needs of survivors.

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

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

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

	Other? (limit 500 characters)		
7.			

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

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

(limit 2,500 characters)

1.BBCoC has established policies & procedures that outline clear, standardized protocols to ensure the swift and effective support of households actively fleeing domestic violence, including an emergency transfer plan. The emergency transfer plan provides detailed guidelines for facilitating rapid relocations to safer environments, ensuring minimal disruption to the household. It emphasizes timely intervention, coordinated efforts between service providers, and survivor-centered support, helping individuals access shelter, transportation, legal advocacy, and other critical services needed for a secure transition. 2. A household seeking or receiving services is informed of its right to request an emergency transfer during the intake process or as soon as domestic violence concerns or situations are disclosed to staff. At this point, staff members provide clear, accessible information about the emergency transfer process, including eligibility criteria, timelines, and the types of assistance available to support the transition. This ensures that clients understand their options from the outset and feel empowered to make informed decisions about their safety and well-being. 3.Households who report that they feel unsafe in their current environment have the right to initiate a transfer to a new location or program by submitting a written request. The process is designed to be as seamless and accessible as possible, ensuring clients feel supported throughout. All documentation and information related to the transfer are handled with the highest level of care, adhering to strict confidentiality protocols to prevent any unauthorized disclosure. Service providers are committed to maintaining client privacy, ensuring that no details about the transfer are shared without explicit, informed consent.   4. Once received, service providers search for resources, including available housing options, transportation, and additional services necessary for the transition. This ensures that the new location will meet the client's needs and provide enhanced safety and stability. If the transfer requires coordination between multiple agencies, clients are asked to sign consent for for information. These measures promote a smooth, coordinated effort, to minimize delay. The ultimate goal of the transfer process is to ensure that the client moves to a safer, more secure environment with all necessary supports in place.

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

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

(limit 2,500 characters)

CoC-wide policies & procedures establish clear protocols to ensure the swift and effective support of households actively fleeing domestic violence. These guidelines mandate that the affected households must be immediately referred, with the client's consent, to the designated victim service provider, Refuge House. Refuge House, recognized for its specialized expertise in domestic violence intervention and survivor support, acts as the primary point of contact to deliver crisis assistance and long-term stabilization services.

Once the referral is made, program staff work closely with the client and Refuge House staff to develop a tailored and immediate safety plan. This plan is designed to address the specific needs, risks, and preferences of the client to ensure both their safety & well being. Safety planning may include temporary shelter, legal advocacy, emotional support, financial assistance, & access to emergency healthcare. If the situation requires relocation to a safer environment, program staff and Refuge House personnel will coordinate all aspects of the move. This includes identifying a secure location, organizing transportation, & ensuring that the transition is seamless, minimizing any risk to the household.

Those who feel unsafe in their current situation may request a transfer to a different location or program by submitting a written request. All documentation & information related to the transfer process are handled with the highest level of confidentiality, ensuring that no details are disclosed without the client's consent. Upon receiving the request, the service provider will conduct a thorough review of available resources, including housing options, transportation arrangements, and support services, to facilitate a safe & timely transition. Before initiating the transfer, clients must sign necessary consent waivers, allowing service providers to share essential information needed to coordinate the relocation effort.

Throughout the entire process, the privacy & security of the households are safeguarded. Measures such as secure communications, anonymized records, & restricted access to sensitive information ensure that the client's location & personal details remain protected at all times. The goal is to provide not only physical safety but also emotional reassurance. This approach highlights the commitment of the CoC and Refuge House to prioritize survivor autonomy & deliver trauma-informed care.

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

		Describe in the field below how your CoC ensures survivors receive safe housing and services by:
	1.	identifying barriers specific to survivors; and

2.	working to remove those barriers.	

(limit 2,500 characters)

1. Big Bend Continuum of Care has actively collaborated with Refuge House and the STAC to address the unique challenges faced by domestic violence survivors experiencing homelessness. This partnership focuses on identifying systemic and individual barriers such as lack of safe housing options, limited access to trauma-informed care, and the need for confidentiality to ensure survivor safety. Through data sharing, joint case management, and stakeholder engagement, the organizations have worked together to streamline services, advocate for survivor-centered policies, and provide targeted resources, ensuring that the needs of DV survivors are met effectively within the homelessness response system.

2. The BBCoC has implemented a dedicated coordinated entry process designed to provide survivors with immediate access to safe and confidential housing pathways. The CoC integrates emergency plans for individuals fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking into its written standards and the coordinated entry system policies and procedures manual. These plans ensure a streamlined and survivor-focused approach to addressing urgent housing needs.

In collaboration with Refuge House, the local victim service provider, and STAC, the CoC enhances its capacity to address these emergencies. Both Refuge House and STAC have established policies and procedures to manage emergency plans effectively for survivors. Their staff, who are highly trained in addressing the unique challenges faced by survivors, deliver direct support to participants and provide specialized training to staff at other provider agencies. This training ensures services remain client-centered and trauma-informed.

Over the past year, Refuge House and STAC have intensified their efforts by regularly coordinating with agency staff through case conferencing. This collaboration focuses on pooling resources and removing barriers to housing, fostering a more integrated and effective response to the needs of survivors within the community.

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

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

1C-6a.	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.

(limit 2,500 characters)

1. Our CoC conducts an annual review, evaluation, and update of its anti-discrimination policies to ensure they remain relevant and effective. This process involves actively engaging the CoC Board, community partners, and clients to solicit input on potential policy improvements. Feedback gathered during this collaborative effort informs necessary updates to the policy, ensuring it continues to address the needs of the community while promoting inclusivity, equity, & a discrimination-free environment across all programs and services. 2.Throughout the year, BBCoC, in collaboration with its partners, organizes training sessions and forums for agency leadership and staff on critical topics such as anti-discrimination best practices and policy development. BBCoC strongly encourages agencies to participate in community-based training on anti-discrimination issues to ensure their policies and procedures align with current best practices and reflect the latest processes. United Partners for Human Services (UPHS), a key partner committed to advancing equity and inclusivity within the human services sector, provided CoC partners with opportunities for specialized training and technical assistance. UPHS's training modules covered a range of relevant topics, including identifying and addressing implicit bias, creating inclusive workplace cultures, and developing anti-discrimination frameworks that are both actionable and sustainable. 3. Annually, the CoC conducts program monitoring to ensure that agencies comply with CoC policies and procedures. As part of this process, the CoC surveys program participants to assess their experiences with staff and the overall quality of service delivery. In addition, agencies are required to disclose any complaints or grievances they have received from clients. This feedback is thoroughly reviewed & considered when updating policies, ensuring a continuous commitment to improving service delivery& adherence to best practices across all programs. 4.Agencies that fail to comply with anti-discrimination policies, as outlined by CoC standards, may be placed on a corrective action plan and required to participate in targeted technical assistance and training. If non-compliance persists, the CoC may impose more severe consequences, including the reduction or termination of CoC funding and/or partnerships. This ensures that all agencies are held accountable for upholding the standards necessary for equitable and inclusive service delivery.

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

	You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
	Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

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

You must enter information for at least 1 row in question 1C-7.

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

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

(limit 2,500 characters)

1. The Tallahassee Housing Authority (THA) and the CoC maintain a collaborative partnership to provide comprehensive housing solutions for individuals and families experiencing homelessness. In response to BBCoC's request, THA has integrated language into its administrative plan that prioritizes households transitioning out of homelessness, demonstrating its commitment to addressing this critical need within the community. This partnership is further solidified by the Director of THA holding a seat on the CoC governance board, which enhances strategic coordination and facilitates ongoing collaboration on housing initiatives. THA and the CoC have worked closely to support clients exiting PSH through the use of Move Along Vouchers, a vital program that allows individuals to transition from supportive services to stable, independent housing. This initiative not only opens up space within permanent supportive housing for those in need but also provides a pathway to long-term stability for clients ready to move forward. Furthermore, THA actively participates in the Coordinated Entry system, accepting referrals for clients who qualify for Mainstream Vouchers. This year alone, THA has successfully moved 16 households into permanent housing through this program, highlighting the effectiveness of this collaboration. By continuously aligning resources and strategies, THA and the CoC are working to expand access to affordable housing and improve housing outcomes for vulnerable populations across the region. 2.The CoC has initiated discussions with the two other housing authorities serving our area, Northwest Florida Regional Housing Authority & North Central Florida Regional Housing Authority, encouraging them to adopt a model similar to that of THA. At present, neither NWFRHA nor NCFRHA have implemented a homeless preference policy or a move-along strategy to assist individuals transitioning out of homelessness. The CoC Board & staff remain committed to continuing these efforts by educating them on the critical importance of prioritizing homeless individuals and families in their housing programs. We aim to demonstrate the tangible benefits of adopting dedicated move-along vouchers, which help clients move from supportive housing to stable, independent living, freeing up resources for others in need. To foster collaboration and alignment on homelessness initiatives, NWFRHA and NCFRHA are strongly encouraged to participate in all CoC meetings and planning events.

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

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

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

1C-7c.	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)	No
	3.	Housing Choice Voucher (HCV)	Yes
	4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
	5.	Mainstream Vouchers	Yes
	6.	Non-Elderly Disabled (NED) Vouchers	No
	7.	Public Housing	No
	8.	Other Units from PHAs:	

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

	1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
			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.	

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

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

1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	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 2024 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 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
Describe in the field below:

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

(limit 2,500 characters)

1. In the CoC Competition for new and renewal projects, applicants are evaluated on their commitment to the Housing First approach. CoC policies require applicants to demonstrate alignment with Housing First principles, which prioritize rapid housing placement without mandating service participation. Applicants must certify compliance with these principles and submit policies and procedures for review, ensuring adherence to CoC standards that emphasize housing stability and economic self-sufficiency. 2.Program P&Ps must explicitly show that clients are not required to participate in services before obtaining or retaining housing. The P&P should prioritize rapid placement into permanent housing, along with strategies to stabilize housing and promote economic self-sufficiency. Applications are scored based on the following benchmarks: a) The P&P clearly demonstrate adherence to Housing First principles, including allowing previously terminated participants to access services again, with detailed descriptions of how rapid placement and stabilization are measured (full points), b) The P&Ps show a commitment to Housing First but are somewhat vague or lack detail (partial points), c) The P&P fail to document Housing First implementation, leading to non-compliance (no points). This scoring process ensures agencies are evaluated on their commitment to and execution of the Housing First approach. 3.We ensure adherence to the Housing First model through annual monitoring and evaluations, including interviews with staff and participants to confirm that services are not required to maintain housing. Regular case reviews, including income, benefits, and HMIS documentation, verify that no services are mandated. Additionally, mandatory annual Housing First training is provided to all nonprofit and CoC project staff, and training logs are reviewed during monitoring to ensure compliance. 4.Our CoC has implemented key initiatives to strengthen adherence to the Housing First model, focusing on rapid housing placement and eliminating barriers to housing access. These efforts include annual training and capacity building, project monitoring and performance evaluations, client and staff engagement, continuous policy updates, and technical assistance. Through these comprehensive measures, our CoC has enhanced fidelity to the Housing First model, ensuring that participants can access and maintain housing without unnecessary service requirements.

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

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1. BBCoC Outreach Coordinator oversees operations of outreach teams tasked with engaging individuals experiencing unsheltered homelessness, including vulnerable populations such as youth, veterans, and families. These teams conduct assessments, prioritize clients based on their needs, and match them with appropriate housing & support services. The by-name list of individuals engaged by outreach teams is maintained, updated, and reviewed during bi-weekly CoC-led outreach meetings to ensure consistent follow-through on housing efforts. The Outreach Coordinator has made significant strides in enhancing outreach efforts by organizing strategically planned events, collaborating with city and county staff to address community concerns, & expanding outreach capacity by increasing the number of outreach workers. Additionally, the Coordinator has forged partnerships with key agencies specializing in street medicine, overdose prevention, and anti-human trafficking to provide a wider array of support services. 2. CoC street outreach teams conduct outreach across 100% of the CoC's geographic area, ensuring engagement with individuals in both urban and rural areas. 3. Outreach teams maintain a visible presence in Tallahassee/Leon County, conduct weekly outreach in Gadsden and Wakulla counties, and provide monthly or as-needed services in other areas. The Outreach Coordinator also organizes regular outreach events to target people who are panhandling, in public parks, and other public areas where individuals experiencing homelessness are likely to gather. 4. Outreach workers canvass streets, encampments, and other areas, engaging with clients who may not otherwise seek services. Utilizing the Housing First approach and motivational interviewing techniques, they try to connect individuals with housing & support services. Outreach efforts are supported by our partners who help meet basic needs, such as providing food, clothing, medical care, and harm reduction supplies. BBCoC employs a person-centered, trauma-informed approach to ensure that those facing significant barriers, such as mental health challenges, cognitive impairments, substance use disorders, or other obstacles, have equal access to services. Outreach workers receive specialized training to effectively engage and build trust with individuals experiencing unsheltered homelessness, ensuring they are able to address complex issues & connect clients with the resources to move towards housing stability.

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	No
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No

3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4.	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.l.	

	HIC Longitudinal HMIS Data	2023	2024
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	117	144

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1.BBCoC keeps program staff and participants informed through various channels, including social media, mailing lists, networking meetings, Board and Membership meetings, and partnerships with 211 Big Bend and local providers. CoC staff regularly shares updates on mainstream programs as they become available, and monthly partner calls brief agency leadership on upcoming changes to services. BBCoC updates its paper and electronic Resource Guide twice a year, in both English and Spanish, to ensure staff and clients have access to the most current referral information. To stay informed on new resources, the CoC monitors news and participates in community and regional meetings, tracking updates on healthcare, behavioral health, education, transportation, and other services. This proactive approach ensures staff and participants are well-informed and supported with the latest resources. 2.Health insurance enrollment and Medicaid utilization are key priorities for area providers. Medicaid HMOs and other benefits providers regularly visit our emergency shelters to support enrollment, reducing transportation barriers and simplifying access to essential healthcare services for individuals experiencing homelessness. We also collaborate with Apalachee Mental Health and Tallahassee Behavioral Health to ensure clients receive necessary mental health care. Additionally, the City of Tallahassee's Crisis Intervention Team, trained to handle mental health crises, works closely with our street outreach teams to assist clients in immediate crisis. Northwest Florida Health Network, the state's lead behavioral health agency, allocates state funds to address housing needs for individuals experiencing homelessness, particularly those frequently using emergency services like psychiatric stabilization, detox, and jail services. This partnership provides comprehensive support to address both housing and healthcare needs for vulnerable populations. 3.CoC staff regularly shares information on SOAR certification training and seeks funding to support agencies in hiring SOAR-certified staff. We also collaborate with Northwest Florida Health Network (NWFHN) to provide clients with access to SOAR Benefits Specialists and offer support and training for staff pursuing SOAR certification, ensuring better access to SSI/SSDI benefits for clients.

	ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
		NOFO Section V.B.1.n.	

		Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:
	1.	respond to infectious disease outbreaks; and
	2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1.BBCoC actively collaborate with county and state health departments & local FQHC medical centers, to address infectious diseases among individuals experiencing homelessness, who are particularly vulnerable due to crowded living conditions, limited healthcare access, and preexisting health issues. The CoC coordinates bi-monthly with the FSU School of Medicine, Neighborhood Medical, and Bond Healthcare to conduct health screenings, testing, and vaccinations at shelters, encampments, and other outreach sites. In partnership with the Leon County Health Department, CESC and HOPE, our largest emergency shelters, lead health education campaigns to ensure that both staff and individuals experiencing homelessness receive information on disease prevention, symptom recognition, and healthcare access. Our CoC partners connect those experiencing homelessness to primary care, mental health services, and substance use treatment, ensuring a comprehensive healthcare approach. Local FQHC's, Neighborhood and Bond Medical Centers, deploy mobile health units to provide direct care at the request of street outreach teams. Through these strategic partnerships, the CoC and public health agencies deliver a coordinated response to disease outbreaks, prioritizing prevention, early detection, and prompt care, ultimately safeguarding the health and well-being of vulnerable populations. 2.In the event of an outbreak, BBCoC collaborates with Leon County Health Department to implement rapid response plans. These plans include identifying & isolating affected individuals, setting up quarantine spaces in shelters, & providing medical care. Staff contribute expertise, resources & guidance to help manage these situations effectively. Together, we track the spread of infectious diseases through data systems, enabling early detection of outbreaks. This collaborative approach enhances our ability to respond quickly & efficiently to protect vulnerable populations. Big Bend Cares (BBC), the only AIDS Service Organization in our area, has implemented a Syringe Exchange Program to prevent infectious disease outbreaks. By providing sterile syringes and safe disposal options, BBC reduces the need for needle sharing, a common transmission route for HIV and hepatitis C. BBC offers on-site testing and treatment, enabling early detection & reducing disease spread. This also provides education on safe injection practices & infection prevention, helping individuals to protect themselves and others.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC:
1.	effectively shared information related to public health measures and homelessness; and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1.BBCoC has cultivated and maintained strong, collaborative relationships with state and local health officials since the onset of COVID-19. These partnerships have become integral to our ability to respond effectively to public health challenges, particularly within vulnerable populations. Service providers and CoC staff have direct lines of communication with health officials, fostering a sense of trust and confidence when seeking guidance, advice, or assessments in real time. This open access ensures that providers can quickly adapt their practices based on the latest public health information, minimizing delays in response during infectious disease outbreaks. Through this collaboration, critical information flows seamlessly between health officials, service providers, and BBCoC, allowing us to act swiftly and strategically. By coordinating efforts, we ensure that outbreaks are managed effectively, with a focus on limiting exposure and providing targeted interventions to the homeless population. This proactive exchange of information enables us to implement best practices, such as infection control protocols, vaccination campaigns, and quarantine measures, reducing the impact of outbreaks and protecting both clients and staff. These strong inter-agency relationships underscore our ongoing commitment to safeguarding the health and well-being of those we serve, ensuring that service providers remain well-equipped to navigate future public health emergencies. 2.Since March 2020, the CoC has partnered with local government staff, county and city human services leaders, emergency management, homeless service providers, and Health Department advisors. The task force formed during the COVID-19 pandemic enables us to quickly reconvene for future health emergencies or natural disasters. This collaboration has strengthened our ability to collect data, leverage GIS technology for targeted responses, and mitigate health crises efficiently. In addition, our health departments collaborate regularly with outreach teams to distribute educational materials, organize pop-up health screenings, and offer other vital resources to unsheltered individuals. These efforts not only provide immediate support but also build trust with the homeless community. The development of these partnerships and coordinated strategies has significantly enhanced our preparedness and response capabilities. This proactive approach ensures that we remain ready to protect the health challenges.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

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

(limit 2,500 characters)

BBCoC's Coordinated Entry System (CES) provides comprehensive coverage across its entire eight-county region through a network of strategically located access points and a robust outreach collaboration. Individuals experiencing homelessness can access CES services by visiting these designated access points during scheduled hours, where trained staff assess their needs and connect them with housing and support services. In addition to physical access points, CES extends into the community through outreach workers who engage directly with individuals in unsheltered settings, such as streets, encampments, and other public areas, ensuring that even those who may not seek out traditional services are identified and supported. To further enhance accessibility, the CoC partners with 211, a 24/7 hotline that offers immediate referral services for individuals seeking assistance outside of normal CES operating hours. This ensures that anyone in need, at any time, can connect with resources and services, promoting a seamless and responsive support system for individuals and families experiencing homelessness across the region. The combination of these access points, community outreach, and the 24/7 support line enables the CES to efficiently reach and serve the most vulnerable populations, reducing barriers to entry and ensuring equitable access to housing and services throughout the entire CoC area. BBCoC has developed a pre-screening process designed to gather essential information such as basic demographics, income, and disability status. This pre-screening acts as the foundation for a conversation between assessment staff and the individual or household, helping to identify and discuss their specific needs. Then, the Vulnerability Index – Service Prioritization Decision Assistance. Households are accurately assessed and prioritized for housing interventions that best fit their needs. To maintain consistency and fairness across the system, all CES access points are required to follow a standardized workflow, ensuring that every household receives the same level of attention and support throughout the assessment and referral process. A thorough review of the CES process and policies is conducted annually & includes client surveys/interviews.

	1D-8a. Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

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

(limit 2,500 characters)

1. BBCoC outreach teams collaborate with law enforcement, park rangers and residents to reach clients who may not access traditional services, regularly visiting isolated areas like bus stations, parks, encampments, and intersections. They also work with individuals with lived experience to locate hidden camps and vulnerable individuals. By meeting clients where they are, the teams ensure support for those unable or unwilling to visit access points. Additionally, the CoC uses a marketing strategy with fliers, yard signs, and contact information placed across its eight-county area, making resources easily accessible to those in need. 2. BBCoC has implemented policies to prioritize households based on vulnerability and length of time homeless. We aim to connect those referred through Coordinated Entry to housing interventions within 30 days. The VI-SPDAT assessment tool and priority ranking policy are used during case conferencing to ensure that the most vulnerable and those experiencing long-term homelessness receive timely and appropriate interventions. As a Built for Zero community, we prioritize Permanent Supportive Housing (PSH) for our most vulnerable households. The By-Name List is used to prioritize chronically homeless individuals based on their VI-SPDAT scores and ongoing case staffing.3. BBCoC's Coordinated Entry Director manages the By-Name List, prioritizing households based on their vulnerabilities, with the most vulnerable receiving priority for housing interventions. To reduce the time households remain homeless, the CE Director holds Permanent Supportive Housing case conferences every two weeks. During these meetings, case managers collaborate with the CE Director to address housing challenges. BBCoC's Landlord Liaison also participates, assisting case managers in finding housing options that align with the client's preferences and income. Additionally, the Landlord Liaison sends out available unit listings to case workers at least twice a week to streamline the housing placement process. 4. BBCoC has introduced an online prompt on its website, allowing households to begin their Coordinated Entry assessment online. Additionally, work-study students have been hired to handle overflow calls, helping to reduce response times. This system enables the CoC to reach out and connect households to appropriate resources within 24-48 hours, improving access to services and reducing delays.

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

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

(limit 2,500 characters)

1.Our CoC and partner agencies have implemented a marketing strategy that includes fliers, yard signs, and printed contact information, ensuring we reach people wherever they are. Advertisements are strategically placed throughout the CoC's eight-county coverage area to help individuals seeking assistance easily find available services. Additionally, 211 provides multilingual support, offering accessible assistance to those who may need services in different languages. 2. To ensure all participants are informed of their rights under federal, state, and local fair housing and civil rights laws, agencies are required to provide written materials, verbal communication, and post visible signage, in multiple languages as needed. These materials are distributed during intake, orientation, and throughout the program. We also maintain regular communication about informational sessions or workshops that educate both clients and staff on housing discrimination, tenant rights, and legal protections. During regular case management meetings, staff review participants' rights and address any concerns related to fair housing or civil rights. We partner with legal aid organizations and fair housing agencies to provide expertise and guidance. Additionally, the CoC's Landlord Liaison has developed a webpage dedicated to fair housing laws and created a printable pamphlet for case managers and clients within partner agencies, ensuring accessible and comprehensive information. 3. In the event that there is a report that a clients rights have been violated, the CoC must ensure proper communication with the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan. We will document any conditions or actions that limit fair housing choice, such as discriminatory practices, zoning laws, or policies that create barriers to housing access for protected classes. Collect evidence, including participant reports, case studies, or data that demonstrate the impact of these impediments.

The CoC will also develop a formal report outlining the identified fair housing impediments. The report will include a description of the issue, supporting evidence, the impact on program participants, and any recommendations for addressing the impediments. CoC staff will ensure that the report is directed to the responsible person for fair housing compliance and maintain ongoing communication to ensure the issues are addressed and resolved.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	02/01/2023

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

Describe in the field below:	

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

(limit 2,500 characters)

1. The CoC, in partnership with the City of Tallahassee, employed multiple methods to analyze racial disparities in the service area. These methods included conducting a city-wide survey, hosting in-person and virtual workshops, and reviewing existing data. This comprehensive approach allowed us to identify critical needs & develop equitable responses to improve the safety and quality of life for Tallahassee residents of color. Additionally, we regularly analyze coordinated entry data to identify any racial disparities in service provision by agencies. As part of the annual CoC Competition Review process, applicants are required to report on the racial makeup of their leadership teams in relation to the clients they serve. This serves as a tool for both the service providers and the CoC to assess racial disparities at the agency level, prompting agencies to address these disparities in their project staffing plans. To further our understanding, the CoC conducted an assessment in 2022 to gain insight into agency culture and policies regarding race from a staff perspective. In the past two years, as a result of these efforts, the CoC has intentionally diversified its Board and membership to better reflect the racial demographics of the community it serves, specifically increasing the representation of individuals of color on the Board. This commitment ensures that leadership aligns more closely with the population we aim to support. 2. BBCoC identified racial disparities in agency leadership, specifically noting the underrepresentation of Black and Brown individuals in upper management positions across several agencies. It also became clear that cultural competency training was crucial to enhance staff skills & understanding of diversity, particularly in responding to cultural differences. Agencies recognized the need to assess their own cultural awareness and organizational norms. To better connect with the diverse clients they serve, the CoC Board and partner agencies acknowledged the need to hire more individuals who could help reduce racial disparities within their organizations. Efforts are being made by agencies to address these disparities by aligning staff diversity with the demographics of their clients. Leadership has noted that clients are best served when they can establish trusting relationships with case managers & frontline staff who understand their cultural backgrounds, emphasizing the importance of diversity in improving service delivery.

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

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes

4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

BBCoC's Racial Equity Committee was established with the mandate to develop a strategic plan aimed at tracking progress toward the prevention and elimination of disparities in the provision and outcomes of homeless assistance services within the CoC. The committee has diligently worked to design and implement an assessment, which serves as a foundational step in collecting preliminary data that will inform the creation of actionable plans and strategic recommendations for the CoC. Since then, the CoC has enhanced its efforts to collaborate with a wider range of agencies that serve Black and Brown communities. Additionally, the CoC has prioritized providing increased opportunities for racial equity training for agency leadership and staff. These initiatives aim to address systemic inequities within the continuum of care.

The CoC encourages agencies to leverage tools and resources provided by the U.S. Department of Housing and Urban Development (HUD) to guide improvements in racial equity through staff diversity and policy development. These efforts reflect a commitment to ensuring that racial equity is embedded in both the operational and service delivery aspects of participating agencies.
2.The CoC uses a comprehensive, data-driven approach to assess the impact of its policies on racial equity. By collecting and analyzing demographic data on race, ethnicity, and outcomes, and comparing it to local community data, the CoC identifies disparities in service provision for underrepresented groups. It tracks racial disparities in accessing housing, employment, and services, as well as outcomes like housing stability and recidivism.

CoC also evaluates the racial diversity of service providers and gathers feedback from clients and staff to ensure services are culturally competent and equitable. Regular audits of policies help uncover any implicit biases or structural barriers, ensuring alignment with best practices and federal guidelines. Based on these findings, the CoC adjusts action plans to improve equity and inclusiveness in its services.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

	Describe in the field below:
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The CoC's coverage area spans eight counties, each with its own unique racial demographics. To better understand service provision across these diverse areas, the CoC, in collaboration with partner funders, has initiated data collection from agencies providing direct services. This includes tracking the zip codes from which clients originate, where they are receiving services, and where they are ultimately housed. By analyzing these data points, the CoC aims to gain deeper insights into geographic patterns, enabling a more informed approach to addressing the needs of clients across different communities. This will help identify potential gaps in service provision and ensure that resources are allocated equitably across the region.

 2.BBCoC utilizes the Homeless Management Information System (HMIS) to collect essential data on individuals accessing services. In addition to HMIS, the CoC will continue to leverage HUD's racial equity analysis tool to identify and assess racial disparities within the system. By combining these tools, the CoC can more effectively analyze data on service provision and outcomes, ensuring that any inequities impacting marginalized racial and ethnic groups are identified and addressed in a timely and strategic manner. This approach enhances the CoC's ability to implement data-driven solutions that promote racial equity across its programs.

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

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

(limit 2,500 characters)

Our CoC is deeply committed to consistently engaging individuals with lived experiences of homelessness, recognizing the invaluable perspective they bring to our efforts. To further this commitment, the CoC Board has established that individuals with lived experience can join the CoC membership free of charge, ensuring that financial barriers do not prevent their involvement in our community. In addition, our Point in Time (PIT) count advertisements actively encourage those with lived experience to participate, not only as volunteers but also as team leaders, recognizing their unique insights and leadership potential.

The CoC has also strategically targeted individuals with lived experience to serve as key members of our street outreach teams, where their firsthand knowledge can be leveraged to build stronger connections with those currently experiencing homelessness. As a testament to our dedication to increasing the number of individuals with lived experience in leadership and operational roles, the CoC has made this engagement a priority in all of our funding opportunities. This commitment is embedded in our calls for applications, making it clear that funding will be directed toward initiatives that actively include and elevate the voices of those who have experienced homelessness.

By integrating individuals with lived experience into all levels of our work, we aim to create a more inclusive and effective approach to addressing homelessness, one that draws on the expertise of those who have truly walked the path.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	4	3
2.	Participate on CoC committees, subcommittees, or workgroups.	4	3
3.	Included in the development or revision of your CoC's local competition rating factors.	3	0
4.	Included in the development or revision of your CoC's coordinated entry process.	2	2

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

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

(limit 2,500 characters)

The CoC has long prioritized the hiring of individuals with lived experience of homelessness, making it a key focus for state and local funding opportunities. Our partner agencies have successfully onboarded these individuals into critical roles such as case managers, operations staff, and street outreach advocates. In addition, the CoC has demonstrated its commitment to inclusion by hiring persons with lived experience for leadership positions within our organization. These leaders play an integral role in coordinating community efforts to address homelessness, participating in needs assessments, strategic planning meetings, and serving on our Racial Equity Committee.

Furthermore, the CoC is dedicated to fostering the professional growth of individuals with lived experience. We offer opportunities for development through community-based trainings and participation in both local and national conferences. By equipping these individuals with the tools to succeed, we aim to empower them to become even stronger advocates and professionals in the field.

Our CoC membership and partner organizations are vocal and steadfast in their commitment to investing in the professional development of those with lived homelessness experience. The CoC actively encourages partner agencies to recognize and leverage the unique expertise these individuals bring to the table, frequently highlighting their contributions during committee meetings, partner calls, and case conferencing. Our goal is to continue cultivating an inclusive environment where the voices of those who have lived through homelessness are not only heard but are instrumental in shaping our collective efforts.

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

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

(limit 2,500 characters)

1. BBCoC prioritizes hiring individuals with lived experience of homelessness, focusing on this in state and local funding efforts. Our partner agencies have successfully placed these individuals in key roles, such as case managers, operations staff, and street outreach advocates. BBCoC also values inclusion by employing those with lived experience in leadership roles, where they coordinate community efforts, engage in needs assessments and strategic planning, and contribute to the Racial Equity Committee. BBCoC is committed to the professional growth of individuals with lived experience, offering community-based training and access to local and national conferences. By providing these tools, we empower them to become stronger advocates and professionals in the field. CoC membership and partner organizations are dedicated to investing in the development of individuals with lived homelessness experience. We encourage partner agencies to recognize their unique expertise and frequently highlight their contributions in meetings, calls, and case conferences. Our goal is to build an inclusive environment where these voices shape our collective efforts. 2.BBCoC gathers feedback at least annually during program monitoring. Also, feedback is collected multiple times throughout the year during committee meetings, policy and procedure reviews, and the funding competition process to ensure continuous improvement and responsiveness to client needs. 3.BBCoC staff interview current & former participants to gain insight into their experiences and the assistance received annually during all program monitoring. These 1 on 1 interactions are invaluable for gathering feedback on service delivery & program effectiveness. This input is key to identifying strengths, addressing gaps, & continuously enhancing service quality for individuals in need. 4.BBCoC gathers feedback from people who have received assistance through CoC or ESG program at least annually during monitoring. 5.In monitoring exit interviews and reports, the CoC highlights any issues or challenges reported by clients. Partner agencies are then invited to outline their plans in writing for addressing & improving service delivery based on this feedback. BBCoC provides access to training & technical assistance, helping agencies overcome challenges and improve service quality. This approach ensures client concerns are addressed and that agencies have the necessary tools and resources to make meaningful improvements.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	

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

(limit 2,500 characters)

1.In recent efforts, the CoC has collaborated extensively with both local and state officials to address the pressing need for affordable housing solutions. This partnership includes active engagement with staff from the City of Tallahassee and Leon County to design incentive programs that encourage developers to contribute to affordable housing. A key initiative in these discussions is a proposal to provide tax incentives to developers who reserve a portion of their units for individuals exiting homelessness, ideally at more affordable rental rates.

This approach aligns with the objectives of Florida's Live Local Act, a statewide measure that allocates significant funding to expand housing options and introduces innovative programs and incentives designed to make affordable housing more accessible. In Tallahassee, the Live Local Act is helping drive local efforts by enabling the city to channel resources effectively toward housing projects that meet community needs. By leveraging this legislation, the CoC and its partners are working to develop long-term, sustainable housing options that provide individuals transitioning from homelessness with the stability they need while addressing the broader shortage of affordable housing within the region. This collaboration highlights the importance of localized solutions within state-level frameworks to address homelessness and housing shortages effectively. 2.BBCoC works closely with city and county staff to reduce regulatory barriers for housing developers, aiming to for more affordable housing projects. The City of Tallahassee has implemented policies for streamlined permitting processes for affordable housing developments & targeted incentives for projects that serve low-income residents. We seek opportunities to educate commissioners and other officials about the significant barriers that individuals experiencing homelessness encounter when trying to rent market-rate properties. BBCoC consistently emphasize the urgent need for the development of more affordable housing options, particularly those offering rents below market rate, to better support households in securing stable housing. By addressing both regulatory challenges and the affordability gap, we aim to create a more inclusive housing market that meets the needs of those most vulnerable in our community.

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

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

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/14/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/14/2024

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

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

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

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	5
3.	What renewal project type did most applicants use?	PH-PSH

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

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

(limit 2,500 characters)

1. Our CoC uses objective scoring tools for transparency and fairness in the ranking process. A key resource is the Annual Performance Report (APR) data from HMIS, which helps evaluate how effectively projects house participants. The APR tracks "move-in" data, allowing us to measure the time from enrollment to housing placement. Programs with faster housing placements earn higher scores. This data-driven approach ensures the evaluation process focuses on outcomes that benefit those in need of housing assistance. 2. Our CoC utilizes objective scoring tools to ensure transparency and fairness in the project ranking process. A primary resource is the APR data from HMIS, which helps assess how effectively projects house participants. The APR tracks "move-in" data, enabling us to measure the time from enrollment to housing placement. Programs that achieve faster housing placements receive higher scores. Additionally, the APR reports the length of time participants remain housed, a crucial success metric reviewed at renewal. This data-driven approach ensures the evaluation process prioritizes outcomes that directly benefit those in need of housing assistance.3. Our CoC's Annual Performance Review policy requires the Review Committee to assess PSH and RRH renewals, focusing on how well they serve high-needs populations. PSH projects targeting the chronically homeless must serve 100% of that population to earn maximum points. After reallocation decisions, new and renewal projects are scored on severity of needs, use of data, alignment with the Homelessness Assistance Plan, adherence to Housing First, CE prioritization, and HUD System Performance Measures. Applicants present their proposals to the Review Committee, followed by a Q&A session, where they explain challenges in serving high-needs individuals. Written responses to committee questions allow applicants to detail any hurdles, which are considered during scoring to ensure a fair evaluation. 4. After the Review Committee makes its recommendation, the CoC Executive Committee incorporates severity of needs into the ranking process. Projects are ranked based on data from the Homelessness Assistance Plan (HAP), which emphasizes the need for more Permanent Housing (PH) programs like PSH and RRH to end homelessness. These projects are ranked higher, and applicants are encouraged to submit proposals that address the need for increased PH, particularly for the most vulnerable individuals and families.

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

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

(limit 2,500 characters)

1. Our CoC actively solicits feedback on proposed rating factors from a wide range of stakeholders, including membership, the governance board, committee participants, and individuals with lived experience of homelessness—both former and current. This feedback is gathered through our listserv as well as through key committees, such as the Needs Assessment and Planning and Racial Equity committees. To ensure inclusivity and better representation, we have diversified our BBCoC staff, Board membership, governance board, and committee participants to more accurately reflect the demographic makeup of the population we serve. This approach not only enriches our decision-making process but also strengthens our commitment to equity and community representation at all levels of our CoC. 2. The Race Equity Workgroup has provided valuable insights specifically from Black and Brown community members, helping to ensure a more inclusive perspective in our process. There are several ways for stakeholders to share feedback on rating factors or participate in their creation, including submitting written comments through our website, providing input over the phone with CoC staff, or serving as a member of the Project Performance & Review Committee. Once feedback is gathered, our Review Committee and Executive Committee finalize the rating factors. We strive to ensure these committees reflect the diverse demographics of our client population, further aligning our processes with the communities we serve.3. As part of our project evaluation criteria, applicants were required to analyze both their client demographic makeup and their staff and leadership demographic makeup, based on recommendations from the Review Committee. Applicants were asked to compare the race and ethnic composition of their leadership and staff to that of their clients. Projects were awarded maximum points if their leadership and staff demographic makeup was within 10% of their clients' race and ethnic makeup. This approach ensures alignment between those providing services and the communities they serve, promoting equity and representation within the organizations.

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.

(limit 2,500 characters)

Decisions for reallocation are based on the Annual Performance Reviews and the community need for the project services. The CoC is responsible for documenting the community need for various services in the CoC's Homeless Assistance Plan (HAP). As part of our Reallocation Policy, if a renewal project scores below 74 points for two consecutive years, reallocation will be considered. If the project scores below 74 points for the first time, a Corrective Action Plan is implemented and must be met to avoid reallocation recommendation for the following year.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	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
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/18/2024

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/18/2024

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

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes

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.	

	Enter the date your CoC posted the CoC-approved Consolidated 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.	12/06/2024

1E-5d.	Notification to Community Members and Key Stakeholders by Email 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.	12/06/2024

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024

2A-4.	Comparable Databases for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

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

(limit 2,500 characters)

1.The CoC collects aggregate emergency shelter and transitional housing population data from Refuge House, the region's certified domestic violence and sexual assault provider, for inclusion in the Point in Time count, Housing Inventory, and gaps analysis/needs assessment. Refuge House compiles its aggregate data in Osnium WS, a confidential client services database that adheres to the Violence Against Women Act's (VAWA) data confidentiality requirements. The CoC integrates and deduplicates data from both our HMIS (Wellsky ServicePoint) and Refuge House's comparable database (Osnium WS) to track individuals who have requested services through either system in the past fiscal year. This process specifically focuses on those fleeing domestic violence who have sought housing or related services. Additionally, we require the DV service provider to submit their System Performance Measures (SPMs) as part of their Annual Performance Report (APR) for our annual review. This helps ensure a comprehensive and coordinated approach to serving this vulnerable population.

2. Yes, DV Providers within our CoC is do use a HUD compliant comparable database that is compliant with the 2024 HMIS Data Standards.

3. Yes, our CoC is compliant with the 2024 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.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	535	45	580	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	85	88	144	83.24%
4. Rapid Re-Housing (RRH) beds	144	0	94	65.28%
5. Permanent Supportive Housing (PSH) beds	442	0	221	50.00%
6. Other Permanent Housing (OPH) beds	65	0	65	100.00%

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

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

2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1.Our RRH, PSH, and TH beds experienced a significant decline compared to last year due to several critical factors. One major issue is decreased participation from the VA, which has reduced our TH and PSH bed coverage in HMIS as VA-funded programs account for a substantial portion of our TH and PSH programs. Efforts by the BBCoC HMIS team and the VA to transfer all HOMES data into HMIS ultimately proved unsuccessful. Additionally, the unstable economy has caused a sharp increase in rental prices, making it increasingly difficult to find landlords willing to accept vouchers or collaborate with our clients.

Another critical factor impacting our programs is the ongoing instability in the economy, which has led to a rise in rental prices. This increase has not only strained our financial resources but has also made it increasingly difficult to identify landlords willing to participate in these programs. Many landlords are either unwilling to accept housing vouchers or hesitant to work with our clients, citing concerns over market conditions and tenant stability. This lack of cooperation from property owners has created a bottleneck, limiting our ability to provide stable housing solutions for those in need.

2. The CoC and its partner agencies are actively working to develop strategies aimed at increasing client income and expanding initiatives to address the challenges of rising rent costs. To support these efforts, the BBCoC is implementing measures to encourage non-HMIS providers of permanent housing programs to adopt the HMIS system for better tracking and data management.

This year, the CoC introduced a comprehensive learning management tool as part of a larger implementation to enhance HMIS and project-level training. The tool is designed to incentivize greater participation from agencies while fostering improved program outcomes. Additionally, this implementation has successfully reduced HMIS licensure costs, making it more accessible to agencies, enhancing system coordination, and boosting overall efficiency.

Furthermore, the BBCoC HMIS team is working closely with VA providers to develop a data-sharing process for HUD VASH PSH and VA GPD programs, ensuring better integration and service delivery.

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes

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

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

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

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

	Enter the date your CoC conducted its 2024 PIT count.	01/22/2024

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024

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

(limit 2,500 characters)

1. BBCoC collaborates with our largest youth-focused service provider, CCYS, to enhance our efforts in addressing youth homelessness. Through this partnership, the CoC effectively identifies & engages with homeless youth during the annual PIT, ensuring that this vulnerable population is accurately represented. Additionally, the CoC extends outreach to all homeless service providers, including other youth-specific agencies, to encourage their participation in volunteer efforts and to assist in identifying homeless encampments during the planning and mapping phases of the PIT Count. This collaborative approach ensures that all partner agencies, are actively involved in every stage of the process, from strategic planning to execution, thereby contributing valuable insights and resources for comprehensive mapping and data collection.

2. As part of our volunteer recruitment efforts, BBCoC engages with youth service providers, encouraging them to involve program participants aged 18 and older in the count. By involving youth with lived experience or those familiar with homelessness, we strengthen the accuracy and inclusiveness of the data collected. The CoC works in with street outreach teams to identify known encampments and other areas where homeless youth are frequently seen or known to gather. This approach ensures a more comprehensive understanding of the challenges faced by homeless youth, allowing us to capture critical data that informs our strategic planning and resource allocation. Ultimately, these efforts enhance the CoC's ability to provide targeted services and support for this vulnerable population, fostering more effective solutions to youth homelessness.

3. Unaccompanied youth identified through street outreach are encouraged to participate in the mapping components of the PIT planning process. Their firsthand insights provide invaluable perspectives that help refine our understanding of where homeless youth are likely to congregate and how best to reach them. We actively engage local colleges & universities to include students who are currently experiencing or previously experienced homelessness. This approach improves the accuracy and effectiveness of our mapping efforts & empowers individuals with lived experience to play a meaningful role in shaping our strategies for addressing homelessness. Their involvement ensures that our efforts are more informed, & aligned with the real needs of the homeless youth.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

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

(limit 2,500 characters)

1. No changes made in 2024.
2. No changes made in 2024.
3. Our CoC was not affected by displaced households.
4. N/A
5. Not Applicable

2C. System Performance

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

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

2C-1.	Reducing 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

(limit 2,500 characters)

1. The BBCoC Needs Assessment & Planning (NAP) Committee identifies key risk factors for first-time homelessness and formulates strategies to support households at risk of housing instability. The committee leverages multiple data sources, including Coordinated Entry, the VI-SPDAT, the PIT count, the HIC, System Performance Measures, and community-wide poverty data to guide decision-making. According to the United Way, more than 50% of local households fall within the ALICE threshold, earning above the Federal Poverty Level but insufficient to meet basic living expenses. These households lack financial reserves to manage unexpected hardships, leaving them particularly vulnerable to homelessness. The CoC also applies trauma-informed practices, integrating Adverse Childhood Experiences (ACE) scores as a critical indicator of individual risk. This comprehensive, data-driven approach enables the CoC to develop targeted interventions that not only prevent homelessness but also promote long-term stability and resilience within the community.

2. BBCoC has implemented a diversion & housing mediation initiative, primarily funded through state & local resources. Individuals experiencing a housing crisis are encouraged to access support through the 211 call center, local service providers, or CE access points. Agency intake specialists assess and triage individuals, distinguishing between those at risk of homelessness and those currently experiencing literal homelessness.
Those at risk of homelessness are referred to eviction prevention services, while those who are literally homeless are connected with local agencies where housing specialists, trained to conduct problem-solving conversations, provide targeted support. Participating providers within the CoC's HMIS receive training in CE access & homelessness diversion workflows to ensure housing mediation occurs before referring individuals to emergency shelter or supportive housing programs. Additionally, financial assistance is available to support family reunification, groceries, transportation, security deposits, & short-term rental needs. These efforts aim to divert individuals from entering the CoC's limited shelter & supportive housing resources, leveraging emergency shelter diversion programs to promote more sustainable housing solutions.

3. BBCoC Board, ED & CoC staff are responsible for overseeing strategies to reduce the number of individuals & families experiencing homelessness for the first time.

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

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

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

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

	In the field below:	

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

(limit 2,500 characters)

1. The Continuum of Care (CoC) uses Length of Time Homeless (LoT) as a key factor in prioritizing individuals for services, with those experiencing the longest periods of homelessness receiving priority for permanent housing assistance. To ensure the accuracy of this data, we have focused on improving data quality by working closely with emergency shelter (ES) providers to ensure timely and proper client exits, preventing inflated or inaccurate LoT records.

Our Homelessness Assistance and Strategic Plan aims to reduce the average LoT to 30 nights or fewer by the end of 2025. To achieve this goal, the CoC has secured additional local funding for permanent supportive housing (PSH) and expanded its move-along plan with a local Public Housing Authority (PHA) to facilitate faster placements into permanent housing. Additionally, BBCoC and its partner agencies have emphasized the use of diversion strategies and rapid rehousing (RRH) funding to further reduce the duration of homelessness.

The CoC strengthened its housing efforts by hiring a Landlord Liaison dedicated to fostering relationships with property owners, increasing landlord engagement, and securing affordable units for households in need of placement. This multifaceted approach ensures that we not only shorten the time households experience homelessness but also expand access to sustainable housing solutions.

2. Our Coordinated Entry (CE) system utilizes the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) in conjunction with case conferencing to assess client needs based on both vulnerability and length of time homeless. All projects that receive referrals through CE prioritize individuals and families who are most vulnerable and have experienced homelessness for the longest duration.

The CoC holds bi-weekly meetings to review and manage all active homelessness cases, ensuring that high-priority referrals—those with the greatest vulnerability and longest periods of homelessness—are closely monitored and receive prompt attention. This structured approach helps ensure that resources are allocated effectively and that those with the most urgent needs are prioritized for housing and support services.

3. The BBCoC Board, ED and CoC staff are responsible for overseeing strategies to reduce the length of time individuals and families remain homeless.

| 2C-3. | Successful Permanent Housing Placement or Retention –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.

(limit 2,500 characters)

1.We analyze project-specific data to identify programs with the highest permanent housing placements from Emergency Shelter, Transitional Housing, and Rapid Rehousing. Top-performing projects share their strategies with the CoC network quarterly and receive public recognition for their achievements.

The CoC holds Memorandums of Understanding (MoUs) with six tax-credit properties, providing access to 49 units where rent is capped at 33% of tenants' income. These units are reserved for elderly, extremely low-income (ELI), and disabled clients. We continue to pursue similar partnerships with developers receiving tax credits to increase affordable housing options.

The CoC works closely with city and county housing staff to advocate for policy changes based on needs assessment data. A recent collaboration enabled the conversion of hotel units into single-room apartments, expanding affordable housing opportunities.

In partnership with the Tallahassee Housing Authority, we have increased mainstream and move-along vouchers for individuals experiencing homelessness or transitioning from Permanent Supportive Housing (PSH).

2. The CoC ensures that agencies providing rental assistance establish signed agreements between landlords, tenants, and the assistance agency. These agreements outline available services, including supportive case management, to reassure landlords they have support if challenges with tenants arise.

To strengthen landlord engagement, the CoC hired a Landlord Liaison who negotiates reduced rents and favorable terms with private and corporate properties for tenants with complex histories. The Landlord Liaison also hosts educational events for landlords, tenants, and case managers on using local landlord risk mitigation, prevention, and diversion funds to improve tenant retention and prevent evictions.

In partnership with the City of Tallahassee and Leon County, the CoC provides landlords access to a Landlord Mitigation Fund, offering financial support and incentives to encourage housing placements for individuals experiencing homelessness.

3. The BBCoC Board, ED and CoC staff oversee these strategies.

2C-4.	Reducing Returns to Homelessness–CoC's Strategy.	
	NOFO Section V.B.5.e.	

In the field below:	

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

(limit 2,500 characters)

1.The BBCoC identifies individuals returning to homelessness by implementing efficient workflows that leverage shared data in the Homeless Management Information System. Emergency shelter and street outreach teams are trained to use HMIS to detect if a client has re-entered homelessness within two years. When identified, these cases are prioritized for prevention and diversion assistance, with the CoC and service partners collaborating to find quick, sustainable solutions.

The CoC also generates monthly reports tracking clients who have returned to homelessness in the past 30 days. These reports help identify trends, allowing the CoC to respond to upticks in returns and allocate additional prevention and diversion resources as needed to reduce recurrences.

2.As part of our Homelessness Assistance and Strategic Plans, we aim to expand Diversion, Prevention, Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH) to reduce returns to homelessness. We are also strengthening partnerships with mainstream benefits providers to ensure stable and sustainable exits to permanent housing.

To enhance support, we have revised our written standards for RRH and Homelessness Prevention (HP) programs, removing funding caps to provide greater financial assistance based on individual household needs. The CoC collaborates with the RISE Reentry Center to prevent homelessness for individuals exiting jails and prisons, ensuring they receive appropriate support upon release.

BBCoC case managers and partner agencies encourage clients to engage in job search assistance, on-the-job training programs, SOAR services, and other mainstream resources to increase income and access benefits. Case managers are trained in best practices, including housing stability budgeting, to equip clients with the tools needed to maintain long-term housing stability.

3.The BBCoC Board, ED and CoC staff are responsible for overseeing these strategies.

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1. Participants in our HUD CoC-funded PSH programs receive education at least annually on pathways to higher-paying jobs and relevant training to support their employment goals. We closely monitor changes in participants' income through the Homeless Management Information System. If no income change is recorded within 11 months, we generate a report for program providers, requesting an update on efforts to help the participant increase earned income, especially if they remain enrolled in the program. Additionally, the CoC has developed continuous engagement strategies with large local employers, encouraging them to offer employment preferences to individuals with verified histories of housing instability or homelessness, as confirmed by the CoC. We collaborate with local governments and hospitals to support similar employment preferences, helping participants transition toward greater financial stability.

2. To support participants in increasing their income and achieving employment success, we collaborate with key regional partners. Our partnerships with CareerSource Capital Region allow us to refer participants to specialized job training and placement programs, ensuring they have access to opportunities tailored to their interests and employment goals. These programs focus on equipping individuals with marketable skills, helping them secure higher-paying jobs and build sustainable career paths. We also maintain close relationships with Tallahassee State University, Lively Technical Center, and other community-based education, training, and job placement organizations. Through these partnerships, participants can pursue skills development and certification programs designed to improve their qualifications. Whether they aim to enhance their abilities in their current role or transition to new industries, these education opportunities empower participants to build competitive skill sets that can lead to promotions, wage increases, or new employment opportunities.

Our focus is not just on immediate job placement but on fostering long-term career growth. By equipping participants with the skills and support they need, we help them increase their earning potential, achieve greater financial independence, and break the cycle of poverty. We ensure follow-ups with both the participants and training providers to monitor progress and provide additional resources if needed.

3. The BBCoC Board, ED & CoC staff are responsible for overseeing these strategies

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access non-employment cash income; and
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1.As part of our monitoring and annual project review process, we assess whether service providers have SOAR (SSI/SSDI Outreach, Access, and Recovery)-trained case managers to assist clients experiencing homelessness and disabilities with their Social Security Disability Insurance (SSDI) applications. SOAR-trained case managers play a critical role in expediting the application process, helping individuals access the benefits they need to achieve financial stability.

We collaborate with our local SOAR lead organization, Northwest Florida Health Network, to track the number of applications submitted and approved through our partner agencies. Additionally, we monitor the participation of provider agencies in the free, 18-hour SOAR training to ensure that case managers are equipped with the necessary skills to support clients through the SSDI application process. We encourage all providers to have staff complete this training to enhance their capacity to assist clients effectively.

Beyond SOAR-related efforts, we promote ongoing income growth discussions at the monthly case staff meetings held between providers and clients. These conversations focus on exploring both employment and benefit options, including identifying steps clients can take to increase earned income. By making income growth an integral part of case management, we aim to support clients in improving their financial circumstances over time, whether through employment opportunities, increased benefits, or a combination of both.

This proactive approach ensures that income and financial stability remain at the forefront of service delivery, helping individuals not only meet their immediate needs but also work toward sustainable long-term success.

2. The BBCoC Board, ED and CoC staff are responsible for overseeing these strategies.

3A. Coordination with Housing and Healthcare

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

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

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 housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-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.	

	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

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
Big Bend Cares He...	PH-RRH	6	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Big Bend Cares Health & Wellness Housing RRH

2. Enter the Unique Entity Identifier (UEI): F9JBZM8H1P86

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 6

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

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

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

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

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

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

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

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

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

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

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

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

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

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

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

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

1.	Enter the number of survivors that need housing or services:	474
2.	Enter the number of survivors your CoC is currently serving:	246
3.	Unmet Need:	228

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

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

(limit 2,500 characters)

1. The CoC currently has 474 heads of households seeking housing services through Coordinated Entry who identified that they are currently fleeing a DV situation or have in the past. The CoC is currently serving 246 clients through CoC, ESG, or community programs.
2. All data was pulled from HMIS or aggregated data from DV service providers.
3. BBCoC faces numerous barriers that prevent it from fully meeting the needs of all domestic violence survivors. One of the primary challenges is limited funding, which restricts the availability of critical resources such as emergency shelters, transitional housing, and long-term housing solutions. This financial constraint also impacts staffing, making it difficult to provide the individualized care and attention survivors often require. Additionally, the lack of comprehensive wrap-around services—including mental health counseling, substance abuse treatment, legal assistance, and job training—creates significant gaps in the continuum of care, leaving survivors without the holistic support necessary to rebuild their lives. Geographic barriers further exacerbate the issue, particularly in rural areas where survivors may face limited access to transportation, safe shelters, and support services. Language barriers and cultural differences can also hinder survivors from accessing appropriate services, especially for those from immigrant or non-English speaking communities. Furthermore, the high demand for services often exceeds the system's capacity, leading to long waitlists or survivors being turned away entirely. Systemic issues such as inadequate collaboration among service providers, insufficient training for staff on trauma-informed care, and the stigma surrounding domestic violence further compound these challenges. To effectively address these barriers, BBCoC would need increased funding, expanded partnerships, and a strategic, multi-faceted approach to better serve the diverse needs of DV survivors.

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

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

Applicant Name
Capital City Yout...

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

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

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

	1.	Applicant Name	Capital City Youth Services
	2.	Rate of Housing Placement of DV Survivors–Percentage	85%
	3.	Rate of Housing Retention of DV Survivors–Percentage	92%

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

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:
	1.	how the project applicant calculated the rate of housing placement;
	2.	whether the rate for housing placement accounts for exits to safe housing destinations;
	3.	how the project applicant calculated the rate of housing retention; and
	4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. The rate of housing placement was calculated by dividing the number of domestic violence survivors who successfully transitioned into permanent housing by the total number of survivors who applied for housing assistance.
2. The placement rate includes survivors exiting to safe housing destinations, such as permanent supportive housing, rapid rehousing, or other stable, safe accommodations that meet HUD's criteria for safe housing.
3. The placement rate includes survivors exiting to safe housing destinations, such as permanent supportive housing, rapid rehousing, or other stable, safe accommodations that meet HUD's criteria for safe housing.
4. The data was collected and analyzed using HMIS for non-DV projects, supplemented by comparable databases for DV-focused services within CCYS reporting. These sources track both placement and retention outcomes while maintaining survivor confidentiality.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below how the project applicant:
	1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;

2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1.The CCYS DV TH-RRH Project employs a trauma-informed, victim-centered approach to move survivors into safe, stable housing. Participant are paired with a Housing Navigator to secure accommodations, navigate leases, & coordinate rental assistance. RRH offers up to 12 months of rental assistance, providing time to stabilize & regain financial independence. CCYS operates Bridge House & Emergency Shelter, allowing participants escape dangerous situations & transition into longer-term support. Collaboration with CoC, ensures access to emergency shelters, transitional housing, & PSH, facilitating a smooth transition to safe, affordable housing. 2. Survivors are prioritized through the CE system, ensuring those with the most urgent need are served first. BBCoC's emergency transfer plan, ensures immediate placement for survivors in critical danger. Partnerships with local crisis providers, law enforcement, & the High-Risk Victims Unit, survivors are connected to emergency shelter, legal aid, & advocacy services. Street outreach teams engage directly with survivors, building trust & offering critical resources. Collaboration with Capital Tea & Refuge House provides specialized services for LGBTQ & DV survivors, including tailored housing options & case management.
3. Supportive service needs are assessed through trauma-informed case management, which begins at intake & is revisited regularly. Case managers conduct comprehensive evaluations, identifying healthcare, mental health, employment, & educational needs. Personalized service plans are created to address these needs while leveraging their strengths & goals. 4. CCYS ensures participants have access to a network of supportive services through partnerships with local providers, Big Bend Area Health Education Center, Apalachee Center, & CareerSource Florida. Services include mental health counseling, substance use treatment, life skills training, & job readiness. Specialized care for LGBTQ population is offered through Capital Tea, & young mothers & their children receive developmental screenings & nutritional support through collaborations with FSU & WIC. 5. Case managers assist in preparing for long-term stability beyond the housing subsidy. Including financial literacy, job coaching, social security & SNAP benefits, childcare assistance, education & job placement services. Legal aid services further support participants by addressing tenant rights and resolving potential housing barriers.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(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 survivors' 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.

(limit 2,500 characters)

1. The CCYS TH-RRH DV Project follows strict privacy & confidentiality protocols during the
intake & interview process to minimize the potential for coercion & ensure the safety of survivors. Intakes are conducted in private, secure locations by trained staff who prioritize a trauma-informed approach. Survivors are informed of their rights, & no information is shared without explicit consent. Anonymity is further protected by using secure data systems & limiting access to only authorized personnel.

2. Placements are guided by a thorough risk assessment conducted during intake to determine the safest & most appropriate housing for each survivor. Priority is given to housing that meets the specific safety needs of the survivor, including locations that are discreet & far from potential threats. For survivors facing immediate danger, emergency transfer plans ensure expedited placement in safe housing, such as transitional housing or rapid rehousing units tailored to their unique needs.

3. Survivors' personal information & housing locations are kept strictly confidential. All data
is stored in secure, password-protected systems compliant with HIPAA & VAWA regulations. Staff members adhere to strict confidentiality agreements, & no identifying information is disclosed to third parties without survivor consent. This ensures that survivors' whereabouts remain secure & undisclosed.

4. All staff receive extensive training on safety & confidentiality policies, including trauma-informed care practices, HIPAA regulations, & VAWA confidentiality requirements. Training emphasizes the importance of safeguarding survivor information, handling sensitive disclosures, & maintaining professional boundaries to protect survivors from potential harm.

5. The project implements robust security measures for all housing units, both congregate & scattered sites, to ensure survivors' physical safety & location confidentiality. Security measures include restricted access, secure entry systems, & regular inspections to address safety concerns. Housing units are in discrete areas, & survivors are provided with safety planning support to minimize risk. For scattered-site housing, landlords are vetted, & properties are assessed for security compliance, ensuring that survivors are housed in environments that prioritize their well-being & safety.

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

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

(limit 2,500 characters)

The CCYS TH-RRH DV Project evaluates its ability to ensure the safety of domestic violence survivors through continuous monitoring, feedback mechanisms, and regular program assessments. Safety evaluations are conducted at multiple stages, including intake, case management reviews, and after-action reports for critical incidents. Survivors are invited to provide anonymous feedback through surveys and focus groups, allowing them to share their experiences and identify potential gaps in safety protocols.

Key metrics used to evaluate safety include the frequency of emergency transfers, reports of safety concerns, and retention rates in secure housing. These data points are reviewed quarterly by program supervisors to identify trends and areas for improvement.

Through this process, the project has identified areas requiring enhancement, such as the need for more robust security measures in scattered-site housing and additional staff training on addressing emerging risks, such as digital privacy threats. In response, CCYS implemented increased landlord vetting procedures, upgraded property security features, and expanded staff training to include cybersecurity measures to protect survivors' digital information. The evaluation process is ongoing, ensuring the project adapts to new challenges and continues to prioritize the safety and well-being of DV survivors it serves.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

1. CCYS prioritizes housing placement based on a comprehensive needs assessment conducted during intake. Survivors at the highest risk of harm are placed in permanent housing as quickly as possible. The project uses BBCoC CE system to ensure equitable prioritization & offers intensive case management to address barriers to stability, including financial insecurity, trauma, & legal issues. Efforts are guided by trauma-informed practices that emphasize safety, trust, & survivor autonomy. 2. The project works with BBCoC partner network to connect survivors to a variety of permanent housing options. This includes RRH, HCV, & PSH programs, designed to provide long-term stability. Those who may not qualify, CCYS helps secure private rentals based on their individual circumstances. CCYS collaborates with landlords & housing providers to reduce barriers to housing access. By fostering strong, ongoing relationships, the project ensures that survivors have opportunities to secure safe, affordable housing. This increases the number of housing options available and ensures that options are sustainable, tailored, & conducive to long-term stability. 3. Our approach ensures that housing options are tailored to everyone's unique preferences & needs. Considering factors such as proximity to supportive networks, employment, or schools. Survivors are given the autonomy to choose housing that fits their circumstances, while staff provide guidance, support, & advocacy. This empowers survivors by allowing them to make informed decisions about where they live, while ensuring they have the necessary resources & advocacy to overcome any challenges in securing stable housing. 4. Case managers (CM) meet regularly with survivors to assess their progress, identify emerging needs, & provide ongoing support. They create personalized action plans to address challenges, like mental health, childcare, & employment. These meetings ensure that survivors are equipped with the resources needed to maintain housing stability. CM's provide financial literacy training, conflict resolution, & landlord mediation support to prevent housing instability. CM offers life skills coaching & helps connect survivors to mainstream resources, such as healthcare, legal assistance to empower survivors to move toward long-term stability, reinforcing their ability to maintain permanent housing & achieve their personal goals. CM adjust plans as needed & ensure that survivors have the support needed.

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

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

(limit 5,000 characters)

1. CCYS operates with a philosophy of empowerment, focusing on restorative justice rather than punitive measures. We create an environment where survivors have agency, are treated with mutual respect, and are encouraged to be active participants in their own healing and decision-making. From intake through program completion, staff interactions are built on trust and equality, with a focus on minimizing power imbalances. Survivors are not subjected to punitive interventions; instead, we prioritize approaches that foster understanding, collaboration, and personal growth. This philosophy helps create a safe and supportive space where survivors can regain autonomy, rebuild confidence, and lead their lives in alignment with their own goals.

2. At CCYS, staff receive extensive training in trauma-informed care, focusing on the effects of domestic violence, the neurobiology of trauma, and best practices for survivor support. This training ensures that staff understand the specific needs of survivors and can provide the appropriate guidance. Survivors are given clear, accessible, and culturally sensitive educational materials, and receive information through workshops and one-on-one sessions. They learn how trauma impacts mental and physical health and are introduced to strategies for managing its effects. This empowers survivors to take an active role in their recovery by understanding their experiences and utilizing effective coping techniques.

3. CCYS uses a strength-based framework, grounded in Positive Youth Development (PYD) and trauma-informed care, to empower survivors. Case managers collaborate with survivors to identify their strengths, skills, and personal goals, integrating these elements into individualized care plans. We use strength-based assessment tools and coaching sessions to help survivors recognize their resilience and build on their abilities. Survivors define their own goals, whether related to housing, employment, or personal growth, and staff offer tailored support to help them achieve these aspirations. This approach promotes confidence, self-efficacy, and long-term stability, ensuring that survivors have the resources to reach their full potential.

4. CCYS is committed to cultural responsiveness and inclusivity, ensuring that all survivors feel seen, valued, and understood. We provide ongoing training for our staff on cultural competence, nondiscrimination, and language inclusiveness to enhance the accessibility of our services. This training equips staff to effectively support diverse populations, including LGBTQ youth, young mothers, and youth of color. Our approach to cultural responsiveness extends beyond internal practices to our partnerships. For example, we collaborate with Capital Tea, the region's only LGBTQ focused housing organization, to provide specialized support for transgender youth. This collaboration ensures that services are tailored to meet the unique needs of the LGBTQ community. Language justice is a key priority at CCYS. We offer interpreter services to ensure that non- English-speaking survivors can access care without barriers. This ensures that every survivor, regardless of language or background, can fully engage with and benefit from our services. By embedding cultural competence into both our internal operations and partnerships, we ensure that our services are accessible, trauma-informed, and equitable for all survivors.

5. CCYS offers a range of structured support to help survivors build connections and foster long-term recovery. Our peer-to-peer mentorship programs, led by mentors from Capital Tea and STAC, provide emotional support and guidance based on lived experience. Survivors also participate in support groups, including safety planning sessions, where they create personalized plans for stability and safety while connecting with others facing similar challenges. Staff trained in trauma and healthy relationship counseling techniques provide ongoing support, including family and youth counseling,

helping survivors and their families navigate trauma and rebuild relationships. For more specialized needs, we partner with the Family Place Counseling Center to offer additional counseling services. Additionally, CCYS connects survivors with local faith-based organizations for spiritual support, helping them find strength and community. These combined services ensure survivors have multiple avenues of support, promoting healing and long-term stability.

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

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

(limit 5,000 characters)

The CCYS TH-RRH DV Project collaborates with local legal aid organizations to support survivors in navigating child custody issues. Survivors are connected to legal services that provide representation, guidance, & advocacy during custody hearings. Transportation assistance ensures survivors can attend court appointments & related meetings. Confidentiality & safety are prioritized throughout the process, with harm-reduction strategies in place to minimize risks to survivors & their children.

Many survivors face financial barriers due to damaged credit histories. CCYS case managers assess survivors' financial needs during intake & connect them with credit repair services through local partners. These services help survivors improve their credit scores, which is often essential for securing affordable housing. Survivors also receive financial literacy training, including budgeting & debt management, to build long-term financial stability.

A dedicated Housing Navigator streamlines the process of locating safe & affordable housing for survivors. By leveraging partnerships with local landlords & housing providers, CCYS has significantly reduced the time it takes for survivors to secure housing. Survivors also receive counseling to understand tenant rights, navigate lease agreements, & develop strategies for maintaining positive relationships with landlords.

CCYS operates a 24/7 crisis helpline staffed by advocates trained in trauma-informed care. The helpline provides immediate support, including safety planning, referrals to emergency shelter, & assistance with obtaining restraining orders. Survivors receive personalized safety assessments & crisis intervention services to ensure their immediate needs are met. Case managers work closely with survivors to develop individualized, long-term housing safety plans. These plans include strategies for maintaining housing stability, such as securing steady employment, accessing community resources, & self-advocacy training. Survivors also receive legal support & community accompaniment to address barriers to stability. CCYS emphasizes proactive interventions to prevent potential crises & ensure survivors are equipped for independent living.

CCYS partners with local education providers, including Tallahassee State College, to enroll survivors in GED programs, vocational training, & higher education opportunities. Survivors are also connected to workforce development programs through CareerSource Florida, where they receive resume-building assistance, interview coaching, & job placement services. These efforts have doubled the number of survivors pursuing education & career goals, empowering them to achieve financial independence.

Through partnerships with healthcare providers, including Lincoln Medical Center & Apalachee Center, CCYS ensures survivors have access to medical & mental health services. Survivors receive assistance with enrolling in Medicaid or affordable healthcare options, & case managers coordinate transportation to appointments. For survivors with children, services include prenatal care, developmental screenings, & pediatric healthcare.

CCYS recognizes the importance of community in healing & recovery. Survivors are offered opportunities to participate in peer support groups, mentorship programs, & community-building activities. These initiatives foster resilience & help survivors rebuild their support networks, providing a foundation for long-term emotional well-being.

Through a partnership with Capital Tea, the region's only LGBTQ-focused housing provider, CCYS offers tailored services for transgender & LGBTQ youth. Survivors in this population have access to transitional housing & support from case managers who are members of the LGBTQ community. This ensures that survivors feel safe & understood, with services that are responsive to their unique needs.

Every survivor is provided with a holistic, survivor-centered care plan that integrates trauma-informed practices with practical support. By addressing barriers to safety, stability, & independence, CCYS ensures survivors can transition from crisis to stability while building a foundation for long-term success.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1.The project will prioritize placement based on a comprehensive needs assessment conducted during intake, which identifies survivors at the highest risk of harm or instability. Using the Coordinated Entry System, survivors are placed on a prioritization list that ensures those with urgent safety needs are served first. The project will employ dedicated Housing Navigators and case managers to expedite housing placements and provide individualized stabilization plans tailored to each participant's circumstances. These plans include trauma-informed safety planning, financial literacy training, and access to supportive services to foster long-term stability.

2. The project will place survivors into permanent housing through RRH component, providing up to 12 months of rental assistance and supportive services to help participants achieve stability. CCYS will leverage partnerships with landlords and housing providers to secure a variety of housing options, including private market rentals and HUD-funded permanent supportive housing for participants with disabilities. Survivors will receive guidance in navigating lease agreements, tenant rights, and the process of transitioning to independent housing when the subsidy ends. For participants not eligible for HUD programs, CCYS will assist in securing non-HUD-funded permanent housing options, including rentals with ongoing or no subsidies, and family-based permanent living arrangements.

3. The survivor-centered approach ensures that participants' preferences are at the core of the housing placement process. Participants can select housing based on proximity to support networks, schools, or employment opportunities. Housing Navigators work collaboratively with survivors to identify options that align with their goals and aspirations, providing advocacy and support throughout the decision-making process.

4. The project's trauma-informed framework ensures that survivors' stated needs are thoroughly assessed and addressed. Survivors will have access to wraparound services, including mental health support, employment assistance, and parenting resources, to support stabilization. Case managers will monitor progress and intervene proactively to address challenges, ensuring participants have the tools and resources needed to sustain permanent housing. This holistic approach creates a foundation for safety, independence, and long-term success.

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

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

6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1. CCYS will create an environment where survivors feel valued, respected, and in control of their journey. All interactions between staff and participants will prioritize agency, equality, and mutual respect. The project will avoid punitive interventions and focus on collaborative decision-making. Staff will use trauma-informed communication techniques to minimize power differentials and foster a sense of trust and partnership with program participants.
2. Staff will be trained extensively on trauma-informed care and the neurobiological effects of trauma. This knowledge will be shared with survivors in accessible ways, such as through one-on-one counseling sessions, group workshops, and resource materials. Participants will be educated on how trauma impacts mental and physical health and provided with tools to manage and heal from its effects, empowering them to take an active role in their recovery.
3. The program will use a strengths-based approach to highlight participants' resilience, skills, and potential. Survivors will work with case managers to create individualized service plans that focus on their strengths and align with their personal goals. Strength based coaching will be integrated into all aspects of the program, with tools such as goalsetting assessments and self-advocacy training to help participants build confidence and achieve stability.
4. CCYS is committed to providing culturally responsive and inclusive services. All staff will receive training on cultural competence, nondiscrimination, and language access to ensure services are equitable and accessible to all participants. The program will partner with organizations such as Capital Tea to provide specialized support for LGBTQ survivors, including transgender youth, and will ensure interpreters and translated materials are available for non-English-speaking participants. Services will be tailored to meet the unique needs of diverse populations, ensuring a safe and affirming experience for all.
5. The project will foster community and connection by offering opportunities for participants to engage in peer support groups, mentorship programs, and spiritual services. Survivors will have access to group activities designed to build resilience and a sense of belonging. These connections will provide emotional support and practical resources, helping participants rebuild their networks and regain stability.
6. Recognizing the needs of young parents, CCYS will offer trauma-informed parenting classes, childcare assistance, and connections to legal services for custody and other family-related issues. Survivors will receive support in creating nurturing environments for their children, with access to developmental screenings, healthcare, and nutritional resources through partnerships with organizations such as WIC and Florida State University. Case managers will help parents navigate these resources while building skills to support their families' stability.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

1. The new project will actively recruit and engage survivors with a broad range of lived experiences, including those who have experienced homelessness, domestic violence, dating violence, sexual assault, and stalking. CCYS will establish a Survivor Advisory Council composed of individuals who reflect the diversity of the populations we serve, such as LGBTQ youth, young parents, and survivors from varied cultural and socioeconomic backgrounds. Council members will be compensated for their time to ensure equitable participation and acknowledge their expertise. To support meaningful involvement, the project will implement trust-building practices and

provide training in leadership, advocacy, and self-empowerment. These opportunities will help survivors gain confidence in sharing their perspectives and contributing to the project's direction. By fostering a safe, supportive environment, we will ensure that survivors' voices are heard, valued, and integrated into the development and operation of the project.

2. Survivors will be actively involved in shaping the program's policies, procedures, and services throughout its implementation. CCYS will host quarterly listening sessions, providing participants with an opportunity to share their experiences, offer feedback, and suggest improvements. This feedback will be carefully reviewed and integrated into program modifications to ensure that services remain effective, relevant, and responsive to survivors' evolving needs. Survivors will play a central role in designing trauma-informed service delivery models, ensuring that the program reflects their real-life needs and the challenges they face in their healing process. By engaging survivors in the early stages of program development, we can create a more inclusive and effective system that truly supports their journey. Additionally, survivors will be involved in reviewing and refining operational procedures, such as intake processes, housing placements, and support services. Their input will help identify areas for improvement, ensuring that day-to-day operations are user-friendly, accessible, and aligned with the goals of those being served. To evaluate the project's effectiveness, survivors will participate in anonymous surveys, focus groups, and the Survivor Advisory Council. This ongoing feedback will provide valuable insights into the program's impact, guiding continuous improvements and informing future policy adjustments.

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/13/2024
1C-7. PHA Moving On Preference	No	PHA Moving on Pre...	09/13/2024
1D-10a. Lived Experience Support Letter	Yes	Letter from Perso...	12/04/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	12/05/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	11/26/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	11/26/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	12/04/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	12/04/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	12/04/2024
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	12/04/2024
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		