

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: CA-503 - Sacramento City & County CoC

1A-2. Collaborative Applicant Name: Sacramento Steps Forward

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Sacramento Steps Forward

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:

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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	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
9.	Law Enforcement	Yes	Yes	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	Yes
13.	Local Jail(s)	Yes	Yes	Yes
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	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
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	Yes
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	No	No	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.	Agencies Serving Homeless Veterans	Yes	Yes	No
35.	Faith Community	Yes	Yes	No

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)

1. The CoC actively collaborates with underserved communities, particularly Black and Brown communities, to provide feedback to ensure that the homeless response system is racially equitable. The CoC Racial Equity Committee, which convenes monthly, plays a central role in ensuring that racial equity strategies are embedded in all CoC efforts. This committee comprised primarily of Black, Indigenous, and People of Color (BIPOC), including members with lived experience of homelessness, works to ensure that CoC providers and partners integrate equitable practices into their housing and service delivery models. The CoC Racial Equity Committee also steers the CoC's Racial Equity Action Plan, characterized by the pillars of Racial Equity Committee (REQC), Data with a Racial Equity Lens, Training & Education/Normalizing Conversations, Staff & Leadership Diversity, Assessment & Prioritization, Language Access, Equitable Funding, Partnerships, and the Homeless Management Information System (HMIS).

A key achievement of the Racial Equity Committee is its support in replacing the VI-SPDAT assessment tool with a more culturally responsive Housing Conversation Tool. This new tool prioritizes the unique needs of underserved populations, including Black and Brown individuals, by focusing on trauma-informed, client-centered conversations rather than standardized vulnerability scoring, which has historically produced biased outcomes against these groups.

2. Furthermore, the CoC advances racial equity by offering bonus points to organizations demonstrating a strong "Organizational Commitment to Racial Equity" during the local CoC Program competition. This approach encourages service providers to intentionally adopt racial equity frameworks in their operations and to provide data showing improved outcomes for Black and Brown populations. By incentivizing these practices, the CoC ensures that organizations serving disproportionately affected populations are better equipped to reduce racial disparities in housing and service access.

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 communicates a transparent, annual invitation process to solicit new members via multiple public platforms. In accordance with the CoC Governance Charter, the invitation process is made publicly available through announcements on the CoC's website, email outreach via the CoC's listserv (which includes +3,000 stakeholders such as housing and service providers, healthcare providers, faith-based organizations, employment agencies, and government entities), and at CoC Board and Committee meetings. Additionally, an open, annual process is used to recruit new Board and Committee members. This process includes public nominations announced on the CoC website and through the listserv. Applications are reviewed by the Governance Committee, which assesses gaps in existing membership and prioritizes candidates based on areas of expertise needed to advance CoC goals.

2. To ensure effective communication and access for persons with disabilities, the CoC provides all public announcements and meeting materials in accessible formats. This includes using plain text that is compatible with screen readers, producing materials in a 14-point font for improved readability, and ensuring all electronic documents are accessible. For individuals requiring accommodations, the CoC uses a virtual meeting platform with built-in accessibility features, such as live captions and screen reader support, allowing persons with disabilities to participate fully in CoC meetings and events. Information about joining the CoC is available online in accessible formats and shared during both virtual and in-person events, ensuring that people with disabilities have multiple options for engaging with the CoC.

3. The CoC also engages in targeted outreach to organizations serving culturally specific communities disproportionately impacted by homelessness, such as Black, Latino, Indigenous, LGBTQ+, and disability-focused groups. As part of this outreach, the CoC has actively invited representatives from these communities to join its Racial Equity Committee and other key working groups, ensuring that the voices of underserved populations are included in decision-making processes and the design of equity-focused strategies.

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. The Sacramento CoC solicits and considers input from a diverse range of stakeholders that have knowledge of homelessness and an interest in preventing and ending homelessness. The CoC Board, comprising up to 32 members, includes representatives from different organizations, including two dedicated seats for people with lived experience, two dedicated seats for our Youth Action Board, and a seat for the Wilton Rancheria, ensuring diverse perspectives.

2. CoC communicates info with the public before, during, & after meetings to ensure opportunities for participation. Materials are available via email's and public posting on SSF's website so the public & members have background info to provide input. Members are contacted through the listserv with pre-mtg materials seeking input on topics to tailor mtgs to public interests. Public data dashboard on the SSF website provides info on the state of homelessness in the region that stakeholders can use to help inform feedback. For key issues extra meetings are held to allow public comment & promoted via listserv, website & social media. Committee mtg agendas and minutes are on SSF's website. the CoC holds virtual wkshps on variety of topics to share info & gather input on common issues. All CoC meetings are virtual to make them more accessible.

3. The Sac CoC ensures accessibility for people with disabilities by establishing a comprehensive framework that not only facilitated effective communication channels but also ensured unfettered access for individuals with disabilities. Central to this endeavor was the commitment to provide accessible electronic formats, thereby enabling those with disabilities to readily engage with information. This encompassing approach aimed to bridge the accessibility gap & promote a more inclusive & equitable environment for all.

4. CoC considers info gathered from the public to guide decision-making: a) public suggestions are collected mtgs b) CoC facilitates discussions w/providers multiple times/yr to guide decision making c) public forums shape system changes: racial equity committees including ppl with lived experience provide updates on the racial equity action plan & feedback to system partners.

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. The Sacramento CoC notified the public with a broad outreach of NOFO opportunities by using multiple public communication channels. Notifications are sent to a distribution list, posted on the SSF website, discussed at CoC meetings, and promoted through a newsletter. Publicly accessible forums were made available at the Aug. 20 Mandatory Project Application Workshop and office hours (weekly held on Tuesdays and Fridays). The CoC responds year-round to agencies interested in applying, encouraging new organizations to become recipients of CoC funding.

2. The 2024 NOFO webpage was launched on the SSF website on July 27, 2024. The webpage provides key details about the application process, including the Aug. 20 Mandatory Project Application Workshop, deadline for submitting the Intent to Apply form, office hours (weekly held on Tuesdays and Fridays), CoC approval dates, review & rank details, and the final application due date. The webpage featured all necessary forms such as the 2024 Application Forms, Scoring Tools, Review and Rank Policies, and the Intent to Apply form. The Aug. 20 Mandatory Project Applicant Workshop provided a detailed explanation of the application and review processes, with demonstrations on using the application tools. The Workshop presentation and recording were made available on the 2024 NOFO webpage for future reference. A technical assistance email address was also created for applicants to ask questions about the process. Applications were shared with those who submitted the Intent to Apply form, with clear instructions on how to complete and submit the application.

3. During the Aug. 20 Mandatory Project Application Workshop and at the Office Hours (weekly held on Tuesdays and Fridays) the following was explained: the review and rank process, the overall NOFO schedule, and how applications would be submitted to HUD for funding. These sessions included an overview of the scoring criteria used by the Review & Rank Panel. Scoring tools detailing the scoring factors and points available for each criterion were made publicly available on the 2024 NOFO webpage.

4. To ensure accessibility and inclusivity, the CoC offered individual technical assistance to applicants and hosted weekly Office Hours held on Tuesdays and Fridays. Additionally, SSF offered to serve as the recipient agency for new organizations, making the application process more approachable for agencies that had not previously been funded by the CoC.

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:

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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	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving 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.	Medical Managed Care Plans	Yes

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?	No
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)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	No

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)

The Sacramento CoC has established the Housing Families First Collaborative (HFFC) as a key working group to address family homelessness in the region. The HFFC brings together various stakeholders, including service providers, community organizations, and government agencies, to develop and implement strategies that support families experiencing homelessness.

A unique feature of the HFFC is the reserved seats for an Education Representatives, ensuring that the needs and perspectives of families with children are adequately represented and considered in all decision-making processes.

Another example of system-level partnerships between the CoC and education is the presence of the Sacramento County Office of Education (SCOE) on our CoC's Board. This representative actively advocates for families served under McKinney Vento programs within our CoC.

SCOE also plays a crucial role in addressing youth homelessness through its involvement in our community's Youth Homelessness Demonstration Project (YHDP). As a sub-recipient of one of these projects, SCOE's collaboration with youth homelessness service providers significantly impacts the lives of individuals and families experiencing homelessness.

During the 2022-23 school year, Project Teach, a project managed by SCOE, collaborated with SSF and other agencies to write the YHDP Grant, aimed at ending youth homelessness, with a focus on transition-aged youth (ages 18-24) in Sacramento County. Project Teach staff played an active role in creating this plan alongside other Sacramento agencies and stakeholders, with ongoing technical support from the National Center for Homeless Education.

During the planning stage of the Coordinated Community Plan (CCP) for YHDP, our CoC enlisted the support and feedback of key stakeholders from both local educational agencies and providers including Highland Charter School, Sacramento Academic and Vocational Academy (SAVA), SCOE, and California State University Sacramento. These LEAs provided key context and examined the action steps being proposed to improve our Homeless Response system for this demographic.

The Sacramento CoC's targeted approach not only addresses the unique challenges faced by this demographic but also strengthens cross-sector relationships between education providers, LEAs, and other community organizations.

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)

The CoC policies & procedures ensures individuals/families experiencing homelessness are informed of their eligibility for educational services. Central to these policies is the requirement for all CoC providers to designate a Homeless Students Educational Rights Lead, who is responsible for informing households about their educational (ED) rights & ensuring these needs are met. This requirement is integrated into contracts for RRH & PSH programs. The CoC Policy includes:

ED Rights Awareness & Collaboration: Shelter & housing providers must post information about the educational rights of homeless students, as outlined by the McKinney-Vento Homeless Assistance Act (MVHA). These providers are required to offer transportation to the school of choice for children living in their facilities. The CoC mandates attendance & reporting at mtgs with McKinney-Vento homeless student liaisons, convened by the LEA & the SCOE.

Alignment with MVHA The CoC aligns with the MVHA, which safeguards homeless students' access to free & appropriate public education. Specific policy guidelines ensure: **Identification of Homeless Children and Youth:** Schools & agencies within the CoC collaborate to identify students experiencing homelessness. **Notification of Educational Rights:** Rights include Immediate enrollment in school. Access to free transportation. Eligibility for free meals & ED programs (tutoring & special education)

Homeless Liaison Appointment: School districts must appoint a Homeless Liaison who ensures homeless students are identified & receive the services. These liaisons play a critical role in resolving disputes related to school selection or enrollment.

Immediate Enrollment & Continuity of Ed: Homeless children/youth must be enrolled immediately in school, regardless of their living situation. The MVHA mandate schools to enroll students while assisting families in obtaining the necessary documentation.

Dispute Resolution Process: If disputes occur, the child must remain in the selected school until the issue is resolved. The Homeless Liaison must ensure that families are aware of their right to appeal & assist them throughout the resolution process.

Annual Training & Outreach: The CoC with local school districts, conducts training for school staff, community partners, & service providers on the rights of homeless students. Outreach initiatives ensure that written info about these rights is widely disseminated in shelters, motels, & community centers.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
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	No
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Local Victim Service Providers	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. The Sacramento CoC holds monthly CoC board meetings that include representatives from ESG and CoC programs, as well as key local organizations, service providers and advocacy groups. These meetings focus on discussing policy updates, sharing data and aligning best practices. The CoC actively seeks input from ESG and CoC funded RRH programs when drafting new policies, updating procedures and launching new initiatives. The Sacramento CoC also provides bi-weekly office hours for VSPs from ESG and CoC programs to obtain training, ask questions, update policies, and provide feedback to improve the Survivor Coordinated Access System. CoC and ESG VSPs also participate in the CoC System Performance Committee to provide feedback and updates on the system changes. Additionally, we have one VSP who is a current COC Performance System Committee board member. Along with our current partners, we have also collaborated with the Department of Justice to update policies. Additionally, our VSPs are encouraged to outreach and make connections to organizations not currently involved in the CoC, such as: the Domestic Violence and Human Trafficking Hotlines and Coalitions, law enforcement, the U.S. Department of Justice Programs, U.S. Department of Health and Human Services, legal services, emergency services, health care services, employment services, and other basic needs providers.

2. It is imperative that our Coordinated Entry system is trauma informed and designed to prevent further trauma, allowing households to have choice and control over their process and referrals. The CoC collaborates with ESG and CoC programs to provide training sessions on trauma-informed care within the Sacramento CoC. Although most agencies require their staff to obtain trauma-informed care (TIC) training during their onboarding process, SSF's website provides access to TIC training for those who need it. We are currently in the process of developing a TIC Training for the community that will be presented ongoing each quarter. Although not a requirement, SSF prefers VSPs obtain a 50-hour certification for advocates providing services to survivors of domestic violence, human trafficking, and sexual assault. Recently, ESG and CoC housing providers contributed to the development of our new VI-SPDAT replacement tool, which we believe is a more trauma informed, client centered and sensitive to trauma experiences.

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. Providers across the CoC are trained in, safety planning protocols. Safety planning is an essential part of our contact with survivors, and it includes helping to assess danger, vulnerability, and best approaches to increasing safety. Staff are encouraged to assist survivors with safety planning in the short term and long term: during crisis calls, when a survivor needs emergency housing and we are unable to house them, during intake and throughout services, and during a change in circumstances (such as return to abuser). Staff incorporate trauma-informed care into safety planning, knowing that the survivor knows best and empowering survivor choice. Safety planning also involves providing the survivor with crisis lines and emergency resources, including how to keep the safety plan confidential and private. According to CE Policies and Procedures, housing resource access points are available to survivors, allowing them to access emergency services outside of the system's office hours. SSF has VAWA Emergency Transfer policies in place and access points are trained in how to identify safety issues, seek emergency services if needed, and provide safe and confidential access to CE and VSPs.

2. Confidentiality protocols are included in various aspects across the Survivor Coordinated Entry System, ensuring we are meeting standards at both state and federal level. All access point staff are trained in confidentiality requirements and related written Policies and Procedures, with the plan to expand on policies and training. Each project has its own confidentiality policies that are provided to clients at intake that review their agencies' confidentiality practices and limits to confidentiality. Confidentiality is also incorporated into our Release of Information, should participants choose to sign. SSF also has those in collaboration sign operational and confidentiality agreements that outline their roles in keeping survivor information confidential, which includes entering only non-identifiable information into databases and in communication. If DV survivors self-identify at non -VSP access points and provide consent, providers can create anonymous profiles, with non-identifiable information, to obtain housing placement options, or are referred directly to a VSP that can better meet their specific needs.

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.			
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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. The CoC has a formal Emergency Transfer Plan (ETP) in place, compliant with the VAWA and Federal and State mandates. These policies and procedures are shared with all HUD CoC-funded housing programs and must be provided to participants upon program intake, ensuring they are informed of their rights and the process for requesting an emergency transfer.

2. The CoC ensures that all households seeking or receiving CoC Program assistance, regardless of known survivor status, are informed of their rights to an emergency transfer under the ETP. During program intake, all program participants are provided with information on VAWA protections, including their rights to request an emergency transfer. They receive a copy of the emergency transfer form, which explains the process for submitting a transfer request. The CoC makes the ETP policies and procedures accessible through the SSF provider portal, ensuring that all program participants have clear guidance on exercising their rights.

3. Participants can submit an emergency transfer request directly to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the event for which the participant is requesting an emergency transfer. No other documentation is required.

4. When a household requests an emergency transfer, the program must notify the CE team. For internal transfers, the program will assist the participant with relocating to a new unit within the same program, giving priority to the request. If a safe unit is unavailable, program staff will explain the participant's options. For external transfers, the participant is prioritized for CoC-funded housing, provided they meet eligibility requirements. If the participant is in tenant-based rental assistance, the program will support securing a safe unit. CAS staff will then facilitate referral to the next available appropriate unit. All emergency transfer requests and outcomes must be documented and retained for five years.

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)

The CoC includes a comprehensive approach to ensure that survivors of domestic violence, dating violence, sexual assault, & stalking can safely access housing & services w/i our COC's geographic area. Key components of our system:

Integration w/ VSPs: we coordinate w/ victim service providers (VSPs) to connect survivors to mainstream access points. Survivors can access services through any CE access point, just like any other individual seeking assistance. We address the need for privacy & confidentiality using the survivor coordinated access system. Within Survivor Coordinated Entry System, VSP's meet wkly to review cases, share resources & complete training.

Anonymous Profiles in HMIS: VSPs have access to the HMIS to create anonymous profiles for their clients. This allows survivors to maintain confidentiality while still being eligible for housing openings w/i the coordinated entry system. For non-HMIS user staff, there are forms available to submit de-identified data, which CoC staff can enter into HMIS, further ensuring anonymity.

Trauma Informed Assessments: we developed a trauma-informed & culturally relevant assessment tool that incorporates elements from the Danger Assessment. This tool is designed to effectively assess survivor risk while being sensitive to the diverse backgrounds & experiences of clients. We enhance our capacity to provide appropriate support & resources tailored to the needs of survivors, ensuring safety & dignity throughout the process.

Referral Policies & Procedures: we establish procedures for referring eligible survivors to available housing units. When new housing projects are available, we designate a specific % of units for survivors. This promotes equal housing opportunities & prioritizes access for those most vulnerable.

Enhanced Coordinated Entry (CE) Process: we plan to further develop a CE process specifically for survivors. This includes outreach efforts that connect w/ survivors after they contact the 2-1-1 hotline, ensuring timely access to resources.

Choice & Flexibility: Clients select their preferred resource through VSPs/traditional CE resources. This process empowers survivors to regain control over their lives & make decisions that best suit their needs. We promote autonomy, fostering a sense of agency & encouraging their participation in the recovery process. This enhances their safety & reinforces their confidence in navigating the resources.

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. One systemic barrier we've identified is the limited availability of permanent housing options for survivors. Currently, our VSPs operate four RRH programs and just one PSH program, resulting in a gap for survivors who need long-term housing solutions. For example, our PSH program only serves families of 2-5, leaving individuals without sufficient access to the supportive housing and services they need. This gap often prevents survivors from receiving the specialized care and resources that VSPs provide.

Another significant barrier is the unique housing challenges faced by undocumented survivors, particularly those impacted by labor trafficking. Undocumented survivors are often among the most vulnerable, with limited legal protections and fewer pathways to housing due to their status.

2. To address these challenges, our CoC has taken steps to expand permanent housing opportunities for survivors within the CE system, ensuring they can continue to access the specialized services offered by VSPs. We are also actively seeking funding to create more permanent housing options through our VSPs. Additionally, to better serve undocumented survivors, we are building partnerships with organizations that specialize in supporting this population. These collaborations will connect survivors to vital legal assistance and other resources that help them understand their rights and navigate their housing options.

We are committed to proactively identifying barriers before they become critical issues. Our CoC works closely with VSPs, survivors, and community partners to continuously assess the barriers that survivors face, whether related to housing, legal status, or other factors such as access to services, transportation, or language support.

By taking these steps, we are working to ensure that survivors of domestic violence, dating violence, sexual assault, and stalking have safe and equal access to housing and services, no matter their circumstances.

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. We are in the process of establishing regular collaborations with local LGBTQ+ organizations and centers. These partnerships aim to help us develop a comprehensive CoC-wide anti-discrimination policy that is inclusive and sensitive to the needs of LGBTQ+ individuals and families.

2. Once our CoC-wide anti-discrimination policy is developed in collaboration with LGBTQ+ organizations, we will actively assist housing and services providers within our CoC in developing project-level anti-discrimination policies. These policies will be consistent with the overarching CoC-wide policy and tailored to the specific needs of each provider and the populations they serve.

3. As part of our ongoing commitment to ensuring compliance with antidiscrimination policies, we are developing a comprehensive evaluation process. This process will include regular assessments and reviews of provider policies and practices to ensure alignment with the CoC-wide anti-discrimination policy once it is established. This evaluation process will be designed to identify any gaps or areas of improvement.

4. In anticipation of addressing noncompliance, we are currently creating a clear and transparent process for handling situations where providers may not adhere to the CoC-wide anti-discrimination policy or their project-level policies. This process will emphasize communication, education, and support to bring providers into compliance. We are committed to promoting a culture of inclusivity and non-discrimination within our CoC.

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?
Sacramento Housing and Redevelopment Agency (SHRA)	77%	Yes-Both	Yes

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. In our CoC, we have partnered with the Sacramento Housing & Redevelopment Agency (SHRA) to implement a homeless admission preference designed to effectively address homelessness in our community. We developed a collaborative relationship with SHRA, involving regular meetings & strategic planning to align our goals & responses to homelessness. This partnership is crucial for ensuring effective implementation of housing solutions. Homeless Admission Preferences & Dedicated Vouchers: Limited Homeless Allocation (LHA): This preference prioritizes homeless individuals & families who are actively receiving services from partner organizations. Referrals are made by these agencies, which verify homelessness & assist families in locating rental properties once vouchers are issued. This initiative includes ongoing housing stabilization services to support families during their transition into permanent housing. Move On Allocation: This preference supports formerly homeless families ready to transition from supportive housing to the Housing Choice Voucher (HCV) program. Service providers refer eligible families, allowing them to access permanent housing while simultaneously freeing up supportive housing units for new homeless families in need. SHRA has committed to an annual evaluation of these preferences to measure their effectiveness. This process allows for necessary adjustments based on performance data & community feedback, ensuring that the programs remain responsive to changing needs.

2. Dependent on available funding, SHRA has dedicated tenant-based vouchers specifically for these initiatives. This includes resources under both the LHA & the Move On Allocation, along with project-based vouchers tied to supportive services. To maximize awareness of these preferences, our CoC has conducted outreach to service providers & potential beneficiaries. Informational sessions & materials have been distributed to ensure families understand how to access these critical supports. The implementation of these admission preferences has begun to yield positive outcomes, enabling us to prioritize housing for homeless families while managing the waiting list effectively. We plan to enhance data-sharing practices with SHRA to better track progress & outcomes, ensuring our collaborative efforts adapt to the evolving needs of our most vulnerable populations. This partnership positions us to create lasting change in our community's approach to homelessness.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	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)	Yes
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	No
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)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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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?	No
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.	35
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.	35
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)

Programs are required to certify that they follow a Housing First approach when submitting their new or renewal applications by checking a box. Along with this certification, applicants must upload agency policies that support and align with Housing First principles, such as prioritizing housing over other services, not requiring treatment or sobriety as conditions for housing, and a focus on low-barrier access to services. The CoC reviews these policies during the evaluation process to ensure compliance.

Housing First is a threshold criteria for the Sacramento CoC, meaning that applicants must meet the minimum standard to be eligible for funding. Projects are evaluated based on several factors, including their policy alignment with Housing First principles, their ability to demonstrate low-barrier access, and their success in quickly housing individuals without preconditions.

The CoC uses a multi-pronged approach to ensure that projects maintain a Housing First model beyond the annual competition. This includes monitoring through the CoC Coordinated Entry System, which actively evaluates CoC Program projects for barriers to entry. The system advocates for clients by ensuring reasonable accommodations are provided, and any barriers to housing access are identified and removed. Additionally, the CoC's Community Standards state in section 2.1.6 "Programs adhere to and use a Housing First model, working to efficaciously prevent literal homelessness or place people experiencing homelessness in housing without preconditions on housing assistance and with the supports people want and need to remain safe and stably housed."

As the CoC lead agency, SSF is committed to providing fidelity, guidance, and leadership for system performance monitoring efforts as well as ongoing training and technical assistance to help programs align with the Community Standards. Training opportunities may include, for example, orientations to the Community Standards, overviews of the forthcoming reporting and monitoring processes, program-specific competency-building (e.g., Housing Problem Solving), and topical training (e.g., Housing First, trauma-informed care). As part of Standards implementation, activities have been planned for needs assessment and development of a comprehensive training curriculum to support alignment and adherence with respective service and performance standards.

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)

Our CoC has implemented an effective street outreach strategy specifically designed to engage people experiencing homelessness who are least likely to seek assistance. Recognizing that traditional outreach methods may not reach this population, we have developed a collaborative approach that leverages partnerships across sectors. One key element of our strategy involves forming multidisciplinary outreach teams. Teams consist of community health workers, social workers, and case managers who have received training in trauma-informed care. This training equips them to engage individuals with empathy & understanding, addressing potential barriers to seeking help. Our teams include individuals with lived experience of homelessness, who provide invaluable insights & help build trust within the community. We actively collaborate with food bank staff & human services organizations to create a comprehensive resource network. By establishing regular outreach at food distribution sites, we can connect with individuals in a non-threatening environment, offering not only food but also information about available services & support. We partner with culturally informed organizations to ensure our outreach methods are sensitive to the diverse backgrounds of the populations we serve. This includes working with faith-based organizations that can help bridge gaps & provide spiritual support. We recognize the importance of informal networks. Engaging public library staff allows us to reach individuals who may not engage with traditional service providers. Libraries serve as safe havens & staff members are often aware of those who are experiencing homelessness. To further enhance our outreach efforts, we employ a "warm hand-off" approach. This involves gradually transitioning individuals from the outreach phase to housing or service engagement, ensuring they feel supported throughout the process. This method has proven effective in reducing anxiety associated with seeking help. In collaboration with public transit authorities & sanitation departments, we coordinate efforts to identify & engage individuals in areas where they frequently gather. This targeted outreach ensures that we are reaching those who may be hesitant to seek assistance through conventional means. Through these tailored strategies, our CoC aims to create an inclusive & supportive environment that encourages individuals experiencing homelessness to connect with the resources they need.

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?	No	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?	No	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.i.	

		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	933	930

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	No
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	No
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	No
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. The CoC utilized several spaces for convening and communicating with program staff to promote available or updated services, cross-referrals, and participant uptake of mainstream resources and other assistance including the CoC Board and Committee meetings (~15-50 attendees), CoC Provider Meeting (~10-20 attendees), Frontline Learning Collaborative (FLC) (~30-40 attendees), Housing Families First Collaborative (HFFC) (~5-20 attendees), Housing Problem Solving (HPS) Quarterly Trainings, monthly newsletters (~10,000 contacts), tailored eblasts (~20-10,000 contacts), and social media channels (~1,800-3,500 followers). These meetings invite and create space for partners to discuss their program offerings, participant eligibility and how participants can access; share their experiences; and encourage participants to connect on where they might be able to fill gaps for one another. Partners (i.e., managed care plans, county, and community organization representatives) have presented at the CoC and FLC meetings about Medi-Cal and other health supports (i.e., healthcare, mental health, and substance use) via the CalAIM Community Supports and Enhanced Care Management services. The CoC's Coordinated Entry Committee has also leveraged its co-chairs and agenda to bring cross-engagement on client connection for substance use disorders, mental health treatment, and other behavioral health services. FLC meetings have encouraged discourse around housing and shelter assistance; eviction prevention; legal; immigration; survivor services; veteran employment; behavioral and mental health supports; and other case management services. Through HFFC efforts, the CoC is also organizing community sessions on the TANF/CalWorks Housing Supports Program and Homeless Assistance; SSI/SSDI; SOAR; and CalAIM services in Fall 2024. These sessions will offer information on how staff can describe these available resources, determine participant eligibility, and how to access additional assistance. The CoC also drives attention towards these mainstream benefits through social posts and newsletter and eblast features.

2. The CoC also takes advantage of the FLC's informal, format to discuss SSI/SSDI resources, and SOAR Certification and its benefits. The CoC will also be featuring SOAR at an HFFC session in Fall 2024 as part of its regular provider engagement effort on this topic.

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)

Our CoC collaborates with state and local public health agencies to develop policies addressing and preventing infectious disease outbreaks among people experiencing homelessness, including COVID-19, Hepatitis A, Tuberculosis, and Measles.

1. Response to Infectious Disease Outbreaks

We partner with Sacramento County Public Health, Sacramento City, and the Sacramento Housing and Redevelopment Agency (SHRA) to monitor and respond to infectious disease risks through key actions:

Monitoring COVID-19 Inquiries: We respond to COVID-19-related questions via email, phone, and case conferencing, directing clients and staff to the latest resources.

People-Centered Response: We developed the Extremely Vulnerable Household (EVH) Policy, addressing medical vulnerabilities and needs related to COVID-19, including shelter placements.

Information Distribution: We coordinate community awareness around COVID-19 resources, distributing updates through CoC meetings, email lists, and social media.

2. Preventing Infectious Disease Outbreaks

To reduce future outbreak risks, our CoC emphasizes proactive prevention through:

Community Education & Resource Distribution: We distribute disaster preparedness backpacks containing COVID-19 testing kits, sanitizers, and educational materials, partnering with local health agencies and clinics to reach high-impact areas.

Ongoing Communication & Coordination: We support vaccination programs for COVID-19, flu, monkeypox, and other illnesses, connecting local providers with Public Health to bring services to facilities and encampments.

COVID-19 Coordination for 2024 PIT Count: We collaborate with Public Health through the PIT Committee to ensure safety for volunteers and clients during surveys.

Oversight Responsibility

The former COVID-19 Homeless Response Team continues to work with Sacramento County Public Health, SHRA, and city partners to maintain these policies, prioritizing the health of people experiencing homelessness.

Through these coordinated efforts, our CoC is prepared to respond to infectious disease outbreaks and proactively prevent future health risks, focusing on the well-being of vulnerable populations.

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)

Our CoC collaborates with public health agencies to communicate critical health information and support infectious disease prevention for individuals experiencing homelessness.

1. Sharing Public Health Information

The CoC uses multiple channels to share health information:

CoC Meetings and Sessions: Regular CoC meetings (15–300 attendees) and targeted sessions address disease prevention, policy updates, and health guidance. These are held with CA Department of Public Health and Sacramento County Public Health to discuss strategies and service updates relevant to homeless providers.

Digital Outreach: Health updates are shared through the CoC website (285,000+ views), newsletters, e-blasts to 6,440 contacts, and social media. This ensures that providers receive timely updates on health risks, safety measures, and emergency preparedness.

Community Messaging by Volunteers/Interns: Our volunteer network and interns act as trusted messengers, promoting COVID-19 resources and public health measures, especially in underserved areas.

Digital Resource Repository: The CoC provides a digital library with fact sheets and graphics, allowing providers to widely share accurate health information.

2. Facilitating Communication with Public Health Agencies

The CoC supports direct communication between health agencies and service providers to prevent disease outbreaks:

Training and Q&A Sessions: The CoC hosts training on health protocols and COVID-19 prevention, guiding providers on policy updates and effective safety practices, and allowing discussions on emerging issues with tailored guidance.

Promoting Collaborations: Partnerships are encouraged between health agencies and service providers, improving access to resources for homeless populations.

Structured and Ad Hoc Information Exchange: Ongoing communication is facilitated through meetings, follow-up calls, and emails, keeping providers informed on health risks and resources.

These coordinated efforts equip service providers and partners with up-to-date information and guidance to protect individuals experiencing homelessness from infectious diseases.

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)

1. Our CoC developed a comprehensive Coordinated Entry designed to ensure equitable access to housing and services for all individuals experiencing homelessness, regardless of their location within our geographic area. We've published a 211 hotline that offers a source of information on available housing/services and serves as a CE access point. This access point is accessible to individuals across our CoC, including those in remote areas/encampments. We've partnered with local organizations to ensure that info about the hotline and resources is disseminated through channels (community events, social media, and printed materials in 7 different languages). Street outreach teams regularly visit encampments to provide assistance and facilitate access to CE resources for those who may be unaware of available services.

2. Our CoC utilizes a standardized assessment process to ensure fair and equitable access to housing/services. This assessment is designed to identify individual vulnerabilities, ensuring that all clients receive appropriate support. We regularly review and update the assessment tools to incorporate feedback from participating projects/households, ensuring that the process remains trauma informed and responsive to the needs of diverse populations. Subpopulations: we tailor assessment criteria to reflect clients' unique circumstances by including specialized questions for families, youth, and individuals with mental health challenges. This approach allows us to effectively prioritize resources and interventions based on specific needs. Assessment info is utilized in case conference meetings, enabling us to determine prioritization for housing resources. This approach ensures that we're addressing the most pressing needs in our community while maintaining transparency/accountability in the prioritization process.

3. We're committed to collecting personal info in a trauma-informed manner, recognizing the sensitivity of the data we handle. Our assessors receive training on trauma-informed practices to ensure that clients feel safe and respected throughout the assessment process.

4. By continuously updating CE based on community feedback and best practices, we strive to enhance our effectiveness in serving everyone experiencing homelessness within our CoC.

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. Our CoC established a CE that effectively reaches individuals who are least likely to apply for homeless assistance without targeted outreach. We deploy dedicated outreach teams that engage in proactive strategies, visiting encampments & other high-need areas to connect with those experiencing homelessness. This outreach is informed by individuals with lived experience, ensuring we build trust & communicate effectively with hard-to-reach populations. Additionally, the CoC convenes monthly Front-Line Learning Collaborative meetings to share resources and best practices.

2. To prioritize those most in need, our CoC employs the Extremely Vulnerable Households (EVH) policy, which immediately prioritizes households for the next available & appropriate shelter unit. Individuals or families scoring in the top ~10% on the housing or crisis assessment tool are classified as EVH. This scoring system allows us to identify & address the most vulnerable households quickly, ensuring they receive timely assistance.

3. The EVH policy not only prioritizes clients for immediate shelter supports but also aligns shelter & housing prioritization. This means that clients prioritized for shelter are also prioritized for housing, creating a streamlined process for transitioning individuals into permanent housing. During the first engagement, EVH clients are escalated for immediate supports, including case management, ensuring that their needs are met right away. To ensure timely access to permanent housing, our CoC has implemented procedures that facilitate quick transitions for those identified as EVH. We assist clients with completing & uploading document-ready requirements as part of our coordinated entry process. This support helps expedite their access to housing resources while minimizing delays.

4. Recognizing the need to reduce burdens on households seeking assistance, we have made significant efforts to streamline our assessment process. We avoid asking invasive questions or collecting unnecessary information that could deter individuals from seeking help. Our staff is trained to approach assessments in a trauma-informed manner, focusing on building rapport & understanding the immediate needs of the clients rather than overwhelming them with excessive inquiries. Front-line staff are trained to understand implicit bias and engage homeless households with human-centered approaches designed to reduce barriers and facilitate effective linkages to services.

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 affirmatively markets housing and services to ensure that all individuals experiencing homelessness have access to essential resources and information about their rights. Our CoC employs a multifaceted approach to marketing housing and supportive services, utilizing diverse channels to reach all eligible individuals. This includes collaborations with local agencies, outreach through community events, and targeted social media campaigns. We ensure that all communications are inclusive, promoting services regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability.

2. Program participants are informed of their rights under federal, state, and local fair housing and civil rights laws through comprehensive training sessions, informational materials, and individual consultations. We distribute brochures and host workshops that explain participants' rights and available remedies, fostering a better understanding of fair housing protections.

3. Our CoC has established a clear process for reporting conditions that impede fair housing choice. Any observed violations or barriers are documented and communicated to the relevant jurisdiction responsible for ensuring compliance with the Consolidated Plan. This includes participation in regular meetings with local housing authorities to discuss identified issues and suggest corrective actions. We actively participate in the consolidated planning process, ensuring that impediments to fair housing are highlighted and addressed. Our CoC collaborates with local governments to provide input on housing policies and advocate for the removal of barriers that affect individuals experiencing homelessness. We regularly assess our outreach and reporting strategies to identify areas for improvement. Feedback from program participants and community partners is integral to this process, allowing us to refine our efforts and ensure equitable access to housing and services. Through these initiatives, the Sacramento CoC is committed to promoting fair housing and ensuring that all individuals experiencing homelessness have access to necessary resources and information. Our proactive approach to marketing, education, and reporting underscores our dedication to upholding the rights of all community members while addressing barriers to housing choice.

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.	06/05/2024

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. Our CoC primarily uses data from HMIS, the American Community Survey, and the Point-In-Time (PIT) Count to measure racial disparities. We submit HMIS data to California state each quarter and then gain access to the state's system performance measures dashboard where we can review the results.

2. We also receive an annual Excel spreadsheet from the state that calculates each of the state system performance measures for each racial group tracked in HMIS, along with helpful change metrics comparing each year. These measures are then benchmarked against other sources (e.g. ACS) to determine if a particular racial group's metric is higher or lower than the benchmark. We bring the results of these analyses to our Core Equity Team meetings and the CoC Racial Equity Subcommittee to discuss the findings and make plans to address disparities.

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)

As part of the Sacramento CoC's Racial Equity Action Plan and commitment to Continuous Quality Improvement there is a goal for the ongoing evaluation of system-level processes, policies, and procedures to ensure racial equity in the CoC. This plan is guided by the CoC's Racial Equity Committee and supported by the Racial Equity Manager at SSF, who plays a key role in helping the CoC with these actions. The goal is to continuously identify, address, and eliminate racial disparities across the CoC's operations and service delivery.

The Racial Equity Committee, which includes individuals with lived experience, service providers, and equity experts, conducts regular assessments to evaluate whether CoC policies—such as coordinated entry, program eligibility, and service prioritization—are equitably applied across all racial groups. Any identified disparities are discussed, and recommendations for adjustments are made to reduce inequities. These evaluations, facilitated by the Racial Equity Manager, are incorporated into the CoC's broader system performance evaluations.

In addition to reviewing existing policies, the CoC engages in community outreach by holding public meetings, listening sessions, and focus groups with racial and ethnic minority groups disproportionately affected by homelessness. Input from these sessions informs policy revisions to ensure that the CoC's processes are inclusive and responsive.

The Racial Equity Committee adopted the Racial Equity Action Plan in July of 2021, which provided recommendations to reduce and eliminate disparities in the homeless services system. In its third year of activity, the Racial Equity Action Plan is due for an evaluation for an evaluation and refresh, which will be conducted by the Racial Equity Manager in partnership with the Racial Equity Committee. Evaluation for relevance, emerging disparities, and best practices will be conducted in 2025.

The CoC also commits to transparency, with evaluation results and any policy changes publicly shared through the SSF website and community forums. This process is continually monitored, with the Racial Equity Manager overseeing periodic reviews to assess the effectiveness of implemented changes and guiding adjustments to further promote racial equity across the system.

By embedding racial equity in its system-level processes and engaging in ongoing evaluation, the Sacramento CoC is working to create a more inclusive and equitable homeless response sy

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)

Our CoC submits quarterly Homeless Management Information System (HMIS) data to California State for state-specific system performance measures (SPM). We track these SPMs and benchmark them against sources like Census data. The SPMs and benchmarks we use measure:

1a: The number of people accessing services who are experiencing homelessness, benchmarked against residential population data from the American Community Survey. We calculate service access rates for each racial group, identifying those with the highest rates for targeted prevention/diversion efforts.

1b: The estimated number of people experiencing unsheltered homelessness on the PIT, benchmarked against the overall homeless population. Groups with the highest unsheltered homelessness rates are targeted for outreach.

2: The number of people experiencing homelessness for the first time, benchmarked against the overall homeless rate. Racial groups with the lowest rates are targeted for PSH and integrated service solutions.

3: The number of people exiting homelessness into permanent housing, benchmarked against service access rates. Groups with the lowest exit rates receive targeted RRH assistance per new HUD standards.

4: Average length of time spent in street outreach, shelter, transitional housing, and prior to move-in for RRH and permanent housing projects. Groups with significantly longer times are targeted for RRH assistance.

5: Percentage of people returning to homelessness within 6 months of exiting to permanent housing. Groups with the highest return rates are targeted for RRH assistance.

6: The number of people served in street outreach who exit to shelter, transitional, or permanent housing. Groups with the lowest rates receive targeted RRH assistance.

We present these data to our CoC Racial Equity Committee, informing strategies to address disparities and guiding our Racial Equity Action Plan.

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)

The Sacramento CoC is deeply committed to engaging individuals with lived experience of homelessness in leadership roles and decision-making processes. To facilitate this, the CoC employs both broad outreach methods and targeted engagement strategies.

The Youth Action Board (YAB) serves as a key leadership body within the CoC, comprised of young people with lived experience of homelessness. The YAB plays an active role in shaping policies, informing project design, and advising on funding decisions, particularly those focused on youth homelessness. The YAB self-recruits, interviews, and onboards new members they find through targeted outreach to youth serving organizations. The outreach is also YAB led.

The Persons with Lived Expertise Committee (PWLEC) plays a parallel role for individuals with lived experience across all age groups. PWLEC members are integral to the CoC's efforts in shaping system-level strategies, providing feedback on service delivery, and participating in funding application processes. PWLEC members are provided opportunities for skill building, including on governance, advocacy, and public speaking to prepare them for active participation in CoC Board meetings and committees.

Both YAB and PWLEC members are actively involved in CoC decision-making processes, participating on review panels, working groups, and in the development of community plans. Their lived expertise ensures that the CoC's approach remains responsive to the needs of people experiencing homelessness, fostering an inclusive and equitable system.

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.	10	4
2.	Participate on CoC committees, subcommittees, or workgroups.	10	4
3.	Included in the development or revision of your CoC's local competition rating factors.	2	4
4.	Included in the development or revision of your CoC's coordinated entry process.	2	4

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 Sacramento CoC and SSF is committed to providing professional development and employment opportunities to individuals with lived experience of homelessness. Through various training programs and leadership development initiatives, the CoC ensures that individuals are empowered to build valuable skills and contribute meaningfully to the homelessness response system. Training opportunities include the Review and Rank process for the CoC Program NOFO, where participants gain critical evaluation and decision-making skills, as well as Housing Problem Solving and Coordinated Entry trainings, which equip individuals with tools to help those at risk of or experiencing homelessness navigate housing options. Additionally, ongoing Continuous Quality Improvement (CQI) training helps participants develop the ability to assess and improve program performance.

Beyond training, the CoC has seen significant success in promoting individuals with lived experience into leadership and employment roles. A member of the PWLEC was recently promoted to a leadership position as the CoC Board Secretary, demonstrating the CoC's commitment to advancing PWLEC individuals into key decision-making roles. This year, both a YAB member and a PWLEC member secured employment by leveraging their lived experience and the professional development opportunities provided by the CoC. Furthermore, individuals with lived experience are actively involved in the Point in Time (PIT) count, receiving training in data collection, outreach, and engagement. Through these initiatives, the CoC fosters pathways to employment and leadership for individuals with lived experience, helping to build an inclusive and responsive system.

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)

Our CoC gathers feedback from people experiencing homelessness through multiple channels:

PWLEC in CoC Meetings: The Persons with Lived Expertise Committee (PWLEC) provides direct feedback, with members also collecting insights from the homeless community.

Racial Equity Committee (REQC): REQC sessions address challenges specific to marginalized groups, helping us tackle systemic barriers.

Youth Advisory Board (YAB) and TAY Listening Circles: These groups provide feedback from younger individuals for the Coordinated Community Plan (CCP), highlighting transitional age youth needs.

Housing Problem Solving (HPS) and PIT Count Engagements: Feedback from HPS conversations and Point-in-Time (PIT) Count events helps shape strategies and service priorities.

Housing Families First Collaborative (HFFC): Provides ongoing feedback from families with children who have experienced homelessness, revealing systemic challenges.

Frequency of Feedback Collection:

Quarterly Meetings with PWLEC, REQC, YAB, and TAY, plus ad-hoc sessions when needed.

Assessment Feedback through the VISPDAT and Housing Conversation Tool (HCT) captures experiences during engagements.

Program Participant Feedback Collection:

Exit Surveys and Interviews at program completion identify areas for service improvement.

Case Management Check-Ins gather regular insights, with structured feedback in quarterly reviews.

Frequency for Program Participant Feedback:

Feedback is collected at program exit, six-month post-exit follow-ups, and quarterly case management check-ins.

Steps Taken to Address Challenges:

Increasing Accessibility: Streamlined referral processes and improved outreach in underserved areas.

Trauma-Informed Practices: Feedback on discomfort led to the integration of trauma-informed approaches across services, creating welcoming environments.

Service Flexibility: Extended housing options and adjusted timelines were implemented in response to feedback on transitional housing needs.

Our CoC uses aggregated feedback to inform policy advocacy, addressing structural issues impacting housing access and stability.

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)

Over the past 12 months, our CoC has taken strategic steps to engage local government in efforts to increase the affordable housing supply by participating in the development and implementation of the Regionally Coordinated Homelessness Action Plan (RCHAP), which prioritizes the increase the affordable housing Supply. Additionally, our CoC provides direct input into our local Affordable Housing Plan.

Development and Implementation of the RCHAP: Our CoC actively participated in the development of and is currently implementing the RCHAP with City, County, and PHA partners. The RCHAP was officially adopted and will be implemented from April 2024– March 2027. We prioritized increasing affordable housing opportunities and improving access for low-income and homeless populations. Through this process, we advocated for policies that support expanded multifamily zoning and streamlined approval processes, which directly align with our goal to create a more inclusive housing landscape in Sacramento.

Collaboration with the Sacramento Housing and Redevelopment Agency (SHRA): The Sacramento Housing and Redevelopment Agency developed an Affordable Housing Plan as part of their Partnership Agreement between the City and County of Sacramento. Our CoC has contributed to this effort by attending planning meetings and offering insights to address critical housing needs. In particular, we have emphasized the importance of easing restrictions on accessory dwelling units (ADUs), reducing permit costs, and encouraging mixed-income housing developments. By reducing regulatory barriers and promoting diverse housing types, we aim to make more affordable housing options available to underserved populations.

Through these initiatives, our CoC has worked closely with local government to advocate for essential zoning reforms and regulatory changes, setting the stage for expanded affordable housing development across the region. These partnerships underscore our commitment to long-term, sustainable solutions to housing access.

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
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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)?	108
2.	How many renewal projects did your CoC submit?	31
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)

Our CoC's Local Project Review and Ranking Process incorporates considerations for severe barriers, prioritizing projects that serve vulnerable populations who may have lower performance metrics but are essential to meeting community housing needs. This approach ensures projects assisting the hardest-to-serve populations—those with histories of trauma, criminal records, chronic homelessness, substance abuse, or low/no income—are not disadvantaged due to standard performance metrics alone.

1. Data Analysis on Housing Outcomes

To evaluate housing placement success, our CoC uses data from the HMIS. RRH and TH-RRH projects, Scoring Factor 2B assesses the rate of exits to permanent housing, indicating the project's effectiveness in achieving housing stability. Scoring Factor 8A further measures the percentage of exits to permanent housing destinations, ensuring our ranking process highlights projects that support long-term stability for participants.

2. Data Analysis on Time to House Individuals

Scoring Factor 4A evaluates bed and unit utilization rates, indicating the time taken to house individuals in each project by comparing the number of participants served over the year to available beds. This factor captures how projects address the needs of individuals facing complex barriers who may require additional time to secure permanent housing while maintaining high occupancy rates.

3. Consideration of Needs Severity and Vulnerabilities

In ranking projects, our CoC emphasizes the severity of participants' needs, recognizing that vulnerabilities like long-term homelessness and substance abuse may impact housing stability. Projects serving individuals facing severe barriers—such as survivors of domestic violence, those with health risks, or individuals with criminal backgrounds—receive additional consideration to ensure critical services remain accessible. Scoring Factor 5A awards up to 10 points to projects that prioritize or are dedicated to serving chronically homeless individuals, seniors, or households who do not qualify for other assistance, underscoring our commitment to these essential services.

4. Ranking Adjustments for Severe Barriers

Our CoC scoring framework allows applicants to include narratives explaining lower performance metrics due to serving high-barrier populations, which permits the Review and Rank Panel to adjust scores accordingly. This flexibility enables projects that serve harder-to-serve populations to remain competitive.

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)

Our CoC prioritizes racial equity by incorporating input from racially and ethnically diverse groups, especially those disproportionately affected by homelessness, into our Local Competition Review and Ranking Process.

1. Input from Over-Represented Populations on Rating Factors

Black and Indigenous populations are over-represented in homelessness in our region. The Project Review Committee (PRC) collects feedback from CoC-funded providers, including staff and individuals identifying as Black and Indigenous. The Racial Equity Committee (REQC), composed largely of BIPOC members with lived experience, works with PRC to review project scoring tools and has introduced a racial equity scoring factor based on community feedback.

2. Inclusion of Over-Represented Populations in the Review and Ranking Process

The PRC updated recruitment strategies to prioritize racial diversity by targeting culturally representative organizations and collecting demographic information. Two PRC seats are designated for BIPOC individuals, and non-conflicted BIPOC members participate directly in the ranking panel, integrating lived experiences with professional expertise. REQC members, especially BIPOC liaisons, lead equity-focused discussions to align scoring tools with the needs of populations facing racial disparities.

3. Rating Projects Based on Barriers for Over-Represented Groups

Projects are rated on how they address barriers faced by racially and ethnically diverse populations, especially Black and Indigenous groups. For renewals, Scoring Factor 9C awards up to 5 points for identifying barriers (e.g., lack of outreach) and implementing solutions to improve access for over-represented populations. For new projects, Scoring Factor 4D incentivizes initiatives that address racial disparities proactively. Our Coordinated Entry (CE) system further supports equity with new assessment tools and dashboards that track and report referral data daily to address service access gaps.

Renewal projects also receive points under Severity of Needs & Special Considerations (5B), with up to 12 points awarded for addressing the severe needs of BIPOC individuals, transgender people, and those with criminal records, ensuring that the most vulnerable populations are prioritized.

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.
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(limit 2,500 characters)

Our CoC has a defined reallocation process, updated and approved by the CoC Board in 2024. This process prioritizes reallocating funds from non- or under-performing projects to new, higher-performing projects that address urgent community needs, aligning with HUD goals to reduce homelessness. The guiding principle is to reallocate when doing so enhances housing stability outcomes, with a focus on new permanent supportive housing (PSH) projects serving chronically homeless individuals and families, RRH for individuals and families in immediate need, new HMIS projects, and SSO projects for CE.

1. Determining Reallocation Candidates

Each project is evaluated annually on performance metrics and alignment with community needs. Projects are assessed based on Annual Performance Reports (APRs), utilization rates, housing outcomes, and participant stability. Lower-performing projects are reviewed against threshold performance criteria, including housing retention, exit to permanent housing, and cost effectiveness. Projects that consistently fail to meet these criteria or are misaligned with current needs, such as the community's emphasis on permanent housing with support services for high-risk groups (youth, seniors, etc.), are prioritized for reallocation. To promote voluntary reallocation, projects that choose to convert to new eligible types aligned with CoC priorities are given priority access to reallocated funds.

2. Identification of Low-Performing or Less Needed Projects

During this year's local competition, our CoC identified no low-performing or less-needed projects that reapplied for funding and met the reallocation criteria. All projects that participated in the local competition met the required performance thresholds.

3. Reallocation of Projects in This Year's Competition

Our CoC did not reallocate any low-performing or less-needed projects in this year's competition. While a project sponsor who previously managed a funded project closed its project operations, they did not reapply, and thus no reallocation of funds was necessary.

4. Reasons for No Reallocation

This year, all projects met the threshold performance standards set by the CoC's Review and Rank Policies. No projects demonstrated significantly lower performance or were deemed less needed based on application narratives or APR data. Consequently, reallocation was unnecessary as each project contributed meaningfully to addressing local homelessness needs.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
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	NOFO Section V.B.2.f.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
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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?	No
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.	10/14/2024

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.	10/14/2024
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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
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	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.	10/25/2024
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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.	10/25/2024
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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.	Bitfocus Clarity Human Services HMIS Software
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024
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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. In the past, our CoC provisioned Apricot for storing VSP data in a manner that was comparable to our HMIS instance. However, there were significant limitations to using the software, so our CoC has since been actively working towards transitioning the VSPs to a separate instance of Clarity Human Services that is physically and logically distinct from our traditional Clarity HMIS instance.

2. Over several months, we've discussed best practices for establishing a VSP database with HUD representatives, Bitfocus staff, VSP staff, our own legal counsel, and other CoCs who are making a similar transition. While we continue to grapple with the right way to balance the data security needs outlined by HUD and VAWA, we've made significant progress this year and are looking forward to having a new VSP database that is truly comparable to our HMIS instance.

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	2,595	0	2,496	96.20%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	771	0	715	92.70%
4. Rapid Re-Housing (RRH) beds	984	39	984	100.00%
5. Permanent Supportive Housing (PSH) beds	4,368	0	3,539	81.00%
6. Other Permanent Housing (OPH) beds	97	0	97	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) For PSH (our only inventory type below 85%), most of our beds not currently captured in HMIS are from the Department of Veteran Affairs.

2) The VA is willing to work with us to upload HOMES data within the HMIS. We plan to:

- engage the VA to develop a process for regularly sending us HOMES data
- develop a process for extracting data from the HOMES extracts and uploading it within HMIS
- use the data to get closer to real-time VA PSH insights.

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
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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.	01/24/2024
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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.	05/09/2024
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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)The CoC engaged homeless youth-serving organizations, including partners from the Homeless Youth Task Force (HYTF) and Youth Advisory Board (YAB) to set intentions for the Youth Supplemental Survey and vet questions for final inclusion. The CoC also worked with the Sacramento County Office of Education McKinney Vento Liaisons and Sacramento LGBT Center Staff to ensure that the Youth Survey used trauma-informed language to encourage honest participant response. Youth with lived experience of homelessness, additional youth providers, and behavioral health system representatives were present at these meetings.

2)The CoC utilized widely submitted known location surveys and advisory from the PIT Committee's TAY representatives for survey outreach. This supported comprehensive PIT planning and sampling for high to low density/probability areas for finding youth experiencing homelessness during the unsheltered PIT.

3)Based on the pre-PIT data collected, the CoC coordinated with HYTF and YAB members to tailor and designate their unsheltered PIT counting and surveying efforts towards increasing the likelihood they would identify and interact with youth experiencing homelessness.

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)

A)Sac CoC's unsheltered PIT utilized census tract-based sampling, used new survey and volunteer management system, updated the general and youth survey tool, and adjusted volunteer recruitment and training. See details below.
B)CoC did not report a merger in FY2023/24 CoC Program Registration processes. There were no impacts to 2024 PIT.

1)CoC followed review and vetting like 2023 and did not implement a new sheltered PIT process.

2)SAC CoC implemented several changes since 2022: a)Completed RFP process to select Simtech Solutions as its new PIT research consultant—an industry-leading provider that offered a survey instrument and volunteer management tool—capturing all known location mapping, PIT counts, and surveys within one platform, b)Shifted to US census tracts as the sampling unit and maintained use of geographic sampling and enumeration, compared to custom zone sampling methodology from 2022. CoC also achieved higher PIT coverage of Sacramento County in 2024, c)Captured and/or revised question framing for the general survey: if/how they paid for hotel/motel, last remembered address, if called into active duty member of National Guard or as Reservist, mobility related issues due to physical disability, number of forced moves by police or similar entity; and for the youth supplemental survey: school enrollment status, highest grade completed, provide personal solution to help with return to school if desired, d)Strategic community events were attended to enhance volunteer recruitment. An additional 100 PIT counters were recruited in 2024 versus 2022, since the CoC faced fewer volunteer limitations per local COVID-19 guidance and requirements. The 2024 counters also collected a higher volume of surveys, e)Tailored trainings were offered to volunteers completing surveys with special subpopulations (e.g., veterans, youth) in addition to multiple training slots and office hours for general volunteers. A complete walkthrough of the new survey tools was provided live online and a survey roleplay video recording was made available to all volunteers.

3)The CoC watched for natural disaster and extreme weather alerts and was not impacted by a natural disaster.

C) The CoC was not impacted by a natural disaster; no impacts to PIT Count.

4)Listed changes resulted in improved insight on census-level counts, increased counting coverage across Sacramento County, and increased volume of unsheltered surveys submitted.

5)See above for changes

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) Our CoC developed a comprehensive strategy to reduce the # of individuals/families experiencing homelessness for the 1st time. Our approach is informed by data analysis & collaboration w/ community partners.

2) To id risk factors associated with 1st time homelessness, our CoC conducted an extensive review of data submitted through the HMIS & local service provider reports. Risk factors identified: Economic Instability: Job loss, low income, & lack of affordable housing opts, Housing Instability: History of evictions, unstable living situations, & housing discrimination, Health Issues: Mental health challenges, substance use, & lack of access to healthcare services, and Family Dynamics: Domestic violence, fam. conflict, & inadequate support networks. We engaged in community surveys/focus groups to gather qualitative insights from those at risk, ensuring that our understanding of risk factors reflects lived experiences. Our CoC employs several targeted strategies to address the needs of individuals/families at risk of becoming homeless: Prevention Programs: We provide financial assistance for rent & utility payments, helping families remain in their homes during crisis situations. We offer mediation services for families facing eviction. Comprehensive Support Services: Collaborate w/ local agencies, we connect at-risk individuals w/ supportive services: mental health counseling, job training programs, & healthcare access. These resources aim to address underlying issues contributing to housing instability. Education & Outreach: outreach to raise awareness about available resources & the signs of impending homelessness. Educational workshops focus on financial literacy & tenant rights, empowering individuals to make informed decisions. Data-Driven Interventions: we utilize predictive analytics to id individuals & families at higher risk, allowing us to intervene proactively before they enter the homeless system.

3) The strategy to reduce 1st time homelessness is overseen by the Strategy/Planning Director, who collaborates w/ a network of local service providers & stakeholders. This position is responsible for coordinating prevention efforts, ensuring data collection & analysis, & facilitating partnerships that enhance our community's response to homelessness. Our CoC aims to effectively reduce the # of individuals/families experiencing homelessness for the 1st time, creating a more stable & supportive environment for our community.

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)

Our CoC is committed to increasing the rate at which individuals and families in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations. A key element of our strategy is the Extremely Vulnerable Household (EVH) policy, which prioritizes the top 10% of vulnerable clients for immediate shelter and permanent housing placement. We also employ a variety of methods to ensure clients receive rapid placement and are supported in retaining their housing.

1. Increasing Exits to Permanent Housing:

Housing Problem-Solving and Rapid Placement: We focus on resolving housing barriers quickly, prioritizing market-rate housing and leveraging landlord relationships to secure housing options. This reduces the time spent in shelters or transitional housing and speeds up exits to permanent housing.

Case Management and Supportive Services: Clients receive housing-focused case management from the beginning of their stay. Case managers assist in developing housing plans, connecting clients to resources like financial assistance, employment, and tenant support.

Coordinated Entry and EVH Prioritization: The EVH policy ensures the most vulnerable clients are prioritized for housing placements through our Coordinated Entry System (CES). CES assessors work to get clients "doc-ready" for permanent housing quickly, ensuring a smooth transition to long-term stability.

2. Increasing Housing Retention:

Ongoing Support in Permanent Housing: Individuals and families in permanent housing programs receive ongoing case management, including mental health support, financial counseling, and access to resources that ensure housing stability.

Landlord Mediation and Retention Services: We engage landlords to address issues early, offering mediation and tenant support to prevent evictions. Follow-up services after clients transition out of rapid rehousing help ensure housing stability over time.

3. Organization Responsible for Oversight: The CoC Lead Agency, Sacramento Steps Forward (SSF), oversees strategies to increase exits to and retention of permanent housing. SSF coordinates with CAS assessors, case managers, and housing providers to ensure housing stability for all clients.

Through the EVH policy, rapid placements, and targeted retention efforts, our CoC ensures individuals and families are not only housed but remain housed, reducing returns to homelessness.

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)

Our CoC is dedicated to increasing the rate at which individuals and families exit emergency shelter, safe havens, transitional housing, and rapid rehousing to permanent housing, while improving retention for those in permanent housing. This is achieved through housing-focused interventions, tailored case management, and supportive services that help individuals secure and maintain stability.

1. Increasing Exits to Permanent Housing:

Housing-Focused Case Management: Clients in shelters and transitional housing receive intensive case management focused on quick transitions to permanent housing. Individualized housing plans and early goal-setting are key.

Housing Problem-Solving and Rapid Placement: Rapid placement in market-rate housing or PSH is prioritized using landlord mediation, creative housing options, and rental assistance.

Landlord Engagement and Incentives: Partnerships with landlords, offering risk mitigation funds and retention support, encourage them to lease to those experiencing homelessness.

EVH Prioritization: Our EVH policy prioritizes the top 10% of vulnerable clients for immediate shelter, accelerating their transition to permanent housing.

Coordinated Entry and Matching: The Coordinated Entry (CE) system matches individuals to permanent housing based on need. CAS assessors ensure clients are “doc-ready” to prevent placement delays.

2. Increasing Retention in Permanent Housing:

Ongoing Case Management: Clients in permanent housing receive ongoing support such as mental health, substance use counseling, and employment assistance, which helps them maintain housing stability.

Housing Retention Services: Services include mediation for landlord-tenant issues, financial counseling, and problem-solving for housing stability challenges.

Follow-Up Support: For those exiting programs like rapid rehousing, follow-up support helps them stay housed post-subsidy and connect to long-term community resources.

3. Oversight Responsibility:

Sacramento Steps Forward (SSF), the CoC Lead Agency, oversees these strategies to increase permanent housing exits and retention. SSF, alongside CAS and service providers, ensures clients receive housing-focused interventions and support for long-term stability.

By prioritizing rapid placement, leveraging the EVH policy, and providing continued support, our CoC aims to boost permanent housing exits and improve retention.

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)

Our CoC's strategy to reduce returns to homelessness includes identifying at-risk individuals and families and implementing targeted interventions for housing stability.

1. Identifying Individuals and Families Who Return to Homelessness

We use data tracking, case management, and analytics to identify returns to homelessness. HMIS, the Coordinated Access System, and case records monitor housing outcomes and risk factors. Tools like STELLA analyze data to highlight trends, enabling providers to refine interventions. When returns occur, factors such as income instability, health, or eviction risk are addressed through individualized plans to prevent recurrence.

2. Strategies to Reduce the Rate of Returns

Our CoC emphasizes rapid support and comprehensive resources:

Housing First Model: Required for all CoC providers, ensuring immediate housing placement without barriers, followed by tailored support.

Rapid Access to Problem-Solving Funds: Coordinated Access deploys funds quickly to prevent evictions or displacement.

Healthcare and Support Services through CalAIM: Enhanced care and community health supports address behavioral and medical needs impacting housing stability.

System Flow and Rehousing Resources: The Local Homelessness Action Plan, funded by HHAP, allocates rehousing resources, promoting efficient exits and reducing recurrence.

Landlord Engagement and Incentives: A Landlord Incentive Program supports landlords renting to Housing Choice Voucher (HCV) holders, maintaining tenancies. The County Board of Supervisors also allocated \$10 million in ARPA funds for landlord engagement and rehousing support.

Mainstream Resource Connections and Emergency Transfers: CoC programs are incentivized to improve access to mainstream resources, while emergency transfers support those in permanent housing at risk of eviction.

Case Conferencing for Specific Populations: Focused sessions for groups like Transitional Age Youth (TAY) and Veterans provide targeted support to reduce returns.

3. Oversight Responsibility

The CoC System Performance Committee (SPC), led by CEO Lisa Bates, oversees this strategy, ensuring alignment with community needs and system goals.

This multifaceted approach stabilizes housing for vulnerable households, reducing returns to homelessness across the region.

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. Strategy to Access Employment Cash Sources

Aligned with the Regionally Coordinated Homelessness Action Plan and Sub-Solution 8.b, our CoC aims to build an inclusive workforce supporting diverse hiring. Key Year One actions include:

Staffing Needs Assessment: Based on the Gaps Analysis, identifying staffing needs in outreach, shelter, housing, and system management roles.

Labor Market Analysis: Conducting vacancy assessments and employer interviews with support from the California Employment Development Department (EDD).

Engagement of Individuals with Lived Expertise: Including input from under-resourced communities to inform recruitment and retention strategies.

Pay Equity Analysis: Ensuring competitive, livable wages to improve recruitment and workforce sustainability.

These efforts aim to develop a workforce capable of connecting clients to employment and vocational resources, boosting economic stability.

2. Collaboration with Mainstream Employment Organizations

Our CoC partners with Sacramento Employment Training Agency (SETA) and CalWORKS to link clients to mainstream employment resources, training, and vocational programs. With SETA on the CoC Board, we ensure employment services meet the specific needs of individuals experiencing homelessness. Collaborations with Lutheran Social Services, Hope Cooperative, Volunteers of America, and Goodwill further support clients in increasing employment income.

The Frontline Learning Collaborative provides training on Housing Problem-Solving and workforce engagement strategies, emphasizing racial equity and inclusion. Our "People's Guide" offers job search guidance, emergency resources, and strategies for overcoming employment barriers.

3. Oversight Responsibility

The Deputy CEO, Rachel Bereza, oversees the CoC's employment income strategy, coordinating partnerships, initiatives, and aligning employment strategies with the goal of increasing economic stability for those experiencing homelessness.

Through these partnerships and initiatives, our CoC works to increase employment income, improve housing stability, and support the workforce essential to addressing homelessness, fostering long-term outcomes for those we serve.

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.	
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(limit 2,500 characters)

Our CoC's strategy to increase non-employment cash income for individuals and families experiencing homelessness centers on coordinated access to benefits, emergency financial support, and cross-system partnerships.

1. Strategy to Access Non-Employment Cash Income

Aligned with the Regionally Coordinated Homelessness Action Plan, our CoC connects clients to public benefits and essential resources for stability:

Coordinated Access to Public Benefits: Our Coordinated Access System (CAS), in partnership with MediCal Managed Care Plans, the County Department of Human Assistance, and social service agencies, facilitates access to SSI, SSDI, TANF, SNAP, and MediCal. These partnerships ensure clients receive timely benefit enrollment and ongoing support.

Behavioral Health and Healthcare Support: In collaboration with the County of Sacramento and SSF, our CoC enhances behavioral health services in shelters and service locations, with a new CAS assessment tool to prioritize Medicaid and related benefits for those with complex health needs.

Emergency Financial Assistance and Problem-Solving Funds: CoC providers offer financial support for food, transportation, and urgent needs. A Problem-Solving Specialist provides cash assistance for rent, utilities, and emergencies to help clients maintain housing stability.

Cross-Systems Support for Vulnerable Populations: A pilot project under Sub-Solution 7.b focuses on individuals frequently served across public systems, aligning resources and prioritizing benefits access.

Coordinated Discharge Planning: In Sub-Solution 7.c, our CoC works with healthcare and justice systems to prevent homelessness upon discharge, using data-sharing agreements and planning to ensure Medicaid and financial aid are available upon release.

Employment and Benefits Integration: Sub-Solution 7.e strengthens partnerships with the Sacramento Employment and Training Agency (SETA) to integrate employment support with disability benefits, promoting long-term income stability.

2. Oversight Responsibility

The Deputy CEO leads this strategy, coordinating with County, City, and CoC partners to improve access to non-employment cash income, supporting stability, and reducing homelessness risk.

Through these collaborative efforts, our CoC ensures clients access the public benefits and financial support needed for stability, reducing reliance on emergency services.

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?	Yes
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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
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
440 Arden Way	PH-PSH	8	Both

3A-3. List of Projects.

1. What is the name of the new project? 440 Arden Way

2. Enter the Unique Entity Identifier (UEI): 221316

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 8

5. Select the type of leverage: Both

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
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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
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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:	6,612
2.	Enter the number of survivors your CoC is currently serving:	2,595
3.	Unmet Need:	4,017

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 number of DV survivors needing housing or services was calculated based on the number of clients enrolled in HMIS with self-reported DV experience, as well as survivor coordinated access referrals and severity of need reports from 13 DV providers in the CoC. Severity of need was determined through vulnerability assessments conducted by these providers, tracking immediate safety concerns, housing instability risk, and shared through regular coordination meetings.

2. The number of DV survivors being served by our CoC was calculated using data from HMIS and comparable databases maintained by our DV service provider partners. These comparable databases include specialized victim services systems, ensuring that data on survivors not recorded in HMIS is included in our calculations for housing and service needs.

3. Despite these efforts, significant unmet needs remain in our community. Barriers such as lack of resources, affordable housing, and specialized services; privacy and confidentiality concerns; limited coordination among providers; cultural competency gaps; trauma-informed care needs; legal constraints; and stigma create a persistent gap between the number of survivors needing housing and available housing options.

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
Shelter Inc.
Bridging Initiati...

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	Shelter Inc.
2.	Rate of Housing Placement of DV Survivors—Percentage	72%
3.	Rate of Housing Retention of DV Survivors—Percentage	80%

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. SHELTER Inc. currently operates DV-Specific programs in Contra Costa, as well as other housing programs in Sacramento and other counties, where data is tracked through confidential, secure databases. Rate of 72% housing placement and retention were based off two of their Contra Costa County programs.

2. Placement was calculated through the total number of participants that entered housing over the total amount that were served in the program.

3. Rate of 80% retention was calculated through the number of clients that responded to follow up over the total that remained housed. Follow ups are performed for the first three months, at six months, and at 1 year after the participant completes the program to review their housing retention status. Rates account for exits to safe housing destinations. SHELTER Inc. adopts a Housing First model, where housing navigators work with participants to identify and secure housing units where participants will report feeling safe and secure. Their safety in housing placement is also assessed during follow-up surveys after the participant has exited the program.

4. SHELTER, Inc. utilizes a separate, secure, and confidential comparable database to store and track participant data. That database was the source for the information utilized to calculate rate of housing placement and rate of housing retention for DV survivors served by this program.

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. SHELTER Inc. (SI) has decades of experience helping DV survivors quickly move into safe, affordable housing. After addressing immediate needs, housing navigators locate units that meet the survivor's preferences, using landlord relationships to expedite connections and assist with move-ins, including financial support. Services are tailored to household needs, with follow-up support to ensure permanent housing (PH).

2. DV survivors are referred to SI through Coordinated Entry (CE) processes and prioritized based on "most severe needs" as per CAS protocols. VAWA Emergency Transfer Plans are prioritized for both internal and external transfers.

3. Case managers (CMs) develop Housing Stabilization and Individual Safety Plans for each survivor, focusing on building independence. SI's trauma-informed, strengths-based model emphasizes safety and empowerment for survivors to regain control over their lives.

4. SI provides wrap-around case management, assessing participant needs and connecting them to internal or external services for stable housing and self-sufficiency. Survivors seeking employment or education are linked to SI's employment program, and an Eligibility Specialist assists with public benefits. CMs help connect participants to external agencies for services SI cannot directly provide.

5. SI's Rapid Re-Housing (RRH) program uses progressive engagement to move participants toward independent housing with flexible, time-limited rental assistance. Support is gradually reduced as participants gain stability. CMs check in with participants post-program at 3, 6, and 12 months to ensure stability, with additional support offered if homelessness risks arise.

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 confidentiality 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. At Shelter Inc, case managers (CMs) ensure interactions with survivors are trauma-informed and confidential. Participants choose comfortable interview locations, either in offices or staff can travel to meet them. At domestic violence (DV) centers, private spaces are arranged for intakes. No other household members are allowed during interviews unless the participant requests it.

2. Shelter Inc has decades of experience helping survivors find safe housing. After addressing immediate needs, housing navigators work with survivors to identify safe areas. Navigators use landlord relationships to find available units and assist with move-ins.

3. Shelter Inc's DV protocols ensure confidentiality. A secure database, separate from HMIS, is used to store information and track outcomes. Policies are adjusted to meet survivor needs, and information is shared only with survivor consent. Operational agreements between agencies are established to maintain safety and confidentiality. Housing units include personal safety features, and case managers work intensively with households to keep locations confidential.

4. Shelter Inc staff earn DV certification through a 40-hour course covering safety and confidentiality policies. CMs also undergo regular county and community training. The employee handbook covers confidentiality and safety protocols, and monthly meetings help advance case managers' knowledge in serving survivors.

5. CMs assist survivors in developing Individual Safety Plans to increase household safety. Staff find housing that meets survivors' safety criteria and keep locations confidential, sharing information only with survivor consent. Additional safety measures can be implemented in units. Shelter Inc also connects households to the Safe at Home program to protect address confidentiality. Survivors may use phone apps that block location tracking and help them contact someone in a crisis.

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)

SHELTER Inc. ensures participant confidentiality and safety by implementing an Individual Safety Plan (ISP) for participants and their families. The ISP addresses various safety needs, including strategies to prevent and escape violence, build a support network, teach children about safety, secure protective orders, and ensure internet safety. Survivors can now access these plans via a secure app, offering quick, confidential access. Further, additional safety measures like security cameras and panic buttons were introduced, backed by secured funding. Case managers (CMs) use a secure DV database to track trends and modify client behaviors during meetings. Staff routinely review client data and meet to assess the best responses to challenges. Feedback is collected via surveys at 3, 6, and 12-month intervals post-program to evaluate and improve services. Program leadership reviews survey results to identify areas needing improvement.

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. SHELTER Inc. uses trauma-informed, victim-centered approaches to empower survivors by offering choices in housing, services, and referrals. During assessments, participants guide the pace, and navigators provide options based on their preferences. The program is low-barrier, non-punitive, and respects cultural and service preferences. Participant feedback is regularly sought and shared through feedback loops to ensure accountability. Case managers (CMs) build rapport and trust with participants, prioritizing their physical, psychological, and emotional safety.

2. Shelter Inc has successfully placed survivors in a variety of permanent housing options, leveraging both HUD-funded and non-HUD-funded programs. Shelter Inc case managers and housing navigators work with landlords, SHRA, other RRH programs and housing programs to match clients to units based on their needs and preferences. For clients with disabilities, case managers connect them to PSH opportunities through the coordinated entry system. Shelter Inc currently operates an RRH program for survivors where they provide survivors access to housing location, supporting services and financial assistance to rebuild their lives.

3. Shelter Inc staff has experience ensuring that survivors' preferences and needs are honored throughout the placement process. Survivors are given the opportunity to select their preferred housing situation, whether it be individual apartments, shared housing, or other housing arrangements. The applicant's team provides support in navigating the housing process, maintaining a survivor's sense of control over their life.

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)

During the past year, Shelter Inc. provided the following services to survivors:

Housing navigators assist participants in overcoming barriers like credit repair and rental history to find housing. They also provide moving assistance and furniture.

Participants receive help with public benefits and financial literacy, including budgeting and opening bank accounts.

An employment specialist supports resume writing, interviews, job placement, and connects participants to GED or further education.

SOAR-certified specialists help with applications for benefits like Cal-Fresh, Medi-Cal, EDD, and SSI/SSDI.

Trauma-informed support includes safety planning, emergency shelter, providing access to education and long-term housing plans.

A mental health specialist offers therapy and counseling to survivors, including Cognitive Behavioral Therapy and support groups.

Workshops and childcare are provided to support parents.

Post-exit follow-ups ensure housing stability, with additional support if needed.

Referrals for legal needs, including immigration and child custody, are offered.

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)

1. SHELTER Inc. will implement trauma-informed, victim-centered, and evidence-based models that respect cultural competency and empower individuals recovering from trauma. Through the scattered-site rapid re-housing program, survivors will receive rental assistance, safe housing, and wraparound support to achieve permanent stability. Housing preferences and safety needs will be assessed, with navigators identifying and securing safe housing quickly through coordinated entry. Survivors will also receive supportive services to maintain stability and work towards self-sufficiency.

2. The program will take a low-barrier, respectful approach, free from punitive interventions, engaging survivors by building trust and rapport. All staff will be trained in trauma-informed, client-centered methods, with case managers (CMs) certified in domestic violence care, safety planning, and motivational interviewing. Participant feedback will guide ongoing improvements. CMs will offer psychoeducation on trauma, including concepts like the power and control wheel, helping survivors understand and address their experiences. Participants will have access to mental health support, including in-house specialists trained in evidence-based therapeutic methods.

4. A strength-based approach will ensure survivors rebuild physical, psychological, and emotional safety. CMs will help participants define goals and connect them with appropriate resources to achieve self-sufficiency. SHELTER Inc. staff will participate in regular diversity, equity, inclusion, and cultural competency training, ensuring services are responsive to all backgrounds and circumstances. Staff diversity will reflect the client base, and services will be offered in multiple languages.

5. SHELTER Inc.'s service plans will address a wide range of needs, with access to resources like support groups and affinity programs. Staff will assess participants' children's needs, providing counseling, parenting classes, and childcare, and referring families to external services such as legal aid for custody issues.

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. At Shelter Inc, we will use the Survivor Coordinated Entry systems to streamline the process of prioritization, ensuring equitable access and prioritization for all participants based on client needs. The project will prioritize the placement and stabilization of participants by implementing a Housing First approach, which emphasizes removing barriers to housing access and stabilizing participants quickly. By conducting comprehensive assessments of participants' vulnerabilities, needs, and preferences during the intake process, the project will ensure that the most vulnerable are rapidly connected to services and housing.

2. Arrive Together is a Housing First, rapid re-housing (RRH) program by SHELTER Inc. that serves homeless families and individuals in Sacramento County who are survivors of domestic violence (DV). This project will prioritize the connection to permanent housing resources such as; PSH opportunities, housing choice vouchers and other HUD and non-HUD housing programs.

3. The project recognizes the importance of participant choice in housing stability. We will ensure that each participant's housing preference, whether location, type of unit, or proximity to essential services such as schools or healthcare, are considered and honored. Units will be 1 or 2 bedrooms, with ADA-accessible housing for disabled households, including features like support bars and adaptive equipment. Income limitations are not a requirement for assistance. Safety measures will include cameras, security systems, and secure doors and windows. Disclosure of unit locations that could compromise safety is strictly prohibited.

4. Clients will enter the program with a one-year lease to ensure household safety. Housing navigators will help locate safe housing when referrals are received. Once immediate safety needs are addressed by DV-certified case managers, the housing team will find units with safety features like well-lit areas, secure doors, bars on windows, and ADA-certified options with ramps, non-slip floors, and sensor lights. The housing pool includes affordable units for families of all sizes, including shared housing or in-law units.

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

(limit 5,000 characters)

1. SHELTER Inc. will implement trauma-informed, victim-centered, and evidence-based models to support survivors in achieving stable housing. Through a scattered-site rapid re-housing program, survivors will receive rental assistance, safe housing options, and wrap-around services. Housing navigators will ensure participants' preferences are met and provide geographically diverse housing options through coordinated entry. Survivors will also receive supportive services to maintain housing stability and work towards self-sufficiency.

2. The program operates with a low-barrier, non-punitive approach, respectful of participants' experiences, culture, and needs. Staff will build trust and rapport with survivors using trauma-informed and client-centered interventions. Case Managers (CMs) will receive training and certifications in trauma-informed care, safety planning, and motivational interviewing. Program improvements will be made based on participant feedback.

3. CMs will offer psychoeducation to survivors about trauma, including topics like the power and control wheel, and provide access to mental health care, with in-house support from specialists trained in evidence-based interventions. A strength-based approach will emphasize physical, psychological, and emotional safety, enabling participants to regain control and empowerment. Case planning will be goal-driven, with CMs connecting participants to resources for self-sufficiency.

4. SHELTER Inc. will ensure that staff receive regular training in diversity, equity, inclusion, and cultural competency, and services will be offered in multiple languages. Hiring strategies will focus on ensuring staff reflect the cultural diversity of the clients they serve. Additionally, staff will provide access to support groups, including affinity and spiritual groups.

5. Participants' children's needs will also be assessed. Mental health services, parenting classes, and childcare will be available for families, and CMs will connect participants to external resources such as legal services for custody matters.

- | | | |
|--------|--|--|
| 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. SHELTER Inc. gathers feedback from program participants through suggestion forms and surveys to enhance communication and adjust program procedures for better participant experiences. The Participant Advisory Council (PAC), consisting of formerly homeless individuals and survivors, also contributes feedback. Domestic violence survivors are invited to participate in PAC but are not required to disclose personal information. SHELTER Inc. integrates feedback from PAC, surveys, and advisory meetings to evaluate and update policies and services. Program adjustments are made based on leadership reviews of this feedback. The agency also works with Persons with Lived Experience (PLE) and Survivor-Led VSPs (Victim Service Providers), who bring their direct experience with homelessness, domestic violence, human trafficking, and sexual assault to guide policy changes and system improvements.

2. Through Frontline Learning Collaboratives, PLEs and VSPs collaborate to develop training, build cultural competency, and foster trauma-informed care for staff. They provide feedback to ensure that the voices and experiences of survivor's shape policy development and evaluation. SHELTER Inc. aims to expand its PLE program to include more domestic violence survivors and build connections between PLEs and VSPs. Additionally, a Survivor Advisory Committee within the PLE cohort is in development.

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	Bridging Initiatives International
2.	Rate of Housing Placement of DV Survivors—Percentage	72%
3.	Rate of Housing Retention of DV Survivors—Percentage	80%

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)

BII Joint TH/RRH project has not onboarded with coordinated entry yet and are unable to provide rates of housing placement and housing retention for DV survivors at this time as this project was funded in 2023 and just received their first contract from HUD. We anticipate this project will launch in November 2024.

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. At BII, we use Rapid Re-Housing alongside Continuum of Care (CoC) resources to quickly move DV survivors into safe, affordable housing.

2. We actively participate in the Coordinated Entry System (CES), ensuring survivors are prioritized according to CoC's list and emergency transfer plans. Additionally, we align with the CoC's emergency transfer plan to provide timely support to survivors, ensuring that their needs are addressed swiftly and in accordance with established protocols

3. Our client-centered approach prioritizes survivors' needs and strengths. Each client undergoes a comprehensive needs assessment, followed by a personalized support plan that includes referrals to job training, mainstream benefits, and other services. These services, combined with trauma-informed case management, help survivors transition toward stability and independence.

4. Within 72 hours of intake, case workers create tailored support plans, providing resources, safety planning, and addressing immediate needs. Survivors receive ongoing supportive services, such as DV support groups, legal assistance from partners, and counseling programs. These individualized care plans help survivors rebuild their lives and transition to sustainable housing, with continued support even after housing subsidies end, through additional programs or tailored resources.

5. To move clients from assisted housing to housing they can sustain, we implement a progressive engagement model that allows the client to gradually get to a place where they are paying for their rent independently without RRH financial assistance.

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 confidentiality 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. At BII, experienced staff follow strict confidentiality protocols when working with survivors. Intake and interviews are conducted privately to ensure safety and prevent coercion. Staff communicate in a trauma-informed manner, sharing only necessary information.

2. Safety planning is integrated into the intake process, helping survivors understand how their information will be protected.

3. We provide secure housing solutions, either within our facilities or through partners, prioritizing survivor safety.

4. Policies keep safe house locations undisclosed. Each client receives a personalized safety plan, and we coordinate with trusted partners to meet immediate needs safely. Survivor information and location details are stored securely.

5. Access to sensitive information is restricted to authorized personnel only.

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)

BII prioritizes survivor safety and confidentiality. Staff conduct private intakes and interviews, follow strict confidentiality protocols, and communicate in a trauma-informed way. Personalized safety plans are developed for each survivor, and housing solutions are offered through BII's facilities or trusted partners. The locations of these safe houses are undisclosed to protect survivors. Survivor information is stored securely and only accessed by authorized personnel under strict confidentiality agreements and data protection protocols. BII staff, experienced in dealing with domestic violence, sexual assault, and human trafficking, undergo regular training to stay updated on best practices and legal requirements for maintaining confidentiality and safety.

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. At BII, our trauma-informed approach, combined with training from Sacramento Steps Forward, has helped us support survivors of domestic violence, sexual assault, and human trafficking. Many of our team members have extensive experience in housing and victim services. This expertise, along with trauma-informed care training, helps us stabilize survivors, ensuring their safety, confidentiality, and well-being.

2. We have a strong track record of managing housing search and placement services, relocating clients, and providing comprehensive support. By collaborating with partners and leveraging our Rapid Re-Housing (RRH) program, we ensure survivors are placed in stable, permanent housing according to their needs. Our focus on individualized care plans and partnerships helps survivors achieve long-term housing stability.

3. Our approach prioritizes collaboration with partner agencies, using housing-first principles and comprehensive services to ensure survivors achieve and maintain housing stability. Our team's dedication ensures that survivors not only find housing but also receive ongoing support to keep it.

4. We are confident the proposed project will build on proven strategies, strong partnerships, and our commitment to the families we serve. Our focus on long-term housing sustainability positions us to continue serving households experiencing homelessness with the same high level of effectiveness.

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)

At BII, our organization operates with a trauma-informed case management policy that emphasizes agency, respect, and equality in all interactions with survivors. At BII, we emphasize the following approach:

Staff prioritize agency and respect, offering non-punitive, empowerment-focused support. A grievance process ensures survivors feel heard.

We offer trauma-informed support groups, art classes, and self-care workshops to provide healing and a sense of community.

Survivors work with case managers to set goals and rebuild their lives based on their strengths and preferences.

Staff are trained in cultural competence, and services are accessible to diverse communities, including immigrants and minorities.

Survivors receive job readiness training, parenting classes, legal connections, and access to community services and trauma informed education and resources.

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)

1. BII offers trauma-informed care and ensures safety and confidentiality for survivors of abuse. Staff work with each survivor to develop individualized safety plans and provide resources like legal assistance, security measures, and emotional support. Monthly domestic violence support groups offer healing and empowerment, and self-care sessions help survivors reclaim their well-being. The proposed project expansion will add support groups and skills training to empower survivors further.

2. BII partners with local schools to ensure children fleeing with their parents can continue their education, providing transportation and school materials. Staff assist survivors in securing safe, affordable housing by liaising with landlords and advocating for survivors' housing applications. BII also offers job readiness support, credit repair resources, and financial counseling to help survivors achieve long-term stability.

3. Staff are available 24/7 for trauma-informed support, including safety planning, emergency shelter, legal assistance, and housing advocacy. Survivors receive comprehensive long-term housing safety plans, incorporating job training, legal support, and community resources, ensuring stability as they transition to independence.

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)	
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	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. At BII, the new project takes a trauma-informed, survivor-centered approach to prioritize the placement and stabilization of participants. A team of professionals, including counselors and case managers, will offer services like group therapy, individualized counseling, and trauma-informed case management in a safe, supportive environment. Private counseling rooms and communal areas will help survivors feel supported during recovery.

2. The Rapid Re-Housing program will provide rental assistance for 8 housing units, accommodating up to 17 individuals in 1 to 3-bedroom units. This project will connect client to permeant housing opportunities by building connections with landlords and making PH referrals and connecting clients to permanent housing opportunities through the coordinated entry system. Our housing navigators will build relationships with landlords and housing programs to reduce barriers to accessing permanent housing opportunities.

3. Survivors will choose housing based on their preferences, ensuring their safety and proximity to public transportation, healthcare, and employment. Ongoing support includes financial literacy, employment services, and access to legal and healthcare resources.¿¿

4. Our goal for this project is to ensure that the housing selected for each participant not only meets their immediate needs but also supports long-term stability. We will ensure this by completing assessments during the intake to assess for needs that support long term housing stabilization. Comprehensive case management and supportive services will be provided as well to evaluate needs overtime.”

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. BII's New Project prioritizes equality in staff-participant interactions, minimizing power imbalances and fostering empowerment. Upon entry, participants will receive welcome letters outlining their rights and the grievance process. Trauma-informed case management will center on survivors' participation in decision-making about their care. Weekly staff meetings will ensure best practices are upheld, and issues are addressed quickly.

2. Participants will have access to trauma-informed support groups and weekly case management sessions focused on strength-based assessments. These sessions will support survivors in setting and achieving their goals. Staff, many of whom have lived experiences and represent minority groups, will provide culturally responsive and inclusive care. Multilingual staff will break down language barriers, and regular training will ensure cultural competency.

3. BII's collaboration with Sacramento Steps Forward and the Continuum of Care (CoC) network will keep staff updated on trauma-informed approaches. Participants will be connected to tailored services and resources that respect their cultural and ethnic backgrounds. Home visits will help track participants' progress toward housing stability, and the project will expand to offer more comprehensive support groups, skills training, and job readiness programs.

4. The project will also provide peer-to-peer groups, mentorship, and holistic support. Partnerships with agencies like Heartland will offer on-site counseling, fostering resilience and community-building. Trauma-informed parenting classes and childcare during support groups will enable survivors to engage in services fully. Legal services and family counseling will be available to support parent-child relationships and custody matters.

5. As the project expands, comprehensive family-centered programming will address the needs of both survivors and their children, supporting recovery and resilience for the entire family.

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)

At BII, we prioritize staff and leadership with lived expertise, including those who have faced homelessness, domestic violence, sexual assault, and addiction. Many staff members offer compassionate, practical guidance based on their own experiences. These individuals hold leadership roles, including positions on the board of directors, ensuring that survivors' perspectives are represented in decision-making processes.

BII actively involves survivors in shaping policies through regular feedback mechanisms like focus groups and surveys. Survivors help determine which services are most effective and identify areas for improvement. This survivor-centered approach allows BII to evolve in response to real-life experiences, making programs more effective and responsive. By engaging survivors in program design and leadership, their voices continuously influence the project's direction.

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	1C-7. PHA Homeles...	10/25/2024
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	10/25/2024
1D-10a. Lived Experience Support Letter	Yes	1D-10a. Lived Exp...	10/28/2024
1D-2a. Housing First Evaluation	Yes	1D-2a. Housing Fi...	10/25/2024
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Compe...	10/25/2024
1E-2a. Scored Forms for One Project	Yes	1E-2a. Scored For...	10/25/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5. Notificatio...	10/25/2024
1E-5a. Notification of Projects Accepted	Yes	1E-5a. Notificati...	10/25/2024
1E-5b. Local Competition Selection Results	Yes	1E-5b. Local Comp...	10/28/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	1E-5c. Web Postin...	10/29/2024
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	1E-5d. Notificati...	10/29/2024

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2A-6. HUD's Homel...	10/25/2024
3A-1a. Housing Leveraging Commitments	No	3A-1a. Housing Le...	10/25/2024
3A-2a. Healthcare Formal Agreements	No	3A-2a. Healthcare...	10/29/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: 1D-10a. Lived Experience Support Letter

Attachment Details

Document Description: 1D-2a. Housing First Evaluation

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Forms for One Project

Attachment Details

Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Local Competition Selection Results

Attachment Details

Document Description: 1E-5c. Web Posting–CoC-Approved
Consolidated Application

Attachment Details

Document Description: 1E-5d. Notification of CoC-Approved
Consolidated Application

Attachment Details

Document Description: 2A-6. HUD's Homeless Data Exchange (HDX)
Competition Report

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments

Attachment Details

Document Description: 3A-2a. Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description: 2024 HCV Plan

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/21/2024
1B. Inclusive Structure	10/28/2024
1C. Coordination and Engagement	10/28/2024
1D. Coordination and Engagement Cont'd	10/28/2024
1E. Project Review/Ranking	10/25/2024
2A. HMIS Implementation	10/25/2024
2B. Point-in-Time (PIT) Count	10/25/2024
2C. System Performance	10/28/2024
3A. Coordination with Housing and Healthcare	10/25/2024
3B. Rehabilitation/New Construction Costs	10/25/2024
3C. Serving Homeless Under Other Federal Statutes	10/25/2024

4A. DV Bonus Project Applicants	10/28/2024
4B. Attachments Screen	10/29/2024
Submission Summary	No Input Required

1C-7. PHA Homeless Preference

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Document Satisfying Requirement	Page Number
Title Page	1
1C-7. PHA Homeless Preference	2

- 5) (1 point) Rent Burden preference is given to applicants who pay more than 50% of their gross income for rent and utilities. The applicant family must provide copies of one of the following:
 - a) A lease or rental agreement in the applicant's name including the rent amount and utility responsibility. Must also have proof of actually paying rent within the last 30 days such as money order, canceled checks or rent ledger or a written statement from the Landlord or person from whom the applicant is renting or sharing a rental, including the amount of rent and utilities received.
- 6) (1 point) Homeless preference to a currently homeless household. A family or individual must meet the definition of "homeless" as defined in the Glossary. The PHA will accept documentation as provided by the applicant or the applicant can self-certify homelessness. Applicants can be homeless or rent-burdened, but not both.

The PHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in this Administrative Plan. For families with the same preferences, families will be pulled from the waiting list based on lottery number assigned at the time of the pre-application.

HOMELESS INITIATIVES

Contingent on funding, the PHA will allocate vouchers to serve homeless families utilizing tenant-based vouchers (the Limited Homeless Allocation and the Move On Allocation), the Performance Partnership Pilots Initiative Program (P3) program (described in Chapter 23) and project-based vouchers tied to supportive services (described in Chapter 21). The PHA is prioritizing housing homeless families, while continuing to serve families on the current waiting list.

The PHA will utilize the following additional preferences:

- 1) Limited Homeless Allocation. This preference is available to homeless individuals/families currently receiving services and who are referred by a partnering homeless services organization, another coordinated system, or consortia of homeless service providers. The referring agency will verify homelessness and will assist the family with finding a suitable rental property once the voucher is issued. Ongoing housing stabilization services will continue to be provided to the family. At its discretion, the PHA will annually evaluate whether to renew this preference.
- 2) Move On Allocation. This preference is available to formerly homeless individuals/families who are ready to transition from supportive housing to the HCV tenant based voucher program while simultaneously transitioning from receiving intensive to less intensive/no services. Families will be referred to the PHA by their service provider if they meet programmatic guidelines. Final approval (for the families to be referred to the HCV Intake staff) will be conducted by the PHA. Transitioning formerly homeless families to the voucher program will create vacancies in supportive housing programs, allowing additional homeless families in need of services to be housed. At its discretion, the PHA will annually evaluate whether to renew this preference.

C. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION **(24 CFR §982.207)**

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the local preference and will be notified in writing of the determination.

1C-7. PHA Moving On Preference

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Document Satisfying Requirement	Page Number
Title Page	1
1C-7. PHA Moving On Preference	2

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1D-11a. Lived Experience Support Letter

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October 23, 2024

To the U.S. Department of Housing and Urban Development,

We, the Persons with Lived Expertise Committee (PWLEC), write in support of Sacramento Steps Forward and the Sacramento CoC's proposal to the FY24-25 Housing and Urban Development Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO). This funding is critical to effectively addressing and reducing unsheltered homelessness in Sacramento City and County.

The PWLEC was formed from our Racial Equity Action Plan and established in January 2022 with four initial members. Through evaluation of our CoC Membership, peer-to-peer outreach, and extensive community engagement, we have grown to ten individuals, all of whom are actively participating in the decision-making spaces within the Sacramento CoC.

Who we are:

The PWLEC is composed of ten individuals who have lived experience with homelessness and come from racially and ethnically diverse backgrounds. Our members have faced multiple intersectional barriers to housing, and we stand together as a bridge between the homeless response system and those currently experiencing homelessness. By sharing our experiences, we aim to build relationships and inspire equitable, transformative changes throughout the system. We understand the personal toll this work takes, given the systemic trauma around race, gender, socioeconomic status, and other factors, and as such, we provide support to one another through this work.

We are dedicated to:

1. Ensuring better access to housing resources and services for all, regardless of race, color, sex, age, sexual orientation, gender identity, religion, national origin, disability, veteran status, parental status, housing status, or other protected classes.
2. Increasing the number of unsheltered persons receiving permanent housing and supportive services that address trauma, mental and physical health, and life skills to maintain stable housing.
3. Amplifying the voices of persons with lived expertise, ensuring they are heard, seen, acknowledged, and uplifted to positions of influence where they can enact change.

4. Advocating for organic, lasting, and transformative change, particularly for historically excluded and exploited communities, and advancing the work of homelessness response.
5. Dismantling structural and institutional discrimination within the local homelessness response system and beyond.
6. Honoring and building upon the contributions of past members whose work has shaped and strengthened our mission.

On behalf of the PWLEC, we thank you for your consideration of our application and your support in our efforts to create a more equitable homelessness response system in Sacramento.

Sincerely

Dawn Basciano

10/24/24

Marjorie Beazer

Marjorie Beazer (Oct 24, 2024 16:23 PDT)

10/24/24

Kristy L. Smith

10/26/24

ML

Mercedes Lott (Oct 24, 2024 11:54 PDT)

10/24/24

O. Cedej

Onesimo Cendejas (Oct 28, 2024 12:10 PDT)

10/28/24

YBuckner

Yvette Buckner (Oct 26, 2024 20:38 PDT)

10/26/24

1D-2a. Housing First Evaluation

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Renewal Project Scoring Tool (Housing First Criteria Highlighted)	2-18
New Project Scoring Tool (Housing First Criteria Highlighted)	19-34

2024 Renewal Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing Performance	18 points
3. Income Performance	14 points
4. Utilization Performance	22 points
5. Severity of Need and Service Quality	20 points
6. Compliance	12 points
7. Community	11 points
8. Enhancing Capacity	3 points
9. BONUS Factors	8 points
TOTAL	100 points (+ 8 bonus)

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures are consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type, as demonstrated by its policies and procedures.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Successful Drawdown	If the project is under contract with HUD, then the project has made at least one successful drawdown of federal funds as of the time of this application was submitted.	Met/Not Met
Client Participation in Project Design and Policymaking	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically via membership on the agency board or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Equal Access	The project provides equal access to housing and services without regard to sexual orientation, gender identity, local residency status, or any other protected category.	Met/Not Met
Match	Agency demonstrates 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency actively prevents discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual expenditures of \$750,000 or more in federal funds, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual expenditures of less than \$750,000 in federal funds, provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met
<i>Required but not scored</i>		

[Scored Factors Begin on Next Page]

2. HOUSING PERFORMANCE (18 pts.)

Name	Description	Sources	Score
Permanent Supportive Housing (PSH)			
2A. Housing Retention	<p>Successes in Housing Retention for PSH projects are measured by the percentage of individual project participants that remain in permanent housing or exit as “living-leavers” to permanent housing during the evaluation period.</p> <p>For projects that serve families or small projects that experience an outsized impact on program performance for this factor, projects are invited to discuss the number of households that left the project and how long each household had been in the program prior to leaving the program unsuccessfully under the <i>exceptional circumstances</i> supplemental question for consideration by the panel. In an exception to the Review and Rank Policy, at section IV. Review and Rank Process, paragraph J:</p> <ul style="list-style-type: none"> • If one household left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 15 points to the project, and • If two households left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 9 points. 	APR Q5 APR Q23	≥ 99% = 18
			98% - 98.9% = 15
			96% - 97.9% = 12
			90% - 95.9% = 9
			85% - 89.5% = 6
			80% - 84.9% = 3
			< 79.9% = 0

Rapid Re-Housing (RRH) and Joint Transitional Housing and Rapid Re-Housing (TH-RRH)			
2B. Housing Placement	<p>Successes in Housing Placement for RRH and TH-RRH projects are measured by the number of participants who exited to a Permanent Housing destination as a percentage of all “living-leaver” participants who exited the project during the evaluation period.</p> <p>For projects that serve families, that experience an outsized impact on program performance, projects are invited to discuss under the <i>exceptional circumstances</i> supplemental question for consideration by the panel.</p>	APR Q5 APR Q23	≥ 90% = 18
			85-89.9% = 16
			80% - 84.9% = 12
			75% - 79.9% = 9
			70% - 74.9% = 5
			< 70% = 0

3. INCOME PERFORMANCE (14 pts.)

Name	Description	Sources	PSH Scale	RRH and TH-RRH Scale	Score
3A. Increase or Maintain Income	<p>Successes in increasing or maintaining participant income are measured by the percent of adult participants in the project who maintained a non-zero income, or increased income, from project entry to exit or Annual Assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q19	≥ 85%	≥ 75%	6
			70% - 84.9%	60% - 74.9%	4
			55% - 69.9%	45% - 59.9%	3
			40% - 54.9%	30% - 44.9%	2
			< 40%	< 30%	0
3B. Non-Cash Mainstream Benefits	<p>Successes in connecting participants with non-cash mainstream benefits are measured by the percentage of adult stayers/leavers with non-cash benefit sources, excluding all stayers not yet required to have an annual assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q20	≥ 95% = 6		
			90% - 94.9% = 4		
			80% - 89.9% = 3		
			75% - 79.9% = 2		
			< 75% = 0		

SACRAMENTO CONTINUUM OF CARE

3C. Health Insurance	<p>Successes in connecting participants with health insurance are measured by the percentage of stayers/leavers with health insurance, excluding all stayers not yet required to have an annual assessment.</p> <p>Participants that passed away during the measurement period do not impact the project's performance</p>	APR Q5 APR Q21	$\geq 95\% = 2$
			$90\% - 94.9\% = 1$
			$< 90\% = 0$

4. UTILIZATION PERFORMANCE (22 pts.)

Name	Description	Sources	Score
4A. Bed and/or Unit Utilization	<p>For PSH projects, utilization will be measured based on units utilized (per APR data).</p> <p>For RRH projects, utilization will be measured using units (per APR data) plus the number of households enrolled but not yet housed.</p> <p>For TH-RRH projects, utilization will be measured using units (per APR data), plus the number of households enrolled in only RRH but not yet housed.</p> <p>A project may request utilization be measured based on beds instead of units by providing a written explanation of why beds is a more accurate measure.</p> <p>Request consideration in advance of review and rank- SSF will request this information as part of the APR review process.</p> <p>SSF will review all submissions and make recommendations on scoring this factor to the review and rank panel.</p>	APR Q7b APR Q8b E-Snaps	$\geq 95\% = 12$
			$90\% - 94.9\% = 9$
			$85\% - 89.9\% = 6$
			$80\% - 84.9\% = 3$
			$< 80\% = 0$

SACRAMENTO CONTINUUM OF CARE

	<p>Grounds for consideration include but are not limited to:</p> <p>Multiple households sharing one unit of housing;</p> <p>Build units not available due to circumstances outside of provider control;</p> <p>Leased up units not available due to circumstances outside of provider control.</p> <p>Other circumstances will also be considered and evaluated based on merit.</p>		
4B. Grant Spenddown	<p>Successes in Grant Spenddown are measured by dividing the amount of money drawn down from e-LOCCs during the project's most recently completed contract by the amount on the corresponding GIW.</p>	e-LOCCs E-Snaps	$\geq 95\% = 8$
			85% - 94.9% = 5
			75% - 84.9% = 3
			$< 75\% = 0$
4C. Quarterly Drawdowns	<p>Successes in Grant Spenddown are also measured by the number of drawdowns made by projects, and depend on projects drawing down quarterly (i.e., occurring at least once in each three-month period during the year).</p> <p>Award 0.5 points for each successful quarterly drawdown over the competition period.</p>	RFI	Up to 2 points

5. SEVERITY OF NEED AND SERVICE QUALITY (20 pts.)

Name	Description	Sources	Score
5A. Severity of Needs & Special Considerations	<p>Full points will be awarded for projects that fully meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Dedicated to or targeting chronically homeless families and/or individuals • Dedicated to or target under-served populations, including: seniors, people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria), and households who do not qualify for other federal, state or locally funded PSH or RRH assistance. • Projects that do not meet the criteria provided in either of the two bullet points above but include a compelling explanation about the quantifiable gap their project fills in the community may also be awarded up to full points. 	RFI APR Q5a Q13a1, Q14a, Q27a	Up to 10 Points

SACRAMENTO CONTINUUM OF CARE

5B. Quality of Services	<p>Award up to 7 of the 10 points possible for 5B for Successes in Quality of Services as measured based on the project's narrative explanation and detail on the extent to which the project provides services that:</p> <ul style="list-style-type: none"> • Offer ongoing support to stay housed, • Are comprehensive and well-coordinated, • Are thoughtfully matched to the needs of the target population <p>Award up to 3 of the 10 points possible for 5B for Adherence to new CoC Standards as follows: Renewal projects must review the CoC Standards adopted in December 2023 for current adherence by project type and commit to establish a plan of action to work towards greater fidelity to those standards specific to service accessibility, quality, staffing, etc. Please include the project's current ratio of on-site direct service staff (e.g. case manager) to residents, the number of additional staff and/or volunteers support direct service staff and a brief description of the rationale and/or circumstances contributing to this approach to case management.</p> <p>Successes for projects provided by Victim Service Providers are also measured based on the project's narrative explaining the extent to which the project provides services that improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>Full points will be available to domestic violence projects that provide objective data on how they improved participant safety.</p>	<p>RFI</p>	<p>Up to 10 points</p>
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6. COMPLIANCE (12 pts.)

Name	Description	Sources	Score
6A. Monitoring Findings	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>6A2. Monitoring (4 points) Award full points (4 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. 	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 3 calendar years.</p> <p>RFI</p>	Up to 8 points

	<p>Award up to full points (4 points) for the project if:</p> <ul style="list-style-type: none">• If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel.• If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 2 points if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

6B. Accurate Data	Successes in Accurate Data are measured using the percent of data recorded as either missing, don't know, client refused to answer, and/or unable to calculate, where the lower percentage the better. Projects with less than 5% data inaccuracy should receive full points.	APR Q6	< 5% error = 2
			5% - 10% error = 1
			> 10% error = 0
6C. Timely Data	Successes in Timely Data are measured using the average length of time (in days) between when a client enters or exits the project, and when the project records the entry or exit in HMIS. Projects that entered client entries/exits into HMIS in under 5 days received full points	APR Q6e	< 5 days = 2
			5 days – 8 days = 1
			> 8 days = 0

7. COMMUNITY (11 pts.)

Name	Description	Sources	Score
7A. Participation in CoC Activities	Successes in Participation in CoC Activities are measured based on the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFO. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 4 points
7B. Mandatory Training	Successes in Mandatory Training are based on whether the agency demonstrated regular attendance at mandatory training events by attending at least one such event per quarter.	RFI SSF Staff Report	Up to 2 points

SACRAMENTO CONTINUUM OF CARE

7C. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <p>Deduct <u>up to 5 points</u> if project was late in finalizing APRs without valid reason.</p> <p>Deduct 2 points if any portion of the local application was turned in <u>up to</u> 24 hours late.</p> <p>Deduct 5 points if any mandatory portion of the local application was <u>more than</u> 24 hours late.</p> <p>If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.</p>	Analysis	Up to 5 points
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8. ENHANCING CAPACITY (3 pts.)

Name	Description	Sources	Score
8A. Transitions to Permanent Housing	Success is measured by PSH programs that effectively facilitate successful flow from PSH to other permanent housing (including housing with rental subsidy), evidenced by percent of individuals served that exit to other permanent housing.	APR Q23	Up to 3 points

9. BONUS FACTORS (11 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

<p>9B. BONUS Unique Funding</p>	<p>Award full points to housing projects that leverage a source of one-time or on-going funding that may not be used to serve individuals experiencing homelessness if this project is defunded. The funding can be in any amount to meet this criterion.</p> <p>One example of funding meeting these criteria is project-based Housing Choice Vouchers because this funding is not limited to individuals experiencing homelessness. If the project loses CoC funding, the project-based vouchers may not be used to serve individuals experiencing homelessness.</p>	<p>RFI</p>	<p>Up to 3 points</p>
	<p><u>Identifying and Addressing Barriers:</u> Based on the degree to which the organization:</p> <p>1) Award up to one point if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals as identified in the All In Sacramento Plan appendix, or through project level data provided by the organization; and</p>		

SACRAMENTO CONTINUUM OF CARE

<p>9C. BONUS Organizational Commitment to Racial Equity</p>	<p>2) Award up to one point if the organization has taken concrete steps to address the identified barriers in (1) above and lessen their impact on BIPOC individuals. Steps described should be designed to address the specific experiences of BIPOC individuals.</p> <p><u>BIPOC Representation in Leadership:</u></p> <p>Award up to three points for the organization's explanation of its commitment to serving Black, Indigenous, and other People of Color (BIPOC) since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.</p> <p>Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:</p> <ul style="list-style-type: none"> • Award up to one point if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color. • Award up to two points to the extent that the organization describes concrete steps that have been taken to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness. <ul style="list-style-type: none"> ○ These may include but are not limited to: <ul style="list-style-type: none"> ▪ Opportunities for cultural competency and implicit bias trainings; 	<p>RFI</p>	<p>Up to 5 points</p>
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SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> ▪ Policies related to language accessibility; and ▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves. <ul style="list-style-type: none"> ○ The applicant must also describe the impact or results of their strategies. 		
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2024 New Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing	25 points
3. Services	20 points
4. Agency Capacity	25 points
5. Prioritization, option of: a. Prioritization for New Projects Except for DV Bonus b. Prioritization for DV Bonus	25 points
6. Community	10 points
TOTAL	105 points

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures will be consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or comparable database for domestic violence services).	Met/Not Met
Formerly Homeless Input	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically board of directors membership or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met
Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Eligible Applicant	Neither the applicant nor the sub-recipients (if any) are for-profit entities.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Equal Access	The project will provide equal access to housing and services without regard to sexual orientation, gender identity, or local residency status.	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual federal expenditures over \$750,000, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual federal expenditures under \$750,000 provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met

Match	Agency will be able to provide 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency will actively prevent discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Budget	Agency has made a good faith effort to complete the budget template provided, showing both CoC and non-CoC funding sources for the project.	Met/Not Met
For DV Bonus Projects Only: Serving DV	Project is 100% dedicated to serving victims who are fleeing or attempting to flee domestic violence, including dating violence, sexual assault, stalking, and/or human trafficking who came from sheltered or unsheltered situations. The project must follow a Housing First model and utilize trauma-informed and client-centered approaches.	Met/Not Met

2. HOUSING (25 pts.)

Name	Description	Sources	Score
2.A. Fully Described and Appropriate Housing	<p>Award points for a housing design that:</p> <ul style="list-style-type: none"> • is clearly and fully described • has a layout or features that are thoughtfully matched to the target population • is strategically located to meet the needs of the target population • is physically accessible to persons with disabilities • will help maximize client choice in the CoC (e.g. by including a plan to evaluate each client's needs, strengths, and preferences in order to determine which mainstream benefits and/or jobs the client could qualify for) • is designed to protect the safety of the population they serve 	RFI	Up to 10 points
2.B. Ready to Start	<p>Award points if the project will be ready to begin housing clients within 3 months of receiving HUD funding. Consider:</p> <ul style="list-style-type: none"> • Whether the agency has adequately described how the project will acquire the necessary housing for the project type. For RRH, this should include landlord engagement strategies, whether proposed to be conducted directly by the project or by a partner entity; • Whether the project site faces regulatory obstacles such as tenant displacement, environmental issues, or zoning issues; • Whether the agency's current staff has the capacity to begin preparing for this project; • Whether the agency already has policies and procedures that can be used as-is or easily adapted for use in a CoC-funded project 	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

2.C. Program Outcomes	<p>Award points if:</p> <ul style="list-style-type: none"> • The project's goals are realistic and sufficiently challenging given the scale of the project. • Outcomes are measurable and appropriate to the population being served, and must meet minimum CoC- adopted targets, including: <ul style="list-style-type: none"> ○ At least 85% of clients experience positive housing outcomes ○ At least 55% of adult clients maintain or increase their income from all sources • Prospective outcomes reflect actual performance outcomes from other projects administered by the applicant (as appropriate). 	RFI	Up to 10 points
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3. SERVICES (20 pts.)

Name	Description	Sources	Score
3.A. Appropriate Supportive Services	<p>Award points for services that:</p> <ul style="list-style-type: none"> • are consistent with CoC Standards adopted in December 2023 for the applicable project type, including proposed client to staff ratios offer ongoing support to stay housed, • are comprehensive and well- coordinated, • include culturally-relevant services and supports, and • are thoughtfully matched to the target population. 	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

	<p>Award points based on the project's plans for supportive services to be provided directly through HUD CoC funding, by the agency through another funding source, or through referral to another community partner. For projects that will be referring specific types of clients to specific outside services, award points if the project explains a concrete plan for referrals, giving examples of:</p> <ul style="list-style-type: none"> ● Who will be referred; ● The agencies that will accept referrals; ● The types of services to be provided; and ● The logic behind the agency's referral scheme <p>For RRH projects, award points if the project proposes to offer all three components of RRH (housing search/placement, time-limited financial assistance, and housing-focused case management and stabilization), whether alone or in partnership with other providers.</p> <p>For Victim Service Providers award points for services that are consistent with evidence-based practices and improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>For projects serving unique sub-populations (e.g., transition age youth), award points if the project proposes services consistent with evidence-based practices for the target population (e.g., Positive Youth Development).</p>		
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SACRAMENTO CONTINUUM OF CARE

3.B. Relevant Experience	<p>Award points if the agency submitting this application has demonstrated, through past performance, the ability to successfully carry out the work proposed and has successfully served homeless people as a particular group.</p> <p>Consider the experience of the agency in handling a similar project (e.g. if the project will involve relocation of tenants, what experience does the agency have with relocation).</p> <p>For PSH projects, award points if the project proposes to leverage existing landlord relationships to increase scattered site PSH placement opportunities and efficiencies.</p>	RFI	Up to 10 points
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4. AGENCY CAPACITY (20 pts.)

Name	Description	Sources	Score
4.A. Budget	<p>Award points based on the bullet points below:</p> <ul style="list-style-type: none"> • Project has submitted a budget that is clear, complete, and easy to read. • The budget shows that the project will have enough resources to provide high-quality, reliable services to the target population. • The budget shows that the project will leverage significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds. Award points for projects proposing more than 25% cash or in-kind match. • The budget shows that the project is taking appropriate measures to contain costs. 	Budget RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

<p>4.B. Agency Capacity</p>	<p>Award points if agency: Has successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC (or can otherwise demonstrate that it can successfully manage complex reporting requirements).</p> <ul style="list-style-type: none"> • Has sufficient fiscal capacity to manage the grant, including: <ul style="list-style-type: none"> ○ internal financial controls ○ grant match tracking ○ well-maintained records ○ oversight by a board of directors ○ a strategy for documenting eligible costs ○ a strategy for ensuring adequate grant drawdowns • Is large enough to handle the expected client case load; • Is familiar with innovative or evidence-based practices; • Includes at least one person with formal training and/or education in a relevant social services field 	<p>e-LOCCs E-Snaps</p>	<p>Up to 10 points</p>
<p>4.C. Monitoring Findings</p>	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and</p>	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 2 years.</p> <p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

	<p>(2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>4C1. Monitoring (2.5 points) Award full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. <p>Award up to full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel. • If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 1 point if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

Factor 4D. Organizational Commitment to Racial Equity

Identification of Barriers: Based on the degree to which the organization:

- 1) Award **up to one point** if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and other People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals; specifically referring to the All In Sacramento racial disparities appendix or program level data(1 point) and
- 2) Award **up to one point** if the organization has taken concrete steps to address the identified barriers in the All In Sacramento appendix or data provided in part 1 and lessen their impact on BIPOC individuals. Strategies described should be designed to address the specific experiences of BIPOC individuals.

BIPOC Representation in Leadership:

Award **up to three points** for the organization's explanation of its commitment to serving BIPOC since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.

Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:

- Award **up to one point** if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color.
- Award **up to two points** to the extent that the organization describes concrete steps that have been taken

RFI

Up to 5
points

SACRAMENTO CONTINUUM OF CARE

	<p>to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness.</p> <ul style="list-style-type: none">○ These may include but are not limited to:<ul style="list-style-type: none">▪ Opportunities for cultural competency and implicit bias trainings;▪ Policies related to language accessibility; and▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves.○ The applicant must also describe the impact or results of their strategies.		
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5A. PRIORITIZATION FOR NEW PROJECTS EXCEPT DV BONUS (25 pts.)

If this application is for a DV Bonus-funded new project, please skip this section and move to the next.

Name	Description	Sources	Score
5.A.1. Community Priority	<p>Award points if the project addresses the priorities established by the CoC for 2024:.</p> <ul style="list-style-type: none"> PSH for chronically homeless families and individuals, with priority for projects targeting under-served populations, including seniors and people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria). PSH scattered site projects that leverage existing scattered site PSH relationships and service model with higher performing renewal agencies (with definition for “high performing” projects, as defined in the Review and Ranking section, above. RRH for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter or fleeing domestic violence, with priority for those who do not qualify for other federal, state or locally funded rapid rehousing assistance. <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E-snap RFI</p>	<p>Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

5.A.2. HUD Priority	<p>Award points if the project addresses the priority needs identified by HUD in 2024:</p> <ul style="list-style-type: none"> • TBD <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E- snaps</p> <p>RFI</p>	<p>Up to 5 points</p>
5.A.3. Severity of Needs & Special Considerations	<p>Award points to projects that will serve population(s) with severe needs and vulnerabilities and who meet local EVH criteria.</p> <p>Applicants should specifically address how the unique healthcare and support needs are met, including specific service partnerships that increase access to onsite or home-based services.</p>	<p>RFI</p> <p>APR</p>	<p>Up to 10 points</p>

5B. PRIORITIZATION FOR DV BONUS HOUSING (25 pts.)

Use this section instead of the previous page if the project is applying for DV Bonus funding. For all scoring purposes, “domestic violence” also includes dating violence, sexual assault, stalking, and/or trafficking.

Name	Description	Source	Score
5.B.1. How Project will Address Need	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • Project provides data describing the CoC’s population of domestic violence survivors • Project explains how it proposes to meet the unmet needs of domestic violence survivors, especially with survivors who come from unsheltered situations. • The project will have housing that is specifically designed to accommodate the needs of survivors. • The project’s staff has skills that are specifically needed to identify and locate survivors, or to persuade survivors to accept and enter housing. • The project’s staff utilize trauma-informed and client-centered approaches. • The project meets a priority need identified by HUD in 2024: <ul style="list-style-type: none"> ○ TBD, pending NOFO release. 	RFI	Up to 5 points
5.B.2. Previous Performance	Award points if the agency has experience serving, or demonstrates a plan to serve, victims who are fleeing, or attempting to flee, domestic violence, which includes dating violence, sexual assault, stalking, and/or human trafficking, and that experience, or plan, specifically shows that they can serve victims who come from unsheltered situations.	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

5.B.3. Ability to Meet Safety Outcome s	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • The project articulates a specific plan incorporating evidence-based approaches and services for ensuring that its residents will be safe from further domestic violence. • The project sets quantitative safety targets that are appropriate and realistic. • The project explains why it is likely to be able to achieve the targeted safety outcomes. 	<p>RFI</p>	<p>Up to 10 points</p>
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6. COMMUNITY (10 pts.)

Name	Description	Sources	Score
6.A. Participation in CoC Activities	<p>Award points for the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.</p> <p>For organizations new to the CoC: points may be awarded for organizations that have not previously engaged in CoC activities, but have demonstrated interest and commitment via attending CoC NOFO trainings and technical assistance sessions.</p>	<p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

6.B. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <ul style="list-style-type: none"> • Award 3 points if any portion of the local application was turned in <u>up to</u> 24 hours late. • Award no points if any mandatory portion of the local application was <u>more than</u> 24 hours late. • If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel. 	<p>Analysis</p>	<p>Up to 5 points</p>
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1E-2. Local Competition Scoring Tool

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2024 Renewal Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing Performance	18 points
3. Income Performance	14 points
4. Utilization Performance	22 points
5. Severity of Need and Service Quality	20 points
6. Compliance	12 points
7. Community	11 points
8. Enhancing Capacity	3 points
9. BONUS Factors	8 points
TOTAL	100 points (+ 8 bonus)

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures are consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type, as demonstrated by its policies and procedures.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Successful Drawdown	If the project is under contract with HUD, then the project has made at least one successful drawdown of federal funds as of the time of this application was submitted.	Met/Not Met
Client Participation in Project Design and Policymaking	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically via membership on the agency board or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Equal Access	The project provides equal access to housing and services without regard to sexual orientation, gender identity, local residency status, or any other protected category.	Met/Not Met
Match	Agency demonstrates 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency actively prevents discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual expenditures of \$750,000 or more in federal funds, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual expenditures of less than \$750,000 in federal funds, provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met
<i>Required but not scored</i>		

[Scored Factors Begin on Next Page]

2. HOUSING PERFORMANCE (18 pts.)

Name	Description	Sources	Score
Permanent Supportive Housing (PSH)			
2A. Housing Retention	<p>Successes in Housing Retention for PSH projects are measured by the percentage of individual project participants that remain in permanent housing or exit as “living-leavers” to permanent housing during the evaluation period.</p> <p>For projects that serve families or small projects that experience an outsized impact on program performance for this factor, projects are invited to discuss the number of households that left the project and how long each household had been in the program prior to leaving the program unsuccessfully under the <i>exceptional circumstances</i> supplemental question for consideration by the panel. In an exception to the Review and Rank Policy, at section IV. Review and Rank Process, paragraph J:</p> <ul style="list-style-type: none"> • If one household left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 15 points to the project, and • If two households left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 9 points. 	APR Q5 APR Q23	≥ 99% = 18
			98% - 98.9% = 15
			96% - 97.9% = 12
			90% - 95.9% = 9
			85% - 89.5% = 6
			80% - 84.9% = 3
			< 79.9% = 0

Rapid Re-Housing (RRH) and Joint Transitional Housing and Rapid Re-Housing (TH-RRH)			
2B. Housing Placement	<p>Successes in Housing Placement for RRH and TH-RRH projects are measured by the number of participants who exited to a Permanent Housing destination as a percentage of all “living-leaver” participants who exited the project during the evaluation period.</p> <p>For projects that serve families, that experience an outsized impact on program performance, projects are invited to discuss under the <i>exceptional circumstances</i> supplemental question for consideration by the panel.</p>	APR Q5 APR Q23	≥ 90% = 18
			85-89.9% = 16
			80% - 84.9% = 12
			75% - 79.9% = 9
			70% - 74.9% = 5
			< 70% = 0

3. INCOME PERFORMANCE (14 pts.)

Name	Description	Sources	PSH Scale	RRH and TH-RRH Scale	Score
3A. Increase or Maintain Income	<p>Successes in increasing or maintaining participant income are measured by the percent of adult participants in the project who maintained a non-zero income, or increased income, from project entry to exit or Annual Assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q19	≥ 85%	≥ 75%	6
			70% - 84.9%	60% - 74.9%	4
			55% - 69.9%	45% - 59.9%	3
			40% - 54.9%	30% - 44.9%	2
			< 40%	< 30%	0
3B. Non-Cash Mainstream Benefits	<p>Successes in connecting participants with non-cash mainstream benefits are measured by the percentage of adult stayers/leavers with non-cash benefit sources, excluding all stayers not yet required to have an annual assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q20	≥ 95% = 6		
			90% - 94.9% = 4		
			80% - 89.9% = 3		
			75% - 79.9% = 2		
			< 75% = 0		

SACRAMENTO CONTINUUM OF CARE

3C. Health Insurance	<p>Successes in connecting participants with health insurance are measured by the percentage of stayers/leavers with health insurance, excluding all stayers not yet required to have an annual assessment.</p> <p>Participants that passed away during the measurement period do not impact the project's performance</p>	APR Q5 APR Q21	$\geq 95\% = 2$
			$90\% - 94.9\% = 1$
			$< 90\% = 0$

4. UTILIZATION PERFORMANCE (22 pts.)

Name	Description	Sources	Score
4A. Bed and/or Unit Utilization	<p>For PSH projects, utilization will be measured based on units utilized (per APR data).</p> <p>For RRH projects, utilization will be measured using units (per APR data) plus the number of households enrolled but not yet housed.</p> <p>For TH-RRH projects, utilization will be measured using units (per APR data), plus the number of households enrolled in only RRH but not yet housed.</p> <p>A project may request utilization be measured based on beds instead of units by providing a written explanation of why beds is a more accurate measure.</p> <p>Request consideration in advance of review and rank- SSF will request this information as part of the APR review process.</p> <p>SSF will review all submissions and make recommendations on scoring this factor to the review and rank panel.</p>	APR Q7b APR Q8b E-Snaps	$\geq 95\% = 12$
			$90\% - 94.9\% = 9$
			$85\% - 89.9\% = 6$
			$80\% - 84.9\% = 3$
			$< 80\% = 0$

SACRAMENTO CONTINUUM OF CARE

	<p>Grounds for consideration include but are not limited to:</p> <p>Multiple households sharing one unit of housing;</p> <p>Build units not available due to circumstances outside of provider control;</p> <p>Leased up units not available due to circumstances outside of provider control.</p> <p>Other circumstances will also be considered and evaluated based on merit.</p>		
4B. Grant Spenddown	<p>Successes in Grant Spenddown are measured by dividing the amount of money drawn down from e-LOCCs during the project's most recently completed contract by the amount on the corresponding GIW.</p>	e-LOCCs E-Snaps	$\geq 95\% = 8$
			$85\% - 94.9\% = 5$
			$75\% - 84.9\% = 3$
			$< 75\% = 0$
4C. Quarterly Drawdowns	<p>Successes in Grant Spenddown are also measured by the number of drawdowns made by projects, and depend on projects drawing down quarterly (i.e., occurring at least once in each three-month period during the year).</p> <p>Award 0.5 points for each successful quarterly drawdown over the competition period.</p>	RFI	Up to 2 points

5. SEVERITY OF NEED AND SERVICE QUALITY (20 pts.)

Name	Description	Sources	Score
5A. Severity of Needs & Special Considerations	<p>Full points will be awarded for projects that fully meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Dedicated to or targeting chronically homeless families and/or individuals • Dedicated to or target under-served populations, including: seniors, people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria), and households who do not qualify for other federal, state or locally funded PSH or RRH assistance. • Projects that do not meet the criteria provided in either of the two bullet points above but include a compelling explanation about the quantifiable gap their project fills in the community may also be awarded up to full points. 	RFI APR Q5a Q13a1, Q14a, Q27a	Up to 10 Points

SACRAMENTO CONTINUUM OF CARE

5B. Quality of Services	<p>Award up to 7 of the 10 points possible for 5B for Successes in Quality of Services as measured based on the project's narrative explanation and detail on the extent to which the project provides services that:</p> <ul style="list-style-type: none"> • Offer ongoing support to stay housed, • Are comprehensive and well-coordinated, • Are thoughtfully matched to the needs of the target population <p>Award up to 3 of the 10 points possible for 5B for Adherence to new CoC Standards as follows: Renewal projects must review the CoC Standards adopted in December 2023 for current adherence by project type and commit to establish a plan of action to work towards greater fidelity to those standards specific to service accessibility, quality, staffing, etc. Please include the project's current ratio of on-site direct service staff (e.g. case manager) to residents, the number of additional staff and/or volunteers support direct service staff and a brief description of the rationale and/or circumstances contributing to this approach to case management.</p> <p>Successes for projects provided by Victim Service Providers are also measured based on the project's narrative explaining the extent to which the project provides services that improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>Full points will be available to domestic violence projects that provide objective data on how they improved participant safety.</p>	<p>RFI</p>	<p>Up to 10 points</p>
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6. COMPLIANCE (12 pts.)

Name	Description	Sources	Score
6A. Monitoring Findings	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>6A2. Monitoring (4 points) Award full points (4 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. 	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 3 calendar years.</p> <p>RFI</p>	Up to 8 points

	<p>Award up to full points (4 points) for the project if:</p> <ul style="list-style-type: none">• If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel.• If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 2 points if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

6B. Accurate Data	Successes in Accurate Data are measured using the percent of data recorded as either missing, don't know, client refused to answer, and/or unable to calculate, where the lower percentage the better. Projects with less than 5% data inaccuracy should receive full points.	APR Q6	< 5% error = 2
			5% - 10% error = 1
			> 10% error = 0
6C. Timely Data	Successes in Timely Data are measured using the average length of time (in days) between when a client enters or exits the project, and when the project records the entry or exit in HMIS. Projects that entered client entries/exits into HMIS in under 5 days received full points	APR Q6e	< 5 days = 2
			5 days – 8 days = 1
			> 8 days = 0

7. COMMUNITY (11 pts.)

Name	Description	Sources	Score
7A. Participation in CoC Activities	Successes in Participation in CoC Activities are measured based on the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFO. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 4 points
7B. Mandatory Training	Successes in Mandatory Training are based on whether the agency demonstrated regular attendance at mandatory training events by attending at least one such event per quarter.	RFI SSF Staff Report	Up to 2 points

SACRAMENTO CONTINUUM OF CARE

7C. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <p>Deduct <u>up to 5 points</u> if project was late in finalizing APRs without valid reason.</p> <p>Deduct 2 points if any portion of the local application was turned in <u>up to</u> 24 hours late.</p> <p>Deduct 5 points if any mandatory portion of the local application was <u>more than</u> 24 hours late.</p> <p>If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.</p>	Analysis	Up to 5 points
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8. ENHANCING CAPACITY (3 pts.)

Name	Description	Sources	Score
8A. Transitions to Permanent Housing	Success is measured by PSH programs that effectively facilitate successful flow from PSH to other permanent housing (including housing with rental subsidy), evidenced by percent of individuals served that exit to other permanent housing.	APR Q23	Up to 3 points

9. BONUS FACTORS (11 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

<p>9B. BONUS Unique Funding</p>	<p>Award full points to housing projects that leverage a source of one-time or on-going funding that may not be used to serve individuals experiencing homelessness if this project is defunded. The funding can be in any amount to meet this criterion.</p> <p>One example of funding meeting these criteria is project-based Housing Choice Vouchers because this funding is not limited to individuals experiencing homelessness. If the project loses CoC funding, the project-based vouchers may not be used to serve individuals experiencing homelessness.</p>	<p>RFI</p>	<p>Up to 3 points</p>
	<p><u>Identifying and Addressing Barriers:</u> Based on the degree to which the organization:</p> <p>1) Award up to one point if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals as identified in the All In Sacramento Plan appendix, or through project level data provided by the organization; and</p>		

SACRAMENTO CONTINUUM OF CARE

<p>9C. BONUS Organizational Commitment to Racial Equity</p>	<p>2) Award up to one point if the organization has taken concrete steps to address the identified barriers in (1) above and lessen their impact on BIPOC individuals. Steps described should be designed to address the specific experiences of BIPOC individuals.</p> <p><u>BIPOC Representation in Leadership:</u></p> <p>Award up to three points for the organization's explanation of its commitment to serving Black, Indigenous, and other People of Color (BIPOC) since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.</p> <p>Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:</p> <ul style="list-style-type: none"> • Award up to one point if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color. • Award up to two points to the extent that the organization describes concrete steps that have been taken to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness. <ul style="list-style-type: none"> ○ These may include but are not limited to: <ul style="list-style-type: none"> ▪ Opportunities for cultural competency and implicit bias trainings; 	<p>RFI</p>	<p>Up to 5 points</p>
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SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> ▪ Policies related to language accessibility; and ▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves. <ul style="list-style-type: none"> ○ The applicant must also describe the impact or results of their strategies. 		
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2024 New Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing	25 points
3. Services	20 points
4. Agency Capacity	25 points
5. Prioritization, option of: a. Prioritization for New Projects Except for DV Bonus b. Prioritization for DV Bonus	25 points
6. Community	10 points
TOTAL	105 points

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures will be consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or comparable database for domestic violence services).	Met/Not Met
Formerly Homeless Input	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically board of directors membership or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met
Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Eligible Applicant	Neither the applicant nor the sub-recipients (if any) are for-profit entities.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Equal Access	The project will provide equal access to housing and services without regard to sexual orientation, gender identity, or local residency status.	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual federal expenditures over \$750,000, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual federal expenditures under \$750,000 provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met

Match	Agency will be able to provide 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency will actively prevent discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Budget	Agency has made a good faith effort to complete the budget template provided, showing both CoC and non-CoC funding sources for the project.	Met/Not Met
For DV Bonus Projects Only: Serving DV	Project is 100% dedicated to serving victims who are fleeing or attempting to flee domestic violence, including dating violence, sexual assault, stalking, and/or human trafficking who came from sheltered or unsheltered situations. The project must follow a Housing First model and utilize trauma-informed and client-centered approaches.	Met/Not Met

2. HOUSING (25 pts.)

Name	Description	Sources	Score
2.A. Fully Described and Appropriate Housing	<p>Award points for a housing design that:</p> <ul style="list-style-type: none"> • is clearly and fully described • has a layout or features that are thoughtfully matched to the target population • is strategically located to meet the needs of the target population • is physically accessible to persons with disabilities • will help maximize client choice in the CoC (e.g. by including a plan to evaluate each client's needs, strengths, and preferences in order to determine which mainstream benefits and/or jobs the client could qualify for) • is designed to protect the safety of the population they serve 	RFI	Up to 10 points
2.B. Ready to Start	<p>Award points if the project will be ready to begin housing clients within 3 months of receiving HUD funding. Consider:</p> <ul style="list-style-type: none"> • Whether the agency has adequately described how the project will acquire the necessary housing for the project type. For RRH, this should include landlord engagement strategies, whether proposed to be conducted directly by the project or by a partner entity; • Whether the project site faces regulatory obstacles such as tenant displacement, environmental issues, or zoning issues; • Whether the agency's current staff has the capacity to begin preparing for this project; • Whether the agency already has policies and procedures that can be used as-is or easily adapted for use in a CoC-funded project 	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

2.C. Program Outcomes	<p>Award points if:</p> <ul style="list-style-type: none"> • The project's goals are realistic and sufficiently challenging given the scale of the project. • Outcomes are measurable and appropriate to the population being served, and must meet minimum CoC- adopted targets, including: <ul style="list-style-type: none"> ○ At least 85% of clients experience positive housing outcomes ○ At least 55% of adult clients maintain or increase their income from all sources • Prospective outcomes reflect actual performance outcomes from other projects administered by the applicant (as appropriate). 	RFI	Up to 10 points
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3. SERVICES (20 pts.)

Name	Description	Sources	Score
3.A. Appropriate Supportive Services	<p>Award points for services that:</p> <ul style="list-style-type: none"> • are consistent with CoC Standards adopted in December 2023 for the applicable project type, including proposed client to staff ratios offer ongoing support to stay housed, • are comprehensive and well- coordinated, • include culturally-relevant services and supports, and • are thoughtfully matched to the target population. 	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

	<p>Award points based on the project's plans for supportive services to be provided directly through HUD CoC funding, by the agency through another funding source, or through referral to another community partner. For projects that will be referring specific types of clients to specific outside services, award points if the project explains a concrete plan for referrals, giving examples of:</p> <ul style="list-style-type: none"> ● Who will be referred; ● The agencies that will accept referrals; ● The types of services to be provided; and ● The logic behind the agency's referral scheme <p>For RRH projects, award points if the project proposes to offer all three components of RRH (housing search/placement, time-limited financial assistance, and housing-focused case management and stabilization), whether alone or in partnership with other providers.</p> <p>For Victim Service Providers award points for services that are consistent with evidence-based practices and improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>For projects serving unique sub-populations (e.g., transition age youth), award points if the project proposes services consistent with evidence-based practices for the target population (e.g., Positive Youth Development).</p>		
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SACRAMENTO CONTINUUM OF CARE

3.B. Relevant Experience	<p>Award points if the agency submitting this application has demonstrated, through past performance, the ability to successfully carry out the work proposed and has successfully served homeless people as a particular group.</p> <p>Consider the experience of the agency in handling a similar project (e.g. if the project will involve relocation of tenants, what experience does the agency have with relocation).</p> <p>For PSH projects, award points if the project proposes to leverage existing landlord relationships to increase scattered site PSH placement opportunities and efficiencies.</p>	RFI	Up to 10 points
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4. AGENCY CAPACITY (20 pts.)

Name	Description	Sources	Score
4.A. Budget	<p>Award points based on the bullet points below:</p> <ul style="list-style-type: none"> • Project has submitted a budget that is clear, complete, and easy to read. • The budget shows that the project will have enough resources to provide high-quality, reliable services to the target population. • The budget shows that the project will leverage significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds. Award points for projects proposing more than 25% cash or in-kind match. • The budget shows that the project is taking appropriate measures to contain costs. 	Budget RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

<p>4.B. Agency Capacity</p>	<p>Award points if agency: Has successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC (or can otherwise demonstrate that it can successfully manage complex reporting requirements).</p> <ul style="list-style-type: none"> • Has sufficient fiscal capacity to manage the grant, including: <ul style="list-style-type: none"> ○ internal financial controls ○ grant match tracking ○ well-maintained records ○ oversight by a board of directors ○ a strategy for documenting eligible costs ○ a strategy for ensuring adequate grant drawdowns • Is large enough to handle the expected client case load; • Is familiar with innovative or evidence-based practices; • Includes at least one person with formal training and/or education in a relevant social services field 	<p>e-LOCCs E-Snaps</p>	<p>Up to 10 points</p>
<p>4.C. Monitoring Findings</p>	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and</p>	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 2 years.</p> <p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

	<p>(2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>4C1. Monitoring (2.5 points) Award full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. <p>Award up to full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel. • If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 1 point if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

Factor 4D. Organizational Commitment to Racial Equity

Identification of Barriers: Based on the degree to which the organization:

- 1) Award **up to one point** if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and other People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals; specifically referring to the All In Sacramento racial disparities appendix or program level data(1 point) and
- 2) Award **up to one point** if the organization has taken concrete steps to address the identified barriers in the All In Sacramento appendix or data provided in part 1 and lessen their impact on BIPOC individuals. Strategies described should be designed to address the specific experiences of BIPOC individuals.

BIPOC Representation in Leadership:

Award **up to three points** for the organization's explanation of its commitment to serving BIPOC since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.

Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:

- Award **up to one point** if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color.
- Award **up to two points** to the extent that the organization describes concrete steps that have been taken

RFI

Up to 5
points

SACRAMENTO CONTINUUM OF CARE

	<p>to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness.</p> <ul style="list-style-type: none">○ These may include but are not limited to:<ul style="list-style-type: none">▪ Opportunities for cultural competency and implicit bias trainings;▪ Policies related to language accessibility; and▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves.○ The applicant must also describe the impact or results of their strategies.		
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5A. PRIORITIZATION FOR NEW PROJECTS EXCEPT DV BONUS (25 pts.)

If this application is for a DV Bonus-funded new project, please skip this section and move to the next.

Name	Description	Sources	Score
5.A.1. Community Priority	<p>Award points if the project addresses the priorities established by the CoC for 2024:.</p> <ul style="list-style-type: none"> PSH for chronically homeless families and individuals, with priority for projects targeting under-served populations, including seniors and people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria). PSH scattered site projects that leverage existing scattered site PSH relationships and service model with higher performing renewal agencies (with definition for “high performing” projects, as defined in the Review and Ranking section, above. RRH for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter or fleeing domestic violence, with priority for those who do not qualify for other federal, state or locally funded rapid rehousing assistance. <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E-snap RFI</p>	<p>Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

5.A.2. HUD Priority	<p>Award points if the project addresses the priority needs identified by HUD in 2024:</p> <ul style="list-style-type: none"> • TBD <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E- snaps</p> <p>RFI</p>	<p>Up to 5 points</p>
5.A.3. Severity of Needs & Special Considerations	<p>Award points to projects that will serve population(s) with severe needs and vulnerabilities and who meet local EVH criteria.</p> <p>Applicants should specifically address how the unique healthcare and support needs are met, including specific service partnerships that increase access to onsite or home-based services.</p>	<p>RFI</p> <p>APR</p>	<p>Up to 10 points</p>

5B. PRIORITIZATION FOR DV BONUS HOUSING (25 pts.)

Use this section instead of the previous page if the project is applying for DV Bonus funding. For all scoring purposes, “domestic violence” also includes dating violence, sexual assault, stalking, and/or trafficking.

Name	Description	Source	Score
5.B.1. How Project will Address Need	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • Project provides data describing the CoC’s population of domestic violence survivors • Project explains how it proposes to meet the unmet needs of domestic violence survivors, especially with survivors who come from unsheltered situations. • The project will have housing that is specifically designed to accommodate the needs of survivors. • The project’s staff has skills that are specifically needed to identify and locate survivors, or to persuade survivors to accept and enter housing. • The project’s staff utilize trauma-informed and client-centered approaches. • The project meets a priority need identified by HUD in 2024: <ul style="list-style-type: none"> ○ TBD, pending NOFO release. 	RFI	Up to 5 points
5.B.2. Previous Performance	Award points if the agency has experience serving, or demonstrates a plan to serve, victims who are fleeing, or attempting to flee, domestic violence, which includes dating violence, sexual assault, stalking, and/or human trafficking, and that experience, or plan, specifically shows that they can serve victims who come from unsheltered situations.	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

5.B.3. Ability to Meet Safety Outcome s	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • The project articulates a specific plan incorporating evidence-based approaches and services for ensuring that its residents will be safe from further domestic violence. • The project sets quantitative safety targets that are appropriate and realistic. • The project explains why it is likely to be able to achieve the targeted safety outcomes. 	<p>RFI</p>	<p>Up to 10 points</p>
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6. COMMUNITY (10 pts.)

Name	Description	Sources	Score
6.A. Participation in CoC Activities	<p>Award points for the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.</p> <p>For organizations new to the CoC: points may be awarded for organizations that have not previously engaged in CoC activities, but have demonstrated interest and commitment via attending CoC NOFO trainings and technical assistance sessions.</p>	<p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

6.B. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <ul style="list-style-type: none"> • Award 3 points if any portion of the local application was turned in <u>up to</u> 24 hours late. • Award no points if any mandatory portion of the local application was <u>more than</u> 24 hours late. • If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel. 	<p>Analysis</p>	<p>Up to 5 points</p>
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1E-2a. Scored Forms for One Project

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Name of Project																				
	<u>2A.</u>	<u>2B.</u>	<u>3A.</u>	<u>3B.</u>	<u>3C.</u>	<u>4A.</u>	<u>4B.</u>	<u>4C.</u>	<u>5A.</u>	<u>5B.</u>	<u>6A.</u>	<u>6B.</u>	<u>6C.</u>	<u>7A.</u>	<u>7B.</u>	<u>7C.</u>	<u>8A.</u>	<u>9B.</u>	<u>9C.</u>	<u>Total</u>
Panel Member 1	18	0	6	6	2	9	8	2	10	8	8	2	2	4	2	5	2	0	0	94
Panel Member 2	18	0	6	6	2	12	8	2	10	7	8	2	2	4	2	5	2	0	0	96
Panel Member 3	18	0	6	6	2	9	8	2	10	7	7	2	2	4	2	5	1	0	0	91
Panel Member 4	18	0	6	6	2	9	8	2	10	8	8	2	2	4	2	5	2	0	0	94
Panel Member 5	18	0	6	6	2	12	8	2	10	6.5	8	2	2	3	2	5	1.5	0	0	94
																				93.8
Average Score	18	0	6	6	2	10.2	8	2	10	7.3	7.8	2	2	3.8	2	5	1.7	0	0	

1E-5. Notification of Projects Rejected-Reduced

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Jesse Archer

From: Sacramento Steps Forward <no-reply@sacramentostepsforward.ccsend.com>
Sent: Monday, October 14, 2024 10:44 AM
To: Jesse Archer
Subject: FY2024-2025 CoC Program NOFO Competition Update | Approved Priority Listing by the CoC Board **Notification of the final priority list 15 days before HUD CoC Program Competition deadline.**

CoC Program Competition: Notice of Funding Opportunity

FY 2024-2025 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) Competition Updates

Sacramento City & County Continuum of Care Priority Listing

Dear FY2024-2025 CoC NOFO Competition Applicant,

The U.S. Department of Housing and Urban Development (HUD) released the FY 2024 & 2025 Notice of Funding Opportunity (NOFO) on July 31, 2024. Applications are due to HUD by October 30, 2024. Learn more and visit the CoC's NOFO [webpage](#) for more information.

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[Link to the final ranked listed posted online](#)

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Renewal Projects:

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Next Steps

- Sacramento Steps Forward will finalize the Sacramento City & County CoC Consolidated Application, including all attachments, for submission to HUD on October 29, 2024 (one day before HUD's submission deadline on October 30, 2024).
- It is expected that HUD will announce funding awards in early 2025. SSF will notify the Sacramento City & County CoC of the results via email upon HUD's announcement.



Sacramento Steps Forward | 2150 River Plaza Drive Suite 385 | Sacramento, CA 95833
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About the FY 2024-2025 CoC Program Competition

Details & Dates What's New Materials & Resources Office Hours Get Help Previous NOFO Competitions

Local Applicants:

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 - Recommended 2024-2025 CoC Program NOFO Sacramento CoC Priority Listing
- Tuesday, October 8, 2024 by 9:30am: Deadline to submit formal appeals.
- Tuesday, October 8, 2024: Appeals panel – independent review & meeting (if needed).
- Tuesday, October 8, 2024: Determination by appeals panel.

National Competition:

- Wednesday, July 31, 2024: HUD releases [FY24-25 CoC Program NOFO](#).
- Wednesday, October 9, 2024: CoC Board to approve the Priority Listing
 - Approved 2024-2025 CoC Program NOFO Sacramento CoC Priority Listing by the Sacramento CoC Board on Wed. Oct. 9, 2024
- Monday, October 28, 2024: Deadline for posting CoC Consolidated Application.
- Wednesday, October 30, 2024: CoC Consolidated Application is due to HUD no later than 5:00 pm PT.

Final ranked posted online
15 days before CoC Program
Competition deadline.

Updates + Articles

2024-2025 CoC Program NOFO Sacramento City & County Continuum of Care (CA-503) FINAL Priority Listing									
Estimated Annual Renewal Demand		\$34,292,898							
CoC Bonus Funding Available		\$4,115,148							
DV Bonus Funding Available		\$2,066,324							
Total Ranked Funding Available		\$40,474,370		Tier 1 Available		\$28,183,613			
CoC Planning (Not Ranked)		\$1,500,000		Tier 2 Available		\$10,224,433			
Total Funding Available (Including Planning)		\$41,974,370		Tier 1 + Tier 2 Total		\$38,408,046			
Tier 1 Recommended List = \$28,183,613									
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount	
1	No	Auto	Home At Last**	Next Move Homeless Services	PSH Renewal	22	22	\$437,908	
2	No	Auto	Lavender Courtyard**	Lutheran Social Services	PSH Renewal	24	24	\$313,417	
3	No	Auto	Mather Veterans Village**	Mercy Housing California	PSH Renewal	11	11	\$189,508	
4	No	Auto	Mutual Housing at Highlands**	Lutheran Social Services	PSH Renewal	21	21	\$485,133	
5	No	102.4	Youth Connect	Lutheran Social Services	PSH Renewal	20	15	\$443,338	
6	No	99.3	Connections	Lutheran Social Services	RRH Renewal	19	16	\$585,102	
7	No	95.7	Saybrook	Lutheran Social Services	PSH Renewal	184	55	\$597,941	
8	No	95.1	440 Arden Way	Lutheran Social Services	PSH New	47	31	\$428,107	
9	No	94.3	Building Bridges	Lutheran Social Services	PSH Renewal	212	124	\$375,626	
10	No	93.8	Quinn Cottages	Cottage Housing	PSH Renewal	70	60	\$318,083	
11	No	90	Senior Connect	Lutheran Social Services	PSH Renewal	35	25	\$644,404	
12	No	89.7	Achieving Change Together (ACT)	Lutheran Social Services	PSH Renewal	50	50	\$1,116,892	
13	No	87.29	Survivors of Human Trafficking (DV)	Opening Doors, Inc.	TH-RRH Renewal	33	20	\$698,024	
14	No	86	Shelter Plus Care Boulevard Court	SHRA	PSH Renewal	14	14	\$232,514	
15	No	84.27	My Sister's House (MSH) - RRH (DV)	My Sister's House	RRH	17	10	\$297,373	
16	No	83.3	Hope RA	Hope Cooperative (TLCS)	PSH Renewal	235	180	\$3,180,373	
17	No	82.4	Step Up Sacramento	Next Move Homeless Services	PSH Renewal	196	130	\$3,275,215	
18	No	81.2	Omega	Next Move Homeless Services	PSH Renewal	80	37	\$452,641	
19	No	Auto	New Vision (Friendship)*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	130	\$3,809,573	
20	No	Auto	New Chance*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	38	\$1,243,861	
21	No	Auto	Esperanza Sacramento Rising*	SHELTER, Inc.	RRH TH-RRH Renewal	40	15	\$755,812	
22	No	Auto	CARE Campus*	Lao Family Community Development	Renewal PSH-TH-RRH	40	40	\$824,307	
23	No	Auto	Cornerstone Boulevard*	Lutheran Social Services	PSH Renewal	33	33	\$333,980	
24	No	Auto	New Transitional and Rapid Rehousing Project*	Bridging Initiatives International	Renewal RRH-TH	27	6	\$393,056	
25	No	Auto	Northview Pointe*	Hope Cooperative	PSH Renewal	66	66	\$300,000	
26	No	Auto	Sacramento HMIS*	Sacramento Steps Forward	HMIS	N/A	N/A	\$273,194	
27	No	Auto	SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$300,000	
28	No	Auto	SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$325,658	
29	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$5,552,573	
Tier 2 Recommended List = \$10,224,433									
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount	
30	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$1,578,142	
31	Yes	76.7	Step Up on Second Sacramento PSH	Step Up on Second Street	PSH New	110	50	\$1,199,907	
32	Yes	76.4	Arrive Together (DV)	SHELTER, Inc.	RRH New (DV Bonus)	100	66	\$2,066,324	
33	Yes	76.3	New Destiny	SHELTER, Inc.	PSH New	202	133	\$4,115,148	
34	Yes	73.75	Joy of Living (DV)	Lao Family Community Development	TH-RRH Renewal	60	15	\$490,969	
35	Yes	70.4	Bridging Joint RRH Project (DV)	Bridging Initiatives International	RRH New (DV Bonus)	17	8	\$550,000	
36	Yes	65.3	Next Chapter Housing	Wind Youth Services	Joint TH-RRH New	8 - TH 6 - RRH	N/A	\$701,916	
37	Yes	69.3	Pathways Fairview & Bravado Project	Turning Point Community Programs	PSH Renewal	42	12	\$232,628	
38	Yes	60.8	Esperanza Sacramento - DV	SHELTER, Inc.	RRH TH-RRH Renewal	24	9	\$748,737	
Renewing Noncompetitively - YHDP - \$2,977,772									
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount	
N/A	No	Not Scored	Waking the Village Youth-Led Outreach	Waking the Village	SSO-Street Outreach	N/A	N/A	\$212,269	
N/A	No	Not Scored	Waking the Village TH-RRH	Waking the Village	Joint TH-RRH	36	12	\$1,054,132	
N/A	No	Not Scored	College Initiative	Lutheran Social Services	SSO	N/A	N/A	\$450,000	
N/A	No	Not Scored	Inspiring Youth Voices	Lutheran Social Services	RRH	22	16	\$753,872	
N/A	No	Not Scored	HMIS - YHDP	Sacramento Steps Forward	HMIS	N/A	N/A	\$110,000	
N/A	No	Not Scored	Coordinated Entry - YHDP	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$110,000	
N/A	No	Not Scored	Systems Navigation and Supportive Services	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$287,500	
Not Ranked Per NOFO Guidelines - Planning Grant - \$1,500,000									
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount	
Not Ranked Per NOFO Guidelines	No	Auto	Planning Project	Sacramento Steps Forward	Planning Project	N/A	N/A	\$1,500,000	
Received & Not Ranked - Ineligible Project Types									
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount	
N/A	No	Not Scored	Care Campus - Rancho	Lao Family Community Development	Joint TH-RRH	24	22	\$740,390	
N/A	No	Not Scored	Sacramento Supportive Housing	Sacramento Supportive Housing	SSO	0	0	\$30,250	
**Projects automatically placed in Tier 1 because they have less than 18 months of operations data, have a HMIS project type, or a Coordinated Entry project type, per the CoC NOFO Review and Rank policies.									
***High performing projects automatically ranked at the top of Tier 1 due to performance metrics on housing retention/placement, income, bed/unit utilization, and grant spenddown, per the Review and Rank Policies.									

1E-5a. Notification of Projects Accepted

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National Competition:

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 - Approved 2024-2025 CoC Program NOFO Sacramento CoC Priority Listing by the Sacramento CoC Board on Wed. Oct. 9, 2024
- Monday, October 28, 2024: Deadline for posting CoC Consolidated Application.
- Wednesday, October 30, 2024: CoC Consolidated Application is due to HUD no later than 5:00 pm PT.

Final ranked posted online
15 days before CoC Program
Competition deadline.

Updates + Articles

2024-2025 CoC Program NOFO Sacramento City & County Continuum of Care (CA-503) FINAL Priority Listing								
Estimated Annual Renewal Demand		\$34,292,898						
CoC Bonus Funding Available		\$4,115,148						
DV Bonus Funding Available		\$2,066,324						
Total Ranked Funding Available		\$40,474,370		Tier 1 Available		\$28,183,613		
CoC Planning (Not Ranked)		\$1,500,000		Tier 2 Available		\$10,224,433		
Total Funding Available (Including Planning)		\$41,974,370		Tier 1 + Tier 2 Total		\$38,408,046		
Tier 1 Recommended List = \$28,183,613								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
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3	No	Auto	Mather Veterans Village**	Mercy Housing California	PSH Renewal	11	11	\$189,508
4	No	Auto	Mutual Housing at Highlands**	Lutheran Social Services	PSH Renewal	21	21	\$485,133
5	No	102.4	Youth Connect	Lutheran Social Services	PSH Renewal	20	15	\$443,338
6	No	99.3	Connections	Lutheran Social Services	RRH Renewal	19	16	\$585,102
7	No	95.7	Saybrook	Lutheran Social Services	PSH Renewal	184	55	\$597,941
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14	No	86	Shelter Plus Care Boulevard Court	SHRA	PSH Renewal	14	14	\$232,514
15	No	84.27	My Sister's House (MSH) - RRH (DV)	My Sister's House	RRH	17	10	\$297,373
16	No	83.3	Hope RA	Hope Cooperative (TLCS)	PSH Renewal	235	180	\$3,180,373
17	No	82.4	Step Up Sacramento	Next Move Homeless Services	PSH Renewal	196	130	\$3,275,215
18	No	81.2	Omega	Next Move Homeless Services	PSH Renewal	80	37	\$452,641
19	No	Auto	New Vision (Friendship)*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	130	\$3,809,573
20	No	Auto	New Chance*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	38	\$1,243,861
21	No	Auto	Esperanza Sacramento Rising*	SHELTER, Inc.	RRH TH-RRH Renewal	40	15	\$755,812
22	No	Auto	CARE Campus*	Lao Family Community Development	Renewal PSH-TH-RRH	40	40	\$824,307
23	No	Auto	Cornerstone Boulevard*	Lutheran Social Services	PSH Renewal	33	33	\$333,980
24	No	Auto	New Transitional and Rapid Rehousing Project*	Bridging Initiatives International	Renewal RRH-TH	27	6	\$393,056
25	No	Auto	Northview Pointe*	Hope Cooperative	PSH Renewal	66	66	\$300,000
26	No	Auto	Sacramento HMIS*	Sacramento Steps Forward	HMIS	N/A	N/A	\$273,194
27	No	Auto	SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$300,000
28	No	Auto	SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$325,658
29	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$5,552,573
Tier 2 Recommended List = \$10,224,433								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
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31	Yes	76.7	Step Up on Second Sacramento PSH	Step Up on Second Street	PSH New	110	50	\$1,199,907
32	Yes	76.4	Arrive Together (DV)	SHELTER, Inc.	RRH New (DV Bonus)	100	66	\$2,066,324
33	Yes	76.3	New Destiny	SHELTER, Inc.	PSH New	202	133	\$4,115,148
34	Yes	73.75	Joy of Living (DV)	Lao Family Community Development	TH-RRH Renewal	60	15	\$490,969
35	Yes	70.4	Bridging Joint RRH Project (DV)	Bridging Initiatives International	RRH New (DV Bonus)	17	8	\$550,000
36	Yes	65.3	Next Chapter Housing	Wind Youth Services	Joint TH-RRH New	8 - TH 6 - RRH	N/A	\$701,916
37	Yes	69.3	Pathways Fairview & Bravado Project	Turning Point Community Programs	PSH Renewal	42	12	\$232,628
38	Yes	60.8	Esperanza Sacramento - DV	SHELTER, Inc.	RRH TH-RRH Renewal	24	9	\$748,737
Renewing Noncompetitively - YHDP - \$2,977,772								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
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N/A	No	Not Scored	Waking the Village TH-RRH	Waking the Village	Joint TH-RRH	36	12	\$1,054,132
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N/A	No	Not Scored	Inspiring Youth Voices	Lutheran Social Services	RRH	22	16	\$753,872
N/A	No	Not Scored	HMIS - YHDP	Sacramento Steps Forward	HMIS	N/A	N/A	\$110,000
N/A	No	Not Scored	Coordinated Entry - YHDP	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$110,000
N/A	No	Not Scored	Systems Navigation and Supportive Services	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$287,500
Not Ranked Per NOFO Guidelines - Planning Grant - \$1,500,000								
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*Projects automatically placed in Tier 1 because they have less than 18 months of operations data, have a HMIS project type, or a Coordinated Entry project type, per the CoC NOFO Review and Rank policies.

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1E-5b. Local Competition Selection Results

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Copy of Final CoC Priority Listing (Ranked List)	2

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1E-5c. Web Posting–CoC-Approved Consolidated Application

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About the FY 2024-2025 CoC Program Competition

Details & Dates

What's New

Materials & Resources

Office Hours

Get Help

Previous NOFO Competitions

Local Applicants:

- **Monday, August 20, 1:00 pm to 4:00 pm: Mandatory Applicants Workshop** | *Zoom registration now closed.*
- **Tuesday, August 21, 2024:** Applicants receive [renewal](#) and [new](#) application forms.
- **Monday, August 26, 2024:** [Letter of Intent](#) (LOI) form for new applicants due.
- **Monday, September 16, 2024:** Local Application Due

Review & Rank Panelists:

- **Friday, August 30, 2024:** Interest From Deadline from PRC and PWLEC members.
- **Wednesday, September 11, 2024:** Announcement of Review & Rank panel members.
- **Thursday, September 19, 2024:** In-Person Panel Training.
- **September 19-27, 2024:** Independent review.
- **October 1-3, 2024:** In-person Review & Rank.
- **October 1-2, 2024:** Clarifying questions emailed to applicants.
- **Thursday, October 3, 2024 (by 12:00pm):** Responses to clarifying questions due.
- **Monday, October 7, 2024:** Review & Rank Panel posts recommended Priority Listing I
 - Recommended 2024-2025 CoC Program NOFO Sacramento CoC Priority Listing
- **Tuesday, October 8, 2024 by 9:30am:** Deadline to submit formal appeals.
- **Tuesday, October 8, 2024:** Appeals panel – independent review & meeting (if needed).
- **Tuesday, October 8, 2024:** Determination by appeals panel.

National Competition:

- **Wednesday, July 31, 2024:** HUD releases [FY24-25 CoC Program NOFO](#).
- **Wednesday, October 9, 2024:** CoC Board to approve the Priority Listing
 - **NEWS!** Approved 2024-2025 CoC Program NOFO Sacramento CoC Priority Listing by the Sacramento CoC Board on Wed. Oct. 9, 2024
- **Friday, October 25, 2024:** Posting of CoC Consolidated Application for Review & Feedback. Submit feedback via email: CoCNOFO@sacstepsforward.org
- **Monday, October 28, 2024:** Deadline for posting CoC Consolidated Application.
 - **NEWS!** Sacramento CoC announces approved Consolidated Application for FY 2024 CoC Program Competition
- **Wednesday, October 30, 2024:** CoC Consolidated Application is due to HUD no later than 5:00 pm PT.



EN ^

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: CA-503 - Sacramento City & County CoC

1A-2. Collaborative Applicant Name: Sacramento Steps Forward

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Sacramento Steps Forward

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	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
9.	Law Enforcement	Yes	Yes	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	Yes
13.	Local Jail(s)	Yes	Yes	Yes
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	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
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	Yes
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	No	No	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.	Agencies Serving Homeless Veterans	Yes	Yes	No
35.	Faith Community	Yes	Yes	No

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)

1. The CoC actively collaborates with underserved communities, particularly Black and Brown communities, to provide feedback to ensure that the homeless response system is racially equitable. The CoC Racial Equity Committee, which convenes monthly, plays a central role in ensuring that racial equity strategies are embedded in all CoC efforts. This committee comprised primarily of Black, Indigenous, and People of Color (BIPOC), including members with lived experience of homelessness, works to ensure that CoC providers and partners integrate equitable practices into their housing and service delivery models. The CoC Racial Equity Committee also steers the CoC's Racial Equity Action Plan, characterized by the pillars of Racial Equity Committee (REQC), Data with a Racial Equity Lens, Training & Education/Normalizing Conversations, Staff & Leadership Diversity, Assessment & Prioritization, Language Access, Equitable Funding, Partnerships, and the Homeless Management Information System (HMIS).

A key achievement of the Racial Equity Committee is its support in replacing the VI-SPDAT assessment tool with a more culturally responsive Housing Conversation Tool. This new tool prioritizes the unique needs of underserved populations, including Black and Brown individuals, by focusing on trauma-informed, client-centered conversations rather than standardized vulnerability scoring, which has historically produced biased outcomes against these groups.

2. Furthermore, the CoC advances racial equity by offering bonus points to organizations demonstrating a strong "Organizational Commitment to Racial Equity" during the local CoC Program competition. This approach encourages service providers to intentionally adopt racial equity frameworks in their operations and to provide data showing improved outcomes for Black and Brown populations. By incentivizing these practices, the CoC ensures that organizations serving disproportionately affected populations are better equipped to reduce racial disparities in housing and service access.

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 communicates a transparent, annual invitation process to solicit new members via multiple public platforms. In accordance with the CoC Governance Charter, the invitation process is made publicly available through announcements on the CoC's website, email outreach via the CoC's listserv (which includes +3,000 stakeholders such as housing and service providers, healthcare providers, faith-based organizations, employment agencies, and government entities), and at CoC Board and Committee meetings. Additionally, an open, annual process is used to recruit new Board and Committee members. This process includes public nominations announced on the CoC website and through the listserv. Applications are reviewed by the Governance Committee, which assesses gaps in existing membership and prioritizes candidates based on areas of expertise needed to advance CoC goals.

2. To ensure effective communication and access for persons with disabilities, the CoC provides all public announcements and meeting materials in accessible formats. This includes using plain text that is compatible with screen readers, producing materials in a 14-point font for improved readability, and ensuring all electronic documents are accessible. For individuals requiring accommodations, the CoC uses a virtual meeting platform with built-in accessibility features, such as live captions and screen reader support, allowing persons with disabilities to participate fully in CoC meetings and events. Information about joining the CoC is available online in accessible formats and shared during both virtual and in-person events, ensuring that people with disabilities have multiple options for engaging with the CoC.

3. The CoC also engages in targeted outreach to organizations serving culturally specific communities disproportionately impacted by homelessness, such as Black, Latino, Indigenous, LGBTQ+, and disability-focused groups. As part of this outreach, the CoC has actively invited representatives from these communities to join its Racial Equity Committee and other key working groups, ensuring that the voices of underserved populations are included in decision-making processes and the design of equity-focused strategies.

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. The Sacramento CoC solicits and considers input from a diverse range of stakeholders that have knowledge of homelessness and an interest in preventing and ending homelessness. The CoC Board, comprising up to 32 members, includes representatives from different organizations, including two dedicated seats for people with lived experience, two dedicated seats for our Youth Action Board, and a seat for the Wilton Rancheria, ensuring diverse perspectives.

2. CoC communicates info with the public before, during, & after meetings to ensure opportunities for participation. Materials are available via email's and public posting on SSF's website so the public & members have background info to provide input. Members are contacted through the listserv with pre-mtg materials seeking input on topics to tailor mtgs to public interests. Public data dashboard on the SSF website provides info on the state of homelessness in the region that stakeholders can use to help inform feedback. For key issues extra meetings are held to allow public comment & promoted via listserv, website & social media. Committee mtg agendas and minutes are on SSF's website. the CoC holds virtual wkshps on variety of topics to share info & gather input on common issues. All CoC meetings are virtual to make them more accessible.

3. The Sac CoC ensures accessibility for people with disabilities by establishing a comprehensive framework that not only facilitated effective communication channels but also ensured unfettered access for individuals with disabilities. Central to this endeavor was the commitment to provide accessible electronic formats, thereby enabling those with disabilities to readily engage with information. This encompassing approach aimed to bridge the accessibility gap & promote a more inclusive & equitable environment for all.

4. CoC considers info gathered from the public to guide decision-making: a) public suggestions are collected mtgs b) CoC facilitates discussions w/providers multiple times/yr to guide decision making c) public forums shape system changes: racial equity committees including ppl with lived experience provide updates on the racial equity action plan & feedback to system partners.

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. The Sacramento CoC notified the public with a broad outreach of NOFO opportunities by using multiple public communication channels. Notifications are sent to a distribution list, posted on the SSF website, discussed at CoC meetings, and promoted through a newsletter. Publicly accessible forums were made available at the Aug. 20 Mandatory Project Application Workshop and office hours (weekly held on Tuesdays and Fridays). The CoC responds year-round to agencies interested in applying, encouraging new organizations to become recipients of CoC funding.

2. The 2024 NOFO webpage was launched on the SSF website on July 27, 2024. The webpage provides key details about the application process, including the Aug. 20 Mandatory Project Application Workshop, deadline for submitting the Intent to Apply form, office hours (weekly held on Tuesdays and Fridays), CoC approval dates, review & rank details, and the final application due date. The webpage featured all necessary forms such as the 2024 Application Forms, Scoring Tools, Review and Rank Policies, and the Intent to Apply form. The Aug. 20 Mandatory Project Applicant Workshop provided a detailed explanation of the application and review processes, with demonstrations on using the application tools. The Workshop presentation and recording were made available on the 2024 NOFO webpage for future reference. A technical assistance email address was also created for applicants to ask questions about the process. Applications were shared with those who submitted the Intent to Apply form, with clear instructions on how to complete and submit the application.

3. During the Aug. 20 Mandatory Project Application Workshop and at the Office Hours (weekly held on Tuesdays and Fridays) the following was explained: the review and rank process, the overall NOFO schedule, and how applications would be submitted to HUD for funding. These sessions included an overview of the scoring criteria used by the Review & Rank Panel. Scoring tools detailing the scoring factors and points available for each criterion were made publicly available on the 2024 NOFO webpage.

4. To ensure accessibility and inclusivity, the CoC offered individual technical assistance to applicants and hosted weekly Office Hours held on Tuesdays and Fridays. Additionally, SSF offered to serve as the recipient agency for new organizations, making the application process more approachable for agencies that had not previously been funded by the CoC.

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;
- Section 3 Resources;
- 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	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving 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.	Medical Managed Care Plans	Yes

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?	No
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)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	No

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)

The Sacramento CoC has established the Housing Families First Collaborative (HFFC) as a key working group to address family homelessness in the region. The HFFC brings together various stakeholders, including service providers, community organizations, and government agencies, to develop and implement strategies that support families experiencing homelessness.

A unique feature of the HFFC is the reserved seats for an Education Representatives, ensuring that the needs and perspectives of families with children are adequately represented and considered in all decision-making processes.

Another example of system-level partnerships between the CoC and education is the presence of the Sacramento County Office of Education (SCOE) on our CoC's Board. This representative actively advocates for families served under McKinney Vento programs within our CoC.

SCOE also plays a crucial role in addressing youth homelessness through its involvement in our community's Youth Homelessness Demonstration Project (YHDP). As a sub-recipient of one of these projects, SCOE's collaboration with youth homelessness service providers significantly impacts the lives of individuals and families experiencing homelessness.

During the 2022-23 school year, Project Teach, a project managed by SCOE, collaborated with SSF and other agencies to write the YHDP Grant, aimed at ending youth homelessness, with a focus on transition-aged youth (ages 18-24) in Sacramento County. Project Teach staff played an active role in creating this plan alongside other Sacramento agencies and stakeholders, with ongoing technical support from the National Center for Homeless Education.

During the planning stage of the Coordinated Community Plan (CCP) for YHDP, our CoC enlisted the support and feedback of key stakeholders from both local educational agencies and providers including Highland Charter School, Sacramento Academic and Vocational Academy (SAVA), SCOE, and California State University Sacramento. These LEAs provided key context and examined the action steps being proposed to improve our Homeless Response system for this demographic.

The Sacramento CoC's targeted approach not only addresses the unique challenges faced by this demographic but also strengthens cross-sector relationships between education providers, LEAs, and other community organizations.

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)

The CoC policies & procedures ensures individuals/families experiencing homelessness are informed of their eligibility for educational services. Central to these policies is the requirement for all CoC providers to designate a Homeless Students Educational Rights Lead, who is responsible for informing households about their educational (ED) rights & ensuring these needs are met. This requirement is integrated into contracts for RRH & PSH programs. The CoC Policy includes:

ED Rights Awareness & Collaboration: Shelter & housing providers must post information about the educational rights of homeless students, as outlined by the McKinney-Vento Homeless Assistance Act (MVHA). These providers are required to offer transportation to the school of choice for children living in their facilities. The CoC mandates attendance & reporting at mtgs with McKinney-Vento homeless student liaisons, convened by the LEA & the SCOE.

Alignment with MVHA The CoC aligns with the MVHA, which safeguards homeless students' access to free & appropriate public education. Specific policy guidelines ensure: **Identification of Homeless Children and Youth:** Schools & agencies within the CoC collaborate to identify students experiencing homelessness. **Notification of Educational Rights:** Rights include Immediate enrollment in school. Access to free transportation. Eligibility for free meals & ED programs (tutoring & special education)

Homeless Liaison Appointment: School districts must appoint a Homeless Liaison who ensures homeless students are identified & receive the services. These liaisons play a critical role in resolving disputes related to school selection or enrollment.

Immediate Enrollment & Continuity of Ed: Homeless children/youth must be enrolled immediately in school, regardless of their living situation. The MVHA mandate schools to enroll students while assisting families in obtaining the necessary documentation.

Dispute Resolution Process: If disputes occur, the child must remain in the selected school until the issue is resolved. The Homeless Liaison must ensure that families are aware of their right to appeal & assist them throughout the resolution process.

Annual Training & Outreach: The CoC with local school districts, conducts training for school staff, community partners, & service providers on the rights of homeless students. Outreach initiatives ensure that written info about these rights is widely disseminated in shelters, motels, & community centers.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
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	No
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Local Victim Service Providers	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. The Sacramento CoC holds monthly CoC board meetings that include representatives from ESG and CoC programs, as well as key local organizations, service providers and advocacy groups. These meetings focus on discussing policy updates, sharing data and aligning best practices. The CoC actively seeks input from ESG and CoC funded RRH programs when drafting new policies, updating procedures and launching new initiatives. The Sacramento CoC also provides bi-weekly office hours for VSPs from ESG and CoC programs to obtain training, ask questions, update policies, and provide feedback to improve the Survivor Coordinated Access System. CoC and ESG VSPs also participate in the CoC System Performance Committee to provide feedback and updates on the system changes. Additionally, we have one VSP who is a current COC Performance System Committee board member. Along with our current partners, we have also collaborated with the Department of Justice to update policies. Additionally, our VSPs are encouraged to outreach and make connections to organizations not currently involved in the CoC, such as: the Domestic Violence and Human Trafficking Hotlines and Coalitions, law enforcement, the U.S. Department of Justice Programs, U.S. Department of Health and Human Services, legal services, emergency services, health care services, employment services, and other basic needs providers.

2. It is imperative that our Coordinated Entry system is trauma informed and designed to prevent further trauma, allowing households to have choice and control over their process and referrals. The CoC collaborates with ESG and CoC programs to provide training sessions on trauma-informed care within the Sacramento CoC. Although most agencies require their staff to obtain trauma-informed care (TIC) training during their onboarding process, SSF's website provides access to TIC training for those who need it. We are currently in the process of developing a TIC Training for the community that will be presented ongoing each quarter. Although not a requirement, SSF prefers VSPs obtain a 50-hour certification for advocates providing services to survivors of domestic violence, human trafficking, and sexual assault. Recently, ESG and CoC housing providers contributed to the development of our new VI-SPDAT replacement tool, which we believe is a more trauma informed, client centered and sensitive to trauma experiences.

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. Providers across the CoC are trained in, safety planning protocols. Safety planning is an essential part of our contact with survivors, and it includes helping to assess danger, vulnerability, and best approaches to increasing safety. Staff are encouraged to assist survivors with safety planning in the short term and long term: during crisis calls, when a survivor needs emergency housing and we are unable to house them, during intake and throughout services, and during a change in circumstances (such as return to abuser). Staff incorporate trauma-informed care into safety planning, knowing that the survivor knows best and empowering survivor choice. Safety planning also involves providing the survivor with crisis lines and emergency resources, including how to keep the safety plan confidential and private. According to CE Policies and Procedures, housing resource access points are available to survivors, allowing them to access emergency services outside of the system's office hours. SSF has VAWA Emergency Transfer policies in place and access points are trained in how to identify safety issues, seek emergency services if needed, and provide safe and confidential access to CE and VSPs.

2. Confidentiality protocols are included in various aspects across the Survivor Coordinated Entry System, ensuring we are meeting standards at both state and federal level. All access point staff are trained in confidentiality requirements and related written Policies and Procedures, with the plan to expand on policies and training. Each project has its own confidentiality policies that are provided to clients at intake that review their agencies' confidentiality practices and limits to confidentiality. Confidentiality is also incorporated into our Release of Information, should participants choose to sign. SSF also has those in collaboration sign operational and confidentiality agreements that outline their roles in keeping survivor information confidential, which includes entering only non-identifiable information into databases and in communication. If DV survivors self-identify at non -VSP access points and provide consent, providers can create anonymous profiles, with non-identifiable information, to obtain housing placement options, or are referred directly to a VSP that can better meet their specific needs.

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.			
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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. The CoC has a formal Emergency Transfer Plan (ETP) in place, compliant with the VAWA and Federal and State mandates. These policies and procedures are shared with all HUD CoC-funded housing programs and must be provided to participants upon program intake, ensuring they are informed of their rights and the process for requesting an emergency transfer.

2. The CoC ensures that all households seeking or receiving CoC Program assistance, regardless of known survivor status, are informed of their rights to an emergency transfer under the ETP. During program intake, all program participants are provided with information on VAWA protections, including their rights to request an emergency transfer. They receive a copy of the emergency transfer form, which explains the process for submitting a transfer request. The CoC makes the ETP policies and procedures accessible through the SSF provider portal, ensuring that all program participants have clear guidance on exercising their rights.

3. Participants can submit an emergency transfer request directly to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the event for which the participant is requesting an emergency transfer. No other documentation is required.

4. When a household requests an emergency transfer, the program must notify the CE team. For internal transfers, the program will assist the participant with relocating to a new unit within the same program, giving priority to the request. If a safe unit is unavailable, program staff will explain the participant's options. For external transfers, the participant is prioritized for CoC-funded housing, provided they meet eligibility requirements. If the participant is in tenant-based rental assistance, the program will support securing a safe unit. CAS staff will then facilitate referral to the next available appropriate unit. All emergency transfer requests and outcomes must be documented and retained for five years.

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)

The CoC includes a comprehensive approach to ensure that survivors of domestic violence, dating violence, sexual assault, & stalking can safely access housing & services w/i our COC's geographic area. Key components of our system:

Integration w/ VSPs: we coordinate w/ victim service providers (VSPs) to connect survivors to mainstream access points. Survivors can access services through any CE access point, just like any other individual seeking assistance. We address the need for privacy & confidentiality using the survivor coordinated access system. Within Survivor Coordinated Entry System, VSP's meet wkly to review cases, share resources & complete training.

Anonymous Profiles in HMIS: VSPs have access to the HMIS to create anonymous profiles for their clients. This allows survivors to maintain confidentiality while still being eligible for housing openings w/i the coordinated entry system. For non-HMIS user staff, there are forms available to submit de-identified data, which CoC staff can enter into HMIS, further ensuring anonymity.

Trauma Informed Assessments: we developed a trauma-informed & culturally relevant assessment tool that incorporates elements from the Danger Assessment. This tool is designed to effectively assess survivor risk while being sensitive to the diverse backgrounds & experiences of clients. We enhance our capacity to provide appropriate support & resources tailored to the needs of survivors, ensuring safety & dignity throughout the process.

Referral Policies & Procedures: we establish procedures for referring eligible survivors to available housing units. When new housing projects are available, we designate a specific % of units for survivors. This promotes equal housing opportunities & prioritizes access for those most vulnerable.

Enhanced Coordinated Entry (CE) Process: we plan to further develop a CE process specifically for survivors. This includes outreach efforts that connect w/ survivors after they contact the 2-1-1 hotline, ensuring timely access to resources.

Choice & Flexibility: Clients select their preferred resource through VSPs/traditional CE resources. This process empowers survivors to regain control over their lives & make decisions that best suit their needs. We promote autonomy, fostering a sense of agency & encouraging their participation in the recovery process. This enhances their safety & reinforces their confidence in navigating the resources.

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. One systemic barrier we've identified is the limited availability of permanent housing options for survivors. Currently, our VSPs operate four RRH programs and just one PSH program, resulting in a gap for survivors who need long-term housing solutions. For example, our PSH program only serves families of 2-5, leaving individuals without sufficient access to the supportive housing and services they need. This gap often prevents survivors from receiving the specialized care and resources that VSPs provide.

Another significant barrier is the unique housing challenges faced by undocumented survivors, particularly those impacted by labor trafficking. Undocumented survivors are often among the most vulnerable, with limited legal protections and fewer pathways to housing due to their status.

2. To address these challenges, our CoC has taken steps to expand permanent housing opportunities for survivors within the CE system, ensuring they can continue to access the specialized services offered by VSPs. We are also actively seeking funding to create more permanent housing options through our VSPs. Additionally, to better serve undocumented survivors, we are building partnerships with organizations that specialize in supporting this population. These collaborations will connect survivors to vital legal assistance and other resources that help them understand their rights and navigate their housing options.

We are committed to proactively identifying barriers before they become critical issues. Our CoC works closely with VSPs, survivors, and community partners to continuously assess the barriers that survivors face, whether related to housing, legal status, or other factors such as access to services, transportation, or language support.

By taking these steps, we are working to ensure that survivors of domestic violence, dating violence, sexual assault, and stalking have safe and equal access to housing and services, no matter their circumstances.

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. We are in the process of establishing regular collaborations with local LGBTQ+ organizations and centers. These partnerships aim to help us develop a comprehensive CoC-wide anti-discrimination policy that is inclusive and sensitive to the needs of LGBTQ+ individuals and families.

2. Once our CoC-wide anti-discrimination policy is developed in collaboration with LGBTQ+ organizations, we will actively assist housing and services providers within our CoC in developing project-level anti-discrimination policies. These policies will be consistent with the overarching CoC-wide policy and tailored to the specific needs of each provider and the populations they serve.

3. As part of our ongoing commitment to ensuring compliance with antidiscrimination policies, we are developing a comprehensive evaluation process. This process will include regular assessments and reviews of provider policies and practices to ensure alignment with the CoC-wide anti-discrimination policy once it is established. This evaluation process will be designed to identify any gaps or areas of improvement.

4. In anticipation of addressing noncompliance, we are currently creating a clear and transparent process for handling situations where providers may not adhere to the CoC-wide anti-discrimination policy or their project-level policies. This process will emphasize communication, education, and support to bring providers into compliance. We are committed to promoting a culture of inclusivity and non-discrimination within our CoC.

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?
Sacramento Housing and Redevelopment Agency (SHRA)	77%	Yes-Both	Yes

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. In our CoC, we have partnered with the Sacramento Housing & Redevelopment Agency (SHRA) to implement a homeless admission preference designed to effectively address homelessness in our community. We developed a collaborative relationship with SHRA, involving regular meetings & strategic planning to align our goals & responses to homelessness. This partnership is crucial for ensuring effective implementation of housing solutions. Homeless Admission Preferences & Dedicated Vouchers: Limited Homeless Allocation (LHA): This preference prioritizes homeless individuals & families who are actively receiving services from partner organizations. Referrals are made by these agencies, which verify homelessness & assist families in locating rental properties once vouchers are issued. This initiative includes ongoing housing stabilization services to support families during their transition into permanent housing. Move On Allocation: This preference supports formerly homeless families ready to transition from supportive housing to the Housing Choice Voucher (HCV) program. Service providers refer eligible families, allowing them to access permanent housing while simultaneously freeing up supportive housing units for new homeless families in need. SHRA has committed to an annual evaluation of these preferences to measure their effectiveness. This process allows for necessary adjustments based on performance data & community feedback, ensuring that the programs remain responsive to changing needs.

2. Dependent on available funding, SHRA has dedicated tenant-based vouchers specifically for these initiatives. This includes resources under both the LHA & the Move On Allocation, along with project-based vouchers tied to supportive services. To maximize awareness of these preferences, our CoC has conducted outreach to service providers & potential beneficiaries. Informational sessions & materials have been distributed to ensure families understand how to access these critical supports. The implementation of these admission preferences has begun to yield positive outcomes, enabling us to prioritize housing for homeless families while managing the waiting list effectively. We plan to enhance data-sharing practices with SHRA to better track progress & outcomes, ensuring our collaborative efforts adapt to the evolving needs of our most vulnerable populations. This partnership positions us to create lasting change in our community's approach to homelessness.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	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)	Yes
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	No
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)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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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?	No
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.	35
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.	35
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)

Programs are required to certify that they follow a Housing First approach when submitting their new or renewal applications by checking a box. Along with this certification, applicants must upload agency policies that support and align with Housing First principles, such as prioritizing housing over other services, not requiring treatment or sobriety as conditions for housing, and a focus on low-barrier access to services. The CoC reviews these policies during the evaluation process to ensure compliance.

Housing First is a threshold criteria for the Sacramento CoC, meaning that applicants must meet the minimum standard to be eligible for funding. Projects are evaluated based on several factors, including their policy alignment with Housing First principles, their ability to demonstrate low-barrier access, and their success in quickly housing individuals without preconditions.

The CoC uses a multi-pronged approach to ensure that projects maintain a Housing First model beyond the annual competition. This includes monitoring through the CoC Coordinated Entry System, which actively evaluates CoC Program projects for barriers to entry. The system advocates for clients by ensuring reasonable accommodations are provided, and any barriers to housing access are identified and removed. Additionally, the CoC's Community Standards state in section 2.1.6 "Programs adhere to and use a Housing First model, working to efficaciously prevent literal homelessness or place people experiencing homelessness in housing without preconditions on housing assistance and with the supports people want and need to remain safe and stably housed."

As the CoC lead agency, SSF is committed to providing fidelity, guidance, and leadership for system performance monitoring efforts as well as ongoing training and technical assistance to help programs align with the Community Standards. Training opportunities may include, for example, orientations to the Community Standards, overviews of the forthcoming reporting and monitoring processes, program-specific competency-building (e.g., Housing Problem Solving), and topical training (e.g., Housing First, trauma-informed care). As part of Standards implementation, activities have been planned for needs assessment and development of a comprehensive training curriculum to support alignment and adherence with respective service and performance standards.

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)

Our CoC has implemented an effective street outreach strategy specifically designed to engage people experiencing homelessness who are least likely to seek assistance. Recognizing that traditional outreach methods may not reach this population, we have developed a collaborative approach that leverages partnerships across sectors. One key element of our strategy involves forming multidisciplinary outreach teams. Teams consist of community health workers, social workers, and case managers who have received training in trauma-informed care. This training equips them to engage individuals with empathy & understanding, addressing potential barriers to seeking help. Our teams include individuals with lived experience of homelessness, who provide invaluable insights & help build trust within the community. We actively collaborate with food bank staff & human services organizations to create a comprehensive resource network. By establishing regular outreach at food distribution sites, we can connect with individuals in a non-threatening environment, offering not only food but also information about available services & support. We partner with culturally informed organizations to ensure our outreach methods are sensitive to the diverse backgrounds of the populations we serve. This includes working with faith-based organizations that can help bridge gaps & provide spiritual support. We recognize the importance of informal networks. Engaging public library staff allows us to reach individuals who may not engage with traditional service providers. Libraries serve as safe havens & staff members are often aware of those who are experiencing homelessness. To further enhance our outreach efforts, we employ a "warm hand-off" approach. This involves gradually transitioning individuals from the outreach phase to housing or service engagement, ensuring they feel supported throughout the process. This method has proven effective in reducing anxiety associated with seeking help. In collaboration with public transit authorities & sanitation departments, we coordinate efforts to identify & engage individuals in areas where they frequently gather. This targeted outreach ensures that we are reaching those who may be hesitant to seek assistance through conventional means. Through these tailored strategies, our CoC aims to create an inclusive & supportive environment that encourages individuals experiencing homelessness to connect with the resources they need.

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?	No	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?	No	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.i.	

		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	933	930

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	No
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	No
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	No
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. The CoC utilized several spaces for convening and communicating with program staff to promote available or updated services, cross-referrals, and participant uptake of mainstream resources and other assistance including the CoC Board and Committee meetings (~15-50 attendees), CoC Provider Meeting (~10-20 attendees), Frontline Learning Collaborative (FLC) (~30-40 attendees), Housing Families First Collaborative (HFFC) (~5-20 attendees), Housing Problem Solving (HPS) Quarterly Trainings, monthly newsletters (~10,000 contacts), tailored eblasts (~20-10,000 contacts), and social media channels (~1,800-3,500 followers). These meetings invite and create space for partners to discuss their program offerings, participant eligibility and how participants can access; share their experiences; and encourage participants to connect on where they might be able to fill gaps for one another. Partners (i.e., managed care plans, county, and community organization representatives) have presented at the CoC and FLC meetings about Medi-Cal and other health supports (i.e., healthcare, mental health, and substance use) via the CalAIM Community Supports and Enhanced Care Management services. The CoC's Coordinated Entry Committee has also leveraged its co-chairs and agenda to bring cross-engagement on client connection for substance use disorders, mental health treatment, and other behavioral health services. FLC meetings have encouraged discourse around housing and shelter assistance; eviction prevention; legal; immigration; survivor services; veteran employment; behavioral and mental health supports; and other case management services. Through HFFC efforts, the CoC is also organizing community sessions on the TANF/CalWorks Housing Supports Program and Homeless Assistance; SSI/SSDI; SOAR; and CalAIM services in Fall 2024. These sessions will offer information on how staff can describe these available resources, determine participant eligibility, and how to access additional assistance. The CoC also drives attention towards these mainstream benefits through social posts and newsletter and eblast features.

2. The CoC also takes advantage of the FLC's informal, format to discuss SSI/SSDI resources, and SOAR Certification and its benefits. The CoC will also be featuring SOAR at an HFFC session in Fall 2024 as part of its regular provider engagement effort on this topic.

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)

Our CoC collaborates with state and local public health agencies to develop policies addressing and preventing infectious disease outbreaks among people experiencing homelessness, including COVID-19, Hepatitis A, Tuberculosis, and Measles.

1. Response to Infectious Disease Outbreaks

We partner with Sacramento County Public Health, Sacramento City, and the Sacramento Housing and Redevelopment Agency (SHRA) to monitor and respond to infectious disease risks through key actions:

Monitoring COVID-19 Inquiries: We respond to COVID-19-related questions via email, phone, and case conferencing, directing clients and staff to the latest resources.

People-Centered Response: We developed the Extremely Vulnerable Household (EVH) Policy, addressing medical vulnerabilities and needs related to COVID-19, including shelter placements.

Information Distribution: We coordinate community awareness around COVID-19 resources, distributing updates through CoC meetings, email lists, and social media.

2. Preventing Infectious Disease Outbreaks

To reduce future outbreak risks, our CoC emphasizes proactive prevention through:

Community Education & Resource Distribution: We distribute disaster preparedness backpacks containing COVID-19 testing kits, sanitizers, and educational materials, partnering with local health agencies and clinics to reach high-impact areas.

Ongoing Communication & Coordination: We support vaccination programs for COVID-19, flu, monkeypox, and other illnesses, connecting local providers with Public Health to bring services to facilities and encampments.

COVID-19 Coordination for 2024 PIT Count: We collaborate with Public Health through the PIT Committee to ensure safety for volunteers and clients during surveys.

Oversight Responsibility

The former COVID-19 Homeless Response Team continues to work with Sacramento County Public Health, SHRA, and city partners to maintain these policies, prioritizing the health of people experiencing homelessness.

Through these coordinated efforts, our CoC is prepared to respond to infectious disease outbreaks and proactively prevent future health risks, focusing on the well-being of vulnerable populations.

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)

Our CoC collaborates with public health agencies to communicate critical health information and support infectious disease prevention for individuals experiencing homelessness.

1. Sharing Public Health Information

The CoC uses multiple channels to share health information:

CoC Meetings and Sessions: Regular CoC meetings (15–300 attendees) and targeted sessions address disease prevention, policy updates, and health guidance. These are held with CA Department of Public Health and Sacramento County Public Health to discuss strategies and service updates relevant to homeless providers.

Digital Outreach: Health updates are shared through the CoC website (285,000+ views), newsletters, e-blasts to 6,440 contacts, and social media. This ensures that providers receive timely updates on health risks, safety measures, and emergency preparedness.

Community Messaging by Volunteers/Interns: Our volunteer network and interns act as trusted messengers, promoting COVID-19 resources and public health measures, especially in underserved areas.

Digital Resource Repository: The CoC provides a digital library with fact sheets and graphics, allowing providers to widely share accurate health information.

2. Facilitating Communication with Public Health Agencies

The CoC supports direct communication between health agencies and service providers to prevent disease outbreaks:

Training and Q&A Sessions: The CoC hosts training on health protocols and COVID-19 prevention, guiding providers on policy updates and effective safety practices, and allowing discussions on emerging issues with tailored guidance.

Promoting Collaborations: Partnerships are encouraged between health agencies and service providers, improving access to resources for homeless populations.

Structured and Ad Hoc Information Exchange: Ongoing communication is facilitated through meetings, follow-up calls, and emails, keeping providers informed on health risks and resources.

These coordinated efforts equip service providers and partners with up-to-date information and guidance to protect individuals experiencing homelessness from infectious diseases.

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)

1. Our CoC developed a comprehensive Coordinated Entry designed to ensure equitable access to housing and services for all individuals experiencing homelessness, regardless of their location within our geographic area. We've published a 211 hotline that offers a source of information on available housing/services and serves as a CE access point. This access point is accessible to individuals across our CoC, including those in remote areas/encampments. We've partnered with local organizations to ensure that info about the hotline and resources is disseminated through channels (community events, social media, and printed materials in 7 different languages). Street outreach teams regularly visit encampments to provide assistance and facilitate access to CE resources for those who may be unaware of available services.

2. Our CoC utilizes a standardized assessment process to ensure fair and equitable access to housing/services. This assessment is designed to identify individual vulnerabilities, ensuring that all clients receive appropriate support. We regularly review and update the assessment tools to incorporate feedback from participating projects/households, ensuring that the process remains trauma informed and responsive to the needs of diverse populations. Subpopulations: we tailor assessment criteria to reflect clients' unique circumstances by including specialized questions for families, youth, and individuals with mental health challenges. This approach allows us to effectively prioritize resources and interventions based on specific needs. Assessment info is utilized in case conference meetings, enabling us to determine prioritization for housing resources. This approach ensures that we're addressing the most pressing needs in our community while maintaining transparency/accountability in the prioritization process.

3. We're committed to collecting personal info in a trauma-informed manner, recognizing the sensitivity of the data we handle. Our assessors receive training on trauma-informed practices to ensure that clients feel safe and respected throughout the assessment process.

4. By continuously updating CE based on community feedback and best practices, we strive to enhance our effectiveness in serving everyone experiencing homelessness within our CoC.

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. Our CoC established a CE that effectively reaches individuals who are least likely to apply for homeless assistance without targeted outreach. We deploy dedicated outreach teams that engage in proactive strategies, visiting encampments & other high-need areas to connect with those experiencing homelessness. This outreach is informed by individuals with lived experience, ensuring we build trust & communicate effectively with hard-to-reach populations. Additionally, the CoC convenes monthly Front-Line Learning Collaborative meetings to share resources and best practices.

2. To prioritize those most in need, our CoC employs the Extremely Vulnerable Households (EVH) policy, which immediately prioritizes households for the next available & appropriate shelter unit. Individuals or families scoring in the top ~10% on the housing or crisis assessment tool are classified as EVH. This scoring system allows us to identify & address the most vulnerable households quickly, ensuring they receive timely assistance.

3. The EVH policy not only prioritizes clients for immediate shelter supports but also aligns shelter & housing prioritization. This means that clients prioritized for shelter are also prioritized for housing, creating a streamlined process for transitioning individuals into permanent housing. During the first engagement, EVH clients are escalated for immediate supports, including case management, ensuring that their needs are met right away. To ensure timely access to permanent housing, our CoC has implemented procedures that facilitate quick transitions for those identified as EVH. We assist clients with completing & uploading document-ready requirements as part of our coordinated entry process. This support helps expedite their access to housing resources while minimizing delays.

4. Recognizing the need to reduce burdens on households seeking assistance, we have made significant efforts to streamline our assessment process. We avoid asking invasive questions or collecting unnecessary information that could deter individuals from seeking help. Our staff is trained to approach assessments in a trauma-informed manner, focusing on building rapport & understanding the immediate needs of the clients rather than overwhelming them with excessive inquiries. Front-line staff are trained to understand implicit bias and engage homeless households with human-centered approaches designed to reduce barriers and facilitate effective linkages to services.

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 affirmatively markets housing and services to ensure that all individuals experiencing homelessness have access to essential resources and information about their rights. Our CoC employs a multifaceted approach to marketing housing and supportive services, utilizing diverse channels to reach all eligible individuals. This includes collaborations with local agencies, outreach through community events, and targeted social media campaigns. We ensure that all communications are inclusive, promoting services regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability.

2. Program participants are informed of their rights under federal, state, and local fair housing and civil rights laws through comprehensive training sessions, informational materials, and individual consultations. We distribute brochures and host workshops that explain participants' rights and available remedies, fostering a better understanding of fair housing protections.

3. Our CoC has established a clear process for reporting conditions that impede fair housing choice. Any observed violations or barriers are documented and communicated to the relevant jurisdiction responsible for ensuring compliance with the Consolidated Plan. This includes participation in regular meetings with local housing authorities to discuss identified issues and suggest corrective actions. We actively participate in the consolidated planning process, ensuring that impediments to fair housing are highlighted and addressed. Our CoC collaborates with local governments to provide input on housing policies and advocate for the removal of barriers that affect individuals experiencing homelessness. We regularly assess our outreach and reporting strategies to identify areas for improvement. Feedback from program participants and community partners is integral to this process, allowing us to refine our efforts and ensure equitable access to housing and services. Through these initiatives, the Sacramento CoC is committed to promoting fair housing and ensuring that all individuals experiencing homelessness have access to necessary resources and information. Our proactive approach to marketing, education, and reporting underscores our dedication to upholding the rights of all community members while addressing barriers to housing choice.

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.	06/05/2024

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. Our CoC primarily uses data from HMIS, the American Community Survey, and the Point-In-Time (PIT) Count to measure racial disparities. We submit HMIS data to California state each quarter and then gain access to the state's system performance measures dashboard where we can review the results.

2. We also receive an annual Excel spreadsheet from the state that calculates each of the state system performance measures for each racial group tracked in HMIS, along with helpful change metrics comparing each year. These measures are then benchmarked against other sources (e.g. ACS) to determine if a particular racial group's metric is higher or lower than the benchmark. We bring the results of these analyses to our Core Equity Team meetings and the CoC Racial Equity Subcommittee to discuss the findings and make plans to address disparities.

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)

As part of the Sacramento CoC's Racial Equity Action Plan and commitment to Continuous Quality Improvement there is a goal for the ongoing evaluation of system-level processes, policies, and procedures to ensure racial equity in the CoC. This plan is guided by the CoC's Racial Equity Committee and supported by the Racial Equity Manager at SSF, who plays a key role in helping the CoC with these actions. The goal is to continuously identify, address, and eliminate racial disparities across the CoC's operations and service delivery.

The Racial Equity Committee, which includes individuals with lived experience, service providers, and equity experts, conducts regular assessments to evaluate whether CoC policies—such as coordinated entry, program eligibility, and service prioritization—are equitably applied across all racial groups. Any identified disparities are discussed, and recommendations for adjustments are made to reduce inequities. These evaluations, facilitated by the Racial Equity Manager, are incorporated into the CoC's broader system performance evaluations.

In addition to reviewing existing policies, the CoC engages in community outreach by holding public meetings, listening sessions, and focus groups with racial and ethnic minority groups disproportionately affected by homelessness. Input from these sessions informs policy revisions to ensure that the CoC's processes are inclusive and responsive.

The Racial Equity Committee adopted the Racial Equity Action Plan in July of 2021, which provided recommendations to reduce and eliminate disparities in the homeless services system. In its third year of activity, the Racial Equity Action Plan is due for an evaluation for an evaluation and refresh, which will be conducted by the Racial Equity Manager in partnership with the Racial Equity Committee. Evaluation for relevance, emerging disparities, and best practices will be conducted in 2025.

The CoC also commits to transparency, with evaluation results and any policy changes publicly shared through the SSF website and community forums. This process is continually monitored, with the Racial Equity Manager overseeing periodic reviews to assess the effectiveness of implemented changes and guiding adjustments to further promote racial equity across the system.

By embedding racial equity in its system-level processes and engaging in ongoing evaluation, the Sacramento CoC is working to create a more inclusive and equitable homeless response sy

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)

Our CoC submits quarterly Homeless Management Information System (HMIS) data to California State for state-specific system performance measures (SPM). We track these SPMs and benchmark them against sources like Census data. The SPMs and benchmarks we use measure:

1a: The number of people accessing services who are experiencing homelessness, benchmarked against residential population data from the American Community Survey. We calculate service access rates for each racial group, identifying those with the highest rates for targeted prevention/diversion efforts.

1b: The estimated number of people experiencing unsheltered homelessness on the PIT, benchmarked against the overall homeless population. Groups with the highest unsheltered homelessness rates are targeted for outreach.

2: The number of people experiencing homelessness for the first time, benchmarked against the overall homeless rate. Racial groups with the lowest rates are targeted for PSH and integrated service solutions.

3: The number of people exiting homelessness into permanent housing, benchmarked against service access rates. Groups with the lowest exit rates receive targeted RRH assistance per new HUD standards.

4: Average length of time spent in street outreach, shelter, transitional housing, and prior to move-in for RRH and permanent housing projects. Groups with significantly longer times are targeted for RRH assistance.

5: Percentage of people returning to homelessness within 6 months of exiting to permanent housing. Groups with the highest return rates are targeted for RRH assistance.

6: The number of people served in street outreach who exit to shelter, transitional, or permanent housing. Groups with the lowest rates receive targeted RRH assistance.

We present these data to our CoC Racial Equity Committee, informing strategies to address disparities and guiding our Racial Equity Action Plan.

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)

The Sacramento CoC is deeply committed to engaging individuals with lived experience of homelessness in leadership roles and decision-making processes. To facilitate this, the CoC employs both broad outreach methods and targeted engagement strategies.

The Youth Action Board (YAB) serves as a key leadership body within the CoC, comprised of young people with lived experience of homelessness. The YAB plays an active role in shaping policies, informing project design, and advising on funding decisions, particularly those focused on youth homelessness. The YAB self-recruits, interviews, and onboards new members they find through targeted outreach to youth serving organizations. The outreach is also YAB led.

The Persons with Lived Expertise Committee (PWLEC) plays a parallel role for individuals with lived experience across all age groups. PWLEC members are integral to the CoC's efforts in shaping system-level strategies, providing feedback on service delivery, and participating in funding application processes. PWLEC members are provided opportunities for skill building, including on governance, advocacy, and public speaking to prepare them for active participation in CoC Board meetings and committees.

Both YAB and PWLEC members are actively involved in CoC decision-making processes, participating on review panels, working groups, and in the development of community plans. Their lived expertise ensures that the CoC's approach remains responsive to the needs of people experiencing homelessness, fostering an inclusive and equitable system.

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.	10	4
2.	Participate on CoC committees, subcommittees, or workgroups.	10	4
3.	Included in the development or revision of your CoC's local competition rating factors.	2	4
4.	Included in the development or revision of your CoC's coordinated entry process.	2	4

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 Sacramento CoC and SSF is committed to providing professional development and employment opportunities to individuals with lived experience of homelessness. Through various training programs and leadership development initiatives, the CoC ensures that individuals are empowered to build valuable skills and contribute meaningfully to the homelessness response system. Training opportunities include the Review and Rank process for the CoC Program NOFO, where participants gain critical evaluation and decision-making skills, as well as Housing Problem Solving and Coordinated Entry trainings, which equip individuals with tools to help those at risk of or experiencing homelessness navigate housing options. Additionally, ongoing Continuous Quality Improvement (CQI) training helps participants develop the ability to assess and improve program performance.

Beyond training, the CoC has seen significant success in promoting individuals with lived experience into leadership and employment roles. A member of the PWLEC was recently promoted to a leadership position as the CoC Board Secretary, demonstrating the CoC's commitment to advancing PWLEC individuals into key decision-making roles. This year, both a YAB member and a PWLEC member secured employment by leveraging their lived experience and the professional development opportunities provided by the CoC. Furthermore, individuals with lived experience are actively involved in the Point in Time (PIT) count, receiving training in data collection, outreach, and engagement. Through these initiatives, the CoC fosters pathways to employment and leadership for individuals with lived experience, helping to build an inclusive and responsive system.

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)

Our CoC gathers feedback from people experiencing homelessness through multiple channels:

PWLEC in CoC Meetings: The Persons with Lived Expertise Committee (PWLEC) provides direct feedback, with members also collecting insights from the homeless community.

Racial Equity Committee (REQC): REQC sessions address challenges specific to marginalized groups, helping us tackle systemic barriers.

Youth Advisory Board (YAB) and TAY Listening Circles: These groups provide feedback from younger individuals for the Coordinated Community Plan (CCP), highlighting transitional age youth needs.

Housing Problem Solving (HPS) and PIT Count Engagements: Feedback from HPS conversations and Point-in-Time (PIT) Count events helps shape strategies and service priorities.

Housing Families First Collaborative (HFFC): Provides ongoing feedback from families with children who have experienced homelessness, revealing systemic challenges.

Frequency of Feedback Collection:

Quarterly Meetings with PWLEC, REQC, YAB, and TAY, plus ad-hoc sessions when needed.

Assessment Feedback through the VISPDAT and Housing Conversation Tool (HCT) captures experiences during engagements.

Program Participant Feedback Collection:

Exit Surveys and Interviews at program completion identify areas for service improvement.

Case Management Check-Ins gather regular insights, with structured feedback in quarterly reviews.

Frequency for Program Participant Feedback:

Feedback is collected at program exit, six-month post-exit follow-ups, and quarterly case management check-ins.

Steps Taken to Address Challenges:

Increasing Accessibility: Streamlined referral processes and improved outreach in underserved areas.

Trauma-Informed Practices: Feedback on discomfort led to the integration of trauma-informed approaches across services, creating welcoming environments.

Service Flexibility: Extended housing options and adjusted timelines were implemented in response to feedback on transitional housing needs.

Our CoC uses aggregated feedback to inform policy advocacy, addressing structural issues impacting housing access and stability.

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)

Over the past 12 months, our CoC has taken strategic steps to engage local government in efforts to increase the affordable housing supply by participating in the development and implementation of the Regionally Coordinated Homelessness Action Plan (RCHAP), which prioritizes the increase the affordable housing Supply. Additionally, our CoC provides direct input into our local Affordable Housing Plan.

Development and Implementation of the RCHAP: Our CoC actively participated in the development of and is currently implementing the RCHAP with City, County, and PHA partners. The RCHAP was officially adopted and will be implemented from April 2024– March 2027. We prioritized increasing affordable housing opportunities and improving access for low-income and homeless populations. Through this process, we advocated for policies that support expanded multifamily zoning and streamlined approval processes, which directly align with our goal to create a more inclusive housing landscape in Sacramento.

Collaboration with the Sacramento Housing and Redevelopment Agency (SHRA): The Sacramento Housing and Redevelopment Agency developed an Affordable Housing Plan as part of their Partnership Agreement between the City and County of Sacramento. Our CoC has contributed to this effort by attending planning meetings and offering insights to address critical housing needs. In particular, we have emphasized the importance of easing restrictions on accessory dwelling units (ADUs), reducing permit costs, and encouraging mixed-income housing developments. By reducing regulatory barriers and promoting diverse housing types, we aim to make more affordable housing options available to underserved populations.

Through these initiatives, our CoC has worked closely with local government to advocate for essential zoning reforms and regulatory changes, setting the stage for expanded affordable housing development across the region. These partnerships underscore our commitment to long-term, sustainable solutions to housing access.

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
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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)?	108
2.	How many renewal projects did your CoC submit?	31
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)

Our CoC's Local Project Review and Ranking Process incorporates considerations for severe barriers, prioritizing projects that serve vulnerable populations who may have lower performance metrics but are essential to meeting community housing needs. This approach ensures projects assisting the hardest-to-serve populations—those with histories of trauma, criminal records, chronic homelessness, substance abuse, or low/no income—are not disadvantaged due to standard performance metrics alone.

1. Data Analysis on Housing Outcomes

To evaluate housing placement success, our CoC uses data from the HMIS. RRH and TH-RRH projects, Scoring Factor 2B assesses the rate of exits to permanent housing, indicating the project's effectiveness in achieving housing stability. Scoring Factor 8A further measures the percentage of exits to permanent housing destinations, ensuring our ranking process highlights projects that support long-term stability for participants.

2. Data Analysis on Time to House Individuals

Scoring Factor 4A evaluates bed and unit utilization rates, indicating the time taken to house individuals in each project by comparing the number of participants served over the year to available beds. This factor captures how projects address the needs of individuals facing complex barriers who may require additional time to secure permanent housing while maintaining high occupancy rates.

3. Consideration of Needs Severity and Vulnerabilities

In ranking projects, our CoC emphasizes the severity of participants' needs, recognizing that vulnerabilities like long-term homelessness and substance abuse may impact housing stability. Projects serving individuals facing severe barriers—such as survivors of domestic violence, those with health risks, or individuals with criminal backgrounds—receive additional consideration to ensure critical services remain accessible. Scoring Factor 5A awards up to 10 points to projects that prioritize or are dedicated to serving chronically homeless individuals, seniors, or households who do not qualify for other assistance, underscoring our commitment to these essential services.

4. Ranking Adjustments for Severe Barriers

Our CoC scoring framework allows applicants to include narratives explaining lower performance metrics due to serving high-barrier populations, which permits the Review and Rank Panel to adjust scores accordingly. This flexibility enables projects that serve harder-to-serve populations to remain competitive.

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)

Our CoC prioritizes racial equity by incorporating input from racially and ethnically diverse groups, especially those disproportionately affected by homelessness, into our Local Competition Review and Ranking Process.

1. Input from Over-Represented Populations on Rating Factors

Black and Indigenous populations are over-represented in homelessness in our region. The Project Review Committee (PRC) collects feedback from CoC-funded providers, including staff and individuals identifying as Black and Indigenous. The Racial Equity Committee (REQC), composed largely of BIPOC members with lived experience, works with PRC to review project scoring tools and has introduced a racial equity scoring factor based on community feedback.

2. Inclusion of Over-Represented Populations in the Review and Ranking Process

The PRC updated recruitment strategies to prioritize racial diversity by targeting culturally representative organizations and collecting demographic information. Two PRC seats are designated for BIPOC individuals, and non-conflicted BIPOC members participate directly in the ranking panel, integrating lived experiences with professional expertise. REQC members, especially BIPOC liaisons, lead equity-focused discussions to align scoring tools with the needs of populations facing racial disparities.

3. Rating Projects Based on Barriers for Over-Represented Groups

Projects are rated on how they address barriers faced by racially and ethnically diverse populations, especially Black and Indigenous groups. For renewals, Scoring Factor 9C awards up to 5 points for identifying barriers (e.g., lack of outreach) and implementing solutions to improve access for over-represented populations. For new projects, Scoring Factor 4D incentivizes initiatives that address racial disparities proactively. Our Coordinated Entry (CE) system further supports equity with new assessment tools and dashboards that track and report referral data daily to address service access gaps.

Renewal projects also receive points under Severity of Needs & Special Considerations (5B), with up to 12 points awarded for addressing the severe needs of BIPOC individuals, transgender people, and those with criminal records, ensuring that the most vulnerable populations are prioritized.

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.
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(limit 2,500 characters)

Our CoC has a defined reallocation process, updated and approved by the CoC Board in 2024. This process prioritizes reallocating funds from non- or under-performing projects to new, higher-performing projects that address urgent community needs, aligning with HUD goals to reduce homelessness. The guiding principle is to reallocate when doing so enhances housing stability outcomes, with a focus on new permanent supportive housing (PSH) projects serving chronically homeless individuals and families, RRH for individuals and families in immediate need, new HMIS projects, and SSO projects for CE.

1. Determining Reallocation Candidates

Each project is evaluated annually on performance metrics and alignment with community needs. Projects are assessed based on Annual Performance Reports (APRs), utilization rates, housing outcomes, and participant stability. Lower-performing projects are reviewed against threshold performance criteria, including housing retention, exit to permanent housing, and cost effectiveness. Projects that consistently fail to meet these criteria or are misaligned with current needs, such as the community's emphasis on permanent housing with support services for high-risk groups (youth, seniors, etc.), are prioritized for reallocation. To promote voluntary reallocation, projects that choose to convert to new eligible types aligned with CoC priorities are given priority access to reallocated funds.

2. Identification of Low-Performing or Less Needed Projects

During this year's local competition, our CoC identified no low-performing or less-needed projects that reapplied for funding and met the reallocation criteria. All projects that participated in the local competition met the required performance thresholds.

3. Reallocation of Projects in This Year's Competition

Our CoC did not reallocate any low-performing or less-needed projects in this year's competition. While a project sponsor who previously managed a funded project closed its project operations, they did not reapply, and thus no reallocation of funds was necessary.

4. Reasons for No Reallocation

This year, all projects met the threshold performance standards set by the CoC's Review and Rank Policies. No projects demonstrated significantly lower performance or were deemed less needed based on application narratives or APR data. Consequently, reallocation was unnecessary as each project contributed meaningfully to addressing local homelessness needs.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
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	NOFO Section V.B.2.f.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
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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?	No
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.	10/14/2024

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.	10/14/2024
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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
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	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.	10/25/2024
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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.	10/25/2024
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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.	Bitfocus Clarity Human Services HMIS Software
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024
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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. In the past, our CoC provisioned Apricot for storing VSP data in a manner that was comparable to our HMIS instance. However, there were significant limitations to using the software, so our CoC has since been actively working towards transitioning the VSPs to a separate instance of Clarity Human Services that is physically and logically distinct from our traditional Clarity HMIS instance.

2. Over several months, we've discussed best practices for establishing a VSP database with HUD representatives, Bitfocus staff, VSP staff, our own legal counsel, and other CoCs who are making a similar transition. While we continue to grapple with the right way to balance the data security needs outlined by HUD and VAWA, we've made significant progress this year and are looking forward to having a new VSP database that is truly comparable to our HMIS instance.

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	2,595	0	2,496	96.20%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	771	0	715	92.70%
4. Rapid Re-Housing (RRH) beds	984	39	984	100.00%
5. Permanent Supportive Housing (PSH) beds	4,368	0	3,539	81.00%
6. Other Permanent Housing (OPH) beds	97	0	97	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) For PSH (our only inventory type below 85%), most of our beds not currently captured in HMIS are from the Department of Veteran Affairs.

2) The VA is willing to work with us to upload HOMES data within the HMIS. We plan to:

- engage the VA to develop a process for regularly sending us HOMES data
- develop a process for extracting data from the HOMES extracts and uploading it within HMIS
- use the data to get closer to real-time VA PSH insights.

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
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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.	01/24/2024
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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.	05/09/2024
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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)The CoC engaged homeless youth-serving organizations, including partners from the Homeless Youth Task Force (HYTF) and Youth Advisory Board (YAB) to set intentions for the Youth Supplemental Survey and vet questions for final inclusion. The CoC also worked with the Sacramento County Office of Education McKinney Vento Liaisons and Sacramento LGBT Center Staff to ensure that the Youth Survey used trauma-informed language to encourage honest participant response. Youth with lived experience of homelessness, additional youth providers, and behavioral health system representatives were present at these meetings.

2)The CoC utilized widely submitted known location surveys and advisory from the PIT Committee's TAY representatives for survey outreach. This supported comprehensive PIT planning and sampling for high to low density/probability areas for finding youth experiencing homelessness during the unsheltered PIT.

3)Based on the pre-PIT data collected, the CoC coordinated with HYTF and YAB members to tailor and designate their unsheltered PIT counting and surveying efforts towards increasing the likelihood they would identify and interact with youth experiencing homelessness.

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)

A)Sac CoC's unsheltered PIT utilized census tract-based sampling, used new survey and volunteer management system, updated the general and youth survey tool, and adjusted volunteer recruitment and training. See details below.
B)CoC did not report a merger in FY2023/24 CoC Program Registration processes. There were no impacts to 2024 PIT.

1)CoC followed review and vetting like 2023 and did not implement a new sheltered PIT process.

2)SAC CoC implemented several changes since 2022: a)Completed RFP process to select Simtech Solutions as its new PIT research consultant—an industry-leading provider that offered a survey instrument and volunteer management tool—capturing all known location mapping, PIT counts, and surveys within one platform, b)Shifted to US census tracts as the sampling unit and maintained use of geographic sampling and enumeration, compared to custom zone sampling methodology from 2022. CoC also achieved higher PIT coverage of Sacramento County in 2024, c)Captured and/or revised question framing for the general survey: if/how they paid for hotel/motel, last remembered address, if called into active duty member of National Guard or as Reservist, mobility related issues due to physical disability, number of forced moves by police or similar entity; and for the youth supplemental survey: school enrollment status, highest grade completed, provide personal solution to help with return to school if desired, d)Strategic community events were attended to enhance volunteer recruitment. An additional 100 PIT counters were recruited in 2024 versus 2022, since the CoC faced fewer volunteer limitations per local COVID-19 guidance and requirements. The 2024 counters also collected a higher volume of surveys, e)Tailored trainings were offered to volunteers completing surveys with special subpopulations (e.g., veterans, youth) in addition to multiple training slots and office hours for general volunteers. A complete walkthrough of the new survey tools was provided live online and a survey roleplay video recording was made available to all volunteers.

3)The CoC watched for natural disaster and extreme weather alerts and was not impacted by a natural disaster.

C) The CoC was not impacted by a natural disaster; no impacts to PIT Count.

4)Listed changes resulted in improved insight on census-level counts, increased counting coverage across Sacramento County, and increased volume of unsheltered surveys submitted.

5)See above for changes

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) Our CoC developed a comprehensive strategy to reduce the # of individuals/families experiencing homelessness for the 1st time. Our approach is informed by data analysis & collaboration w/ community partners.

2) To id risk factors associated with 1st time homelessness, our CoC conducted an extensive review of data submitted through the HMIS & local service provider reports. Risk factors identified: Economic Instability: Job loss, low income, & lack of affordable housing opts, Housing Instability: History of evictions, unstable living situations, & housing discrimination, Health Issues: Mental health challenges, substance use, & lack of access to healthcare services, and Family Dynamics: Domestic violence, fam. conflict, & inadequate support networks. We engaged in community surveys/focus groups to gather qualitative insights from those at risk, ensuring that our understanding of risk factors reflects lived experiences. Our CoC employs several targeted strategies to address the needs of individuals/families at risk of becoming homeless: Prevention Programs: We provide financial assistance for rent & utility payments, helping families remain in their homes during crisis situations. We offer mediation services for families facing eviction. Comprehensive Support Services: Collaborate w/ local agencies, we connect at-risk individuals w/ supportive services: mental health counseling, job training programs, & healthcare access. These resources aim to address underlying issues contributing to housing instability. Education & Outreach: outreach to raise awareness about available resources & the signs of impending homelessness. Educational workshops focus on financial literacy & tenant rights, empowering individuals to make informed decisions. Data-Driven Interventions: we utilize predictive analytics to id individuals & families at higher risk, allowing us to intervene proactively before they enter the homeless system.

3) The strategy to reduce 1st time homelessness is overseen by the Strategy/Planning Director, who collaborates w/ a network of local service providers & stakeholders. This position is responsible for coordinating prevention efforts, ensuring data collection & analysis, & facilitating partnerships that enhance our community's response to homelessness. Our CoC aims to effectively reduce the # of individuals/families experiencing homelessness for the 1st time, creating a more stable & supportive environment for our community.

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)

Our CoC is committed to increasing the rate at which individuals and families in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations. A key element of our strategy is the Extremely Vulnerable Household (EVH) policy, which prioritizes the top 10% of vulnerable clients for immediate shelter and permanent housing placement. We also employ a variety of methods to ensure clients receive rapid placement and are supported in retaining their housing.

1. Increasing Exits to Permanent Housing:

Housing Problem-Solving and Rapid Placement: We focus on resolving housing barriers quickly, prioritizing market-rate housing and leveraging landlord relationships to secure housing options. This reduces the time spent in shelters or transitional housing and speeds up exits to permanent housing.

Case Management and Supportive Services: Clients receive housing-focused case management from the beginning of their stay. Case managers assist in developing housing plans, connecting clients to resources like financial assistance, employment, and tenant support.

Coordinated Entry and EVH Prioritization: The EVH policy ensures the most vulnerable clients are prioritized for housing placements through our Coordinated Entry System (CES). CES assessors work to get clients "doc-ready" for permanent housing quickly, ensuring a smooth transition to long-term stability.

2. Increasing Housing Retention:

Ongoing Support in Permanent Housing: Individuals and families in permanent housing programs receive ongoing case management, including mental health support, financial counseling, and access to resources that ensure housing stability.

Landlord Mediation and Retention Services: We engage landlords to address issues early, offering mediation and tenant support to prevent evictions. Follow-up services after clients transition out of rapid rehousing help ensure housing stability over time.

3. Organization Responsible for Oversight: The CoC Lead Agency, Sacramento Steps Forward (SSF), oversees strategies to increase exits to and retention of permanent housing. SSF coordinates with CAS assessors, case managers, and housing providers to ensure housing stability for all clients.

Through the EVH policy, rapid placements, and targeted retention efforts, our CoC ensures individuals and families are not only housed but remain housed, reducing returns to homelessness.

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)

Our CoC is dedicated to increasing the rate at which individuals and families exit emergency shelter, safe havens, transitional housing, and rapid rehousing to permanent housing, while improving retention for those in permanent housing. This is achieved through housing-focused interventions, tailored case management, and supportive services that help individuals secure and maintain stability.

1. Increasing Exits to Permanent Housing:

Housing-Focused Case Management: Clients in shelters and transitional housing receive intensive case management focused on quick transitions to permanent housing. Individualized housing plans and early goal-setting are key.

Housing Problem-Solving and Rapid Placement: Rapid placement in market-rate housing or PSH is prioritized using landlord mediation, creative housing options, and rental assistance.

Landlord Engagement and Incentives: Partnerships with landlords, offering risk mitigation funds and retention support, encourage them to lease to those experiencing homelessness.

EVH Prioritization: Our EVH policy prioritizes the top 10% of vulnerable clients for immediate shelter, accelerating their transition to permanent housing.

Coordinated Entry and Matching: The Coordinated Entry (CE) system matches individuals to permanent housing based on need. CAS assessors ensure clients are “doc-ready” to prevent placement delays.

2. Increasing Retention in Permanent Housing:

Ongoing Case Management: Clients in permanent housing receive ongoing support such as mental health, substance use counseling, and employment assistance, which helps them maintain housing stability.

Housing Retention Services: Services include mediation for landlord-tenant issues, financial counseling, and problem-solving for housing stability challenges.

Follow-Up Support: For those exiting programs like rapid rehousing, follow-up support helps them stay housed post-subsidy and connect to long-term community resources.

3. Oversight Responsibility:

Sacramento Steps Forward (SSF), the CoC Lead Agency, oversees these strategies to increase permanent housing exits and retention. SSF, alongside CAS and service providers, ensures clients receive housing-focused interventions and support for long-term stability.

By prioritizing rapid placement, leveraging the EVH policy, and providing continued support, our CoC aims to boost permanent housing exits and improve retention.

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)

Our CoC's strategy to reduce returns to homelessness includes identifying at-risk individuals and families and implementing targeted interventions for housing stability.

1. Identifying Individuals and Families Who Return to Homelessness

We use data tracking, case management, and analytics to identify returns to homelessness. HMIS, the Coordinated Access System, and case records monitor housing outcomes and risk factors. Tools like STELLA analyze data to highlight trends, enabling providers to refine interventions. When returns occur, factors such as income instability, health, or eviction risk are addressed through individualized plans to prevent recurrence.

2. Strategies to Reduce the Rate of Returns

Our CoC emphasizes rapid support and comprehensive resources:

Housing First Model: Required for all CoC providers, ensuring immediate housing placement without barriers, followed by tailored support.

Rapid Access to Problem-Solving Funds: Coordinated Access deploys funds quickly to prevent evictions or displacement.

Healthcare and Support Services through CalAIM: Enhanced care and community health supports address behavioral and medical needs impacting housing stability.

System Flow and Rehousing Resources: The Local Homelessness Action Plan, funded by HHAP, allocates rehousing resources, promoting efficient exits and reducing recurrence.

Landlord Engagement and Incentives: A Landlord Incentive Program supports landlords renting to Housing Choice Voucher (HCV) holders, maintaining tenancies. The County Board of Supervisors also allocated \$10 million in ARPA funds for landlord engagement and rehousing support.

Mainstream Resource Connections and Emergency Transfers: CoC programs are incentivized to improve access to mainstream resources, while emergency transfers support those in permanent housing at risk of eviction.

Case Conferencing for Specific Populations: Focused sessions for groups like Transitional Age Youth (TAY) and Veterans provide targeted support to reduce returns.

3. Oversight Responsibility

The CoC System Performance Committee (SPC), led by CEO Lisa Bates, oversees this strategy, ensuring alignment with community needs and system goals.

This multifaceted approach stabilizes housing for vulnerable households, reducing returns to homelessness across the region.

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. Strategy to Access Employment Cash Sources

Aligned with the Regionally Coordinated Homelessness Action Plan and Sub-Solution 8.b, our CoC aims to build an inclusive workforce supporting diverse hiring. Key Year One actions include:

Staffing Needs Assessment: Based on the Gaps Analysis, identifying staffing needs in outreach, shelter, housing, and system management roles.

Labor Market Analysis: Conducting vacancy assessments and employer interviews with support from the California Employment Development Department (EDD).

Engagement of Individuals with Lived Expertise: Including input from under-resourced communities to inform recruitment and retention strategies.

Pay Equity Analysis: Ensuring competitive, livable wages to improve recruitment and workforce sustainability.

These efforts aim to develop a workforce capable of connecting clients to employment and vocational resources, boosting economic stability.

2. Collaboration with Mainstream Employment Organizations

Our CoC partners with Sacramento Employment Training Agency (SETA) and CalWORKS to link clients to mainstream employment resources, training, and vocational programs. With SETA on the CoC Board, we ensure employment services meet the specific needs of individuals experiencing homelessness. Collaborations with Lutheran Social Services, Hope Cooperative, Volunteers of America, and Goodwill further support clients in increasing employment income.

The Frontline Learning Collaborative provides training on Housing Problem-Solving and workforce engagement strategies, emphasizing racial equity and inclusion. Our "People's Guide" offers job search guidance, emergency resources, and strategies for overcoming employment barriers.

3. Oversight Responsibility

The Deputy CEO, Rachel Bereza, oversees the CoC's employment income strategy, coordinating partnerships, initiatives, and aligning employment strategies with the goal of increasing economic stability for those experiencing homelessness.

Through these partnerships and initiatives, our CoC works to increase employment income, improve housing stability, and support the workforce essential to addressing homelessness, fostering long-term outcomes for those we serve.

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.	
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(limit 2,500 characters)

Our CoC's strategy to increase non-employment cash income for individuals and families experiencing homelessness centers on coordinated access to benefits, emergency financial support, and cross-system partnerships.

1. Strategy to Access Non-Employment Cash Income

Aligned with the Regionally Coordinated Homelessness Action Plan, our CoC connects clients to public benefits and essential resources for stability:

Coordinated Access to Public Benefits: Our Coordinated Access System (CAS), in partnership with MediCal Managed Care Plans, the County Department of Human Assistance, and social service agencies, facilitates access to SSI, SSDI, TANF, SNAP, and MediCal. These partnerships ensure clients receive timely benefit enrollment and ongoing support.

Behavioral Health and Healthcare Support: In collaboration with the County of Sacramento and SSF, our CoC enhances behavioral health services in shelters and service locations, with a new CAS assessment tool to prioritize Medicaid and related benefits for those with complex health needs.

Emergency Financial Assistance and Problem-Solving Funds: CoC providers offer financial support for food, transportation, and urgent needs. A Problem-Solving Specialist provides cash assistance for rent, utilities, and emergencies to help clients maintain housing stability.

Cross-Systems Support for Vulnerable Populations: A pilot project under Sub-Solution 7.b focuses on individuals frequently served across public systems, aligning resources and prioritizing benefits access.

Coordinated Discharge Planning: In Sub-Solution 7.c, our CoC works with healthcare and justice systems to prevent homelessness upon discharge, using data-sharing agreements and planning to ensure Medicaid and financial aid are available upon release.

Employment and Benefits Integration: Sub-Solution 7.e strengthens partnerships with the Sacramento Employment and Training Agency (SETA) to integrate employment support with disability benefits, promoting long-term income stability.

2. Oversight Responsibility

The Deputy CEO leads this strategy, coordinating with County, City, and CoC partners to improve access to non-employment cash income, supporting stability, and reducing homelessness risk.

Through these collaborative efforts, our CoC ensures clients access the public benefits and financial support needed for stability, reducing reliance on emergency services.

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?	Yes
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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
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
440 Arden Way	PH-PSH	8	Both

3A-3. List of Projects.

1. What is the name of the new project? 440 Arden Way

2. Enter the Unique Entity Identifier (UEI): 221316

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 8

5. Select the type of leverage: Both

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:	6,612
2.	Enter the number of survivors your CoC is currently serving:	2,595
3.	Unmet Need:	4,017

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 number of DV survivors needing housing or services was calculated based on the number of clients enrolled in HMIS with self-reported DV experience, as well as survivor coordinated access referrals and severity of need reports from 13 DV providers in the CoC. Severity of need was determined through vulnerability assessments conducted by these providers, tracking immediate safety concerns, housing instability risk, and shared through regular coordination meetings.

2. The number of DV survivors being served by our CoC was calculated using data from HMIS and comparable databases maintained by our DV service provider partners. These comparable databases include specialized victim services systems, ensuring that data on survivors not recorded in HMIS is included in our calculations for housing and service needs.

3. Despite these efforts, significant unmet needs remain in our community. Barriers such as lack of resources, affordable housing, and specialized services; privacy and confidentiality concerns; limited coordination among providers; cultural competency gaps; trauma-informed care needs; legal constraints; and stigma create a persistent gap between the number of survivors needing housing and available housing options.

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
Shelter Inc.
Bridging Initiati...

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	Shelter Inc.
2.	Rate of Housing Placement of DV Survivors—Percentage	72%
3.	Rate of Housing Retention of DV Survivors—Percentage	80%

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. SHELTER Inc. currently operates DV-Specific programs in Contra Costa, as well as other housing programs in Sacramento and other counties, where data is tracked through confidential, secure databases. Rate of 72% housing placement and retention were based off two of their Contra Costa County programs.

2. Placement was calculated through the total number of participants that entered housing over the total amount that were served in the program.

3. Rate of 80% retention was calculated through the number of clients that responded to follow up over the total that remained housed. Follow ups are performed for the first three months, at six months, and at 1 year after the participant completes the program to review their housing retention status. Rates account for exits to safe housing destinations. SHELTER Inc. adopts a Housing First model, where housing navigators work with participants to identify and secure housing units where participants will report feeling safe and secure. Their safety in housing placement is also assessed during follow-up surveys after the participant has exited the program.

4. SHELTER, Inc. utilizes a separate, secure, and confidential comparable database to store and track participant data. That database was the source for the information utilized to calculate rate of housing placement and rate of housing retention for DV survivors served by this program.

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. SHELTER Inc. (SI) has decades of experience helping DV survivors quickly move into safe, affordable housing. After addressing immediate needs, housing navigators locate units that meet the survivor's preferences, using landlord relationships to expedite connections and assist with move-ins, including financial support. Services are tailored to household needs, with follow-up support to ensure permanent housing (PH).

2. DV survivors are referred to SI through Coordinated Entry (CE) processes and prioritized based on "most severe needs" as per CAS protocols. VAWA Emergency Transfer Plans are prioritized for both internal and external transfers.

3. Case managers (CMs) develop Housing Stabilization and Individual Safety Plans for each survivor, focusing on building independence. SI's trauma-informed, strengths-based model emphasizes safety and empowerment for survivors to regain control over their lives.

4. SI provides wrap-around case management, assessing participant needs and connecting them to internal or external services for stable housing and self-sufficiency. Survivors seeking employment or education are linked to SI's employment program, and an Eligibility Specialist assists with public benefits. CMs help connect participants to external agencies for services SI cannot directly provide.

5. SI's Rapid Re-Housing (RRH) program uses progressive engagement to move participants toward independent housing with flexible, time-limited rental assistance. Support is gradually reduced as participants gain stability. CMs check in with participants post-program at 3, 6, and 12 months to ensure stability, with additional support offered if homelessness risks arise.

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 confidentiality 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. At Shelter Inc, case managers (CMs) ensure interactions with survivors are trauma-informed and confidential. Participants choose comfortable interview locations, either in offices or staff can travel to meet them. At domestic violence (DV) centers, private spaces are arranged for intakes. No other household members are allowed during interviews unless the participant requests it.

2. Shelter Inc has decades of experience helping survivors find safe housing. After addressing immediate needs, housing navigators work with survivors to identify safe areas. Navigators use landlord relationships to find available units and assist with move-ins.

3. Shelter Inc's DV protocols ensure confidentiality. A secure database, separate from HMIS, is used to store information and track outcomes. Policies are adjusted to meet survivor needs, and information is shared only with survivor consent. Operational agreements between agencies are established to maintain safety and confidentiality. Housing units include personal safety features, and case managers work intensively with households to keep locations confidential.

4. Shelter Inc staff earn DV certification through a 40-hour course covering safety and confidentiality policies. CMs also undergo regular county and community training. The employee handbook covers confidentiality and safety protocols, and monthly meetings help advance case managers' knowledge in serving survivors.

5. CMs assist survivors in developing Individual Safety Plans to increase household safety. Staff find housing that meets survivors' safety criteria and keep locations confidential, sharing information only with survivor consent. Additional safety measures can be implemented in units. Shelter Inc also connects households to the Safe at Home program to protect address confidentiality. Survivors may use phone apps that block location tracking and help them contact someone in a crisis.

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)

SHELTER Inc. ensures participant confidentiality and safety by implementing an Individual Safety Plan (ISP) for participants and their families. The ISP addresses various safety needs, including strategies to prevent and escape violence, build a support network, teach children about safety, secure protective orders, and ensure internet safety. Survivors can now access these plans via a secure app, offering quick, confidential access. Further, additional safety measures like security cameras and panic buttons were introduced, backed by secured funding. Case managers (CMs) use a secure DV database to track trends and modify client behaviors during meetings. Staff routinely review client data and meet to assess the best responses to challenges. Feedback is collected via surveys at 3, 6, and 12-month intervals post-program to evaluate and improve services. Program leadership reviews survey results to identify areas needing improvement.

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. SHELTER Inc. uses trauma-informed, victim-centered approaches to empower survivors by offering choices in housing, services, and referrals. During assessments, participants guide the pace, and navigators provide options based on their preferences. The program is low-barrier, non-punitive, and respects cultural and service preferences. Participant feedback is regularly sought and shared through feedback loops to ensure accountability. Case managers (CMs) build rapport and trust with participants, prioritizing their physical, psychological, and emotional safety.

2. Shelter Inc has successfully placed survivors in a variety of permanent housing options, leveraging both HUD-funded and non-HUD-funded programs. Shelter Inc case managers and housing navigators work with landlords, SHRA, other RRH programs and housing programs to match clients to units based on their needs and preferences. For clients with disabilities, case managers connect them to PSH opportunities through the coordinated entry system. Shelter Inc currently operates an RRH program for survivors where they provide survivors access to housing location, supporting services and financial assistance to rebuild their lives.

3. Shelter Inc staff has experience ensuring that survivors' preferences and needs are honored throughout the placement process. Survivors are given the opportunity to select their preferred housing situation, whether it be individual apartments, shared housing, or other housing arrangements. The applicant's team provides support in navigating the housing process, maintaining a survivor's sense of control over their life.

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)

During the past year, Shelter Inc. provided the following services to survivors:

Housing navigators assist participants in overcoming barriers like credit repair and rental history to find housing. They also provide moving assistance and furniture.

Participants receive help with public benefits and financial literacy, including budgeting and opening bank accounts.

An employment specialist supports resume writing, interviews, job placement, and connects participants to GED or further education.

SOAR-certified specialists help with applications for benefits like Cal-Fresh, Medi-Cal, EDD, and SSI/SSDI.

Trauma-informed support includes safety planning, emergency shelter, providing access to education and long-term housing plans.

A mental health specialist offers therapy and counseling to survivors, including Cognitive Behavioral Therapy and support groups.

Workshops and childcare are provided to support parents.

Post-exit follow-ups ensure housing stability, with additional support if needed.

Referrals for legal needs, including immigration and child custody, are offered.

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)

1. SHELTER Inc. will implement trauma-informed, victim-centered, and evidence-based models that respect cultural competency and empower individuals recovering from trauma. Through the scattered-site rapid re-housing program, survivors will receive rental assistance, safe housing, and wraparound support to achieve permanent stability. Housing preferences and safety needs will be assessed, with navigators identifying and securing safe housing quickly through coordinated entry. Survivors will also receive supportive services to maintain stability and work towards self-sufficiency.

2. The program will take a low-barrier, respectful approach, free from punitive interventions, engaging survivors by building trust and rapport. All staff will be trained in trauma-informed, client-centered methods, with case managers (CMs) certified in domestic violence care, safety planning, and motivational interviewing. Participant feedback will guide ongoing improvements. CMs will offer psychoeducation on trauma, including concepts like the power and control wheel, helping survivors understand and address their experiences. Participants will have access to mental health support, including in-house specialists trained in evidence-based therapeutic methods.

4. A strength-based approach will ensure survivors rebuild physical, psychological, and emotional safety. CMs will help participants define goals and connect them with appropriate resources to achieve self-sufficiency. SHELTER Inc. staff will participate in regular diversity, equity, inclusion, and cultural competency training, ensuring services are responsive to all backgrounds and circumstances. Staff diversity will reflect the client base, and services will be offered in multiple languages.

5. SHELTER Inc.'s service plans will address a wide range of needs, with access to resources like support groups and affinity programs. Staff will assess participants' children's needs, providing counseling, parenting classes, and childcare, and referring families to external services such as legal aid for custody issues.

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. At Shelter Inc, we will use the Survivor Coordinated Entry systems to streamline the process of prioritization, ensuring equitable access and prioritization for all participants based on client needs. The project will prioritize the placement and stabilization of participants by implementing a Housing First approach, which emphasizes removing barriers to housing access and stabilizing participants quickly. By conducting comprehensive assessments of participants' vulnerabilities, needs, and preferences during the intake process, the project will ensure that the most vulnerable are rapidly connected to services and housing.

2. Arrive Together is a Housing First, rapid re-housing (RRH) program by SHELTER Inc. that serves homeless families and individuals in Sacramento County who are survivors of domestic violence (DV). This project will prioritize the connection to permanent housing resources such as; PSH opportunities, housing choice vouchers and other HUD and non-HUD housing programs.

3. The project recognizes the importance of participant choice in housing stability. We will ensure that each participant's housing preference, whether location, type of unit, or proximity to essential services such as schools or healthcare, are considered and honored. Units will be 1 or 2 bedrooms, with ADA-accessible housing for disabled households, including features like support bars and adaptive equipment. Income limitations are not a requirement for assistance. Safety measures will include cameras, security systems, and secure doors and windows. Disclosure of unit locations that could compromise safety is strictly prohibited.

4. Clients will enter the program with a one-year lease to ensure household safety. Housing navigators will help locate safe housing when referrals are received. Once immediate safety needs are addressed by DV-certified case managers, the housing team will find units with safety features like well-lit areas, secure doors, bars on windows, and ADA-certified options with ramps, non-slip floors, and sensor lights. The housing pool includes affordable units for families of all sizes, including shared housing or in-law units.

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

(limit 5,000 characters)

1. SHELTER Inc. will implement trauma-informed, victim-centered, and evidence-based models to support survivors in achieving stable housing. Through a scattered-site rapid re-housing program, survivors will receive rental assistance, safe housing options, and wrap-around services. Housing navigators will ensure participants' preferences are met and provide geographically diverse housing options through coordinated entry. Survivors will also receive supportive services to maintain housing stability and work towards self-sufficiency.
2. The program operates with a low-barrier, non-punitive approach, respectful of participants' experiences, culture, and needs. Staff will build trust and rapport with survivors using trauma-informed and client-centered interventions. Case Managers (CMs) will receive training and certifications in trauma-informed care, safety planning, and motivational interviewing. Program improvements will be made based on participant feedback.
3. CMs will offer psychoeducation to survivors about trauma, including topics like the power and control wheel, and provide access to mental health care, with in-house support from specialists trained in evidence-based interventions. A strength-based approach will emphasize physical, psychological, and emotional safety, enabling participants to regain control and empowerment. Case planning will be goal-driven, with CMs connecting participants to resources for self-sufficiency.
4. SHELTER Inc. will ensure that staff receive regular training in diversity, equity, inclusion, and cultural competency, and services will be offered in multiple languages. Hiring strategies will focus on ensuring staff reflect the cultural diversity of the clients they serve. Additionally, staff will provide access to support groups, including affinity and spiritual groups.
5. Participants' children's needs will also be assessed. Mental health services, parenting classes, and childcare will be available for families, and CMs will connect participants to external resources such as legal services for custody matters.

- | | | |
|--------|--|--|
| 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. SHELTER Inc. gathers feedback from program participants through suggestion forms and surveys to enhance communication and adjust program procedures for better participant experiences. The Participant Advisory Council (PAC), consisting of formerly homeless individuals and survivors, also contributes feedback. Domestic violence survivors are invited to participate in PAC but are not required to disclose personal information. SHELTER Inc. integrates feedback from PAC, surveys, and advisory meetings to evaluate and update policies and services. Program adjustments are made based on leadership reviews of this feedback. The agency also works with Persons with Lived Experience (PLE) and Survivor-Led VSPs (Victim Service Providers), who bring their direct experience with homelessness, domestic violence, human trafficking, and sexual assault to guide policy changes and system improvements.

2. Through Frontline Learning Collaboratives, PLEs and VSPs collaborate to develop training, build cultural competency, and foster trauma-informed care for staff. They provide feedback to ensure that the voices and experiences of survivor's shape policy development and evaluation. SHELTER Inc. aims to expand its PLE program to include more domestic violence survivors and build connections between PLEs and VSPs. Additionally, a Survivor Advisory Committee within the PLE cohort is in development.

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	Bridging Initiatives International
2.	Rate of Housing Placement of DV Survivors—Percentage	72%
3.	Rate of Housing Retention of DV Survivors—Percentage	80%

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)

BII Joint TH/RRH project has not onboarded with coordinated entry yet and are unable to provide rates of housing placement and housing retention for DV survivors at this time as this project was funded in 2023 and just received their first contract from HUD. We anticipate this project will launch in November 2024.

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. At BII, we use Rapid Re-Housing alongside Continuum of Care (CoC) resources to quickly move DV survivors into safe, affordable housing.

2. We actively participate in the Coordinated Entry System (CES), ensuring survivors are prioritized according to CoC's list and emergency transfer plans. Additionally, we align with the CoC's emergency transfer plan to provide timely support to survivors, ensuring that their needs are addressed swiftly and in accordance with established protocols

3. Our client-centered approach prioritizes survivors' needs and strengths. Each client undergoes a comprehensive needs assessment, followed by a personalized support plan that includes referrals to job training, mainstream benefits, and other services. These services, combined with trauma-informed case management, help survivors transition toward stability and independence.

4. Within 72 hours of intake, case workers create tailored support plans, providing resources, safety planning, and addressing immediate needs. Survivors receive ongoing supportive services, such as DV support groups, legal assistance from partners, and counseling programs. These individualized care plans help survivors rebuild their lives and transition to sustainable housing, with continued support even after housing subsidies end, through additional programs or tailored resources.

5. To move clients from assisted housing to housing they can sustain, we implement a progressive engagement model that allows the client to gradually get to a place where they are paying for their rent independently without RRH financial assistance.

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 confidentiality 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. At BII, experienced staff follow strict confidentiality protocols when working with survivors. Intake and interviews are conducted privately to ensure safety and prevent coercion. Staff communicate in a trauma-informed manner, sharing only necessary information.

2. Safety planning is integrated into the intake process, helping survivors understand how their information will be protected.

3. We provide secure housing solutions, either within our facilities or through partners, prioritizing survivor safety.

4. Policies keep safe house locations undisclosed. Each client receives a personalized safety plan, and we coordinate with trusted partners to meet immediate needs safely. Survivor information and location details are stored securely.

5. Access to sensitive information is restricted to authorized personnel only.

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)

BII prioritizes survivor safety and confidentiality. Staff conduct private intakes and interviews, follow strict confidentiality protocols, and communicate in a trauma-informed way. Personalized safety plans are developed for each survivor, and housing solutions are offered through BII's facilities or trusted partners. The locations of these safe houses are undisclosed to protect survivors. Survivor information is stored securely and only accessed by authorized personnel under strict confidentiality agreements and data protection protocols. BII staff, experienced in dealing with domestic violence, sexual assault, and human trafficking, undergo regular training to stay updated on best practices and legal requirements for maintaining confidentiality and safety.

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. At BII, our trauma-informed approach, combined with training from Sacramento Steps Forward, has helped us support survivors of domestic violence, sexual assault, and human trafficking. Many of our team members have extensive experience in housing and victim services. This expertise, along with trauma-informed care training, helps us stabilize survivors, ensuring their safety, confidentiality, and well-being.

2. We have a strong track record of managing housing search and placement services, relocating clients, and providing comprehensive support. By collaborating with partners and leveraging our Rapid Re-Housing (RRH) program, we ensure survivors are placed in stable, permanent housing according to their needs. Our focus on individualized care plans and partnerships helps survivors achieve long-term housing stability.

3. Our approach prioritizes collaboration with partner agencies, using housing-first principles and comprehensive services to ensure survivors achieve and maintain housing stability. Our team's dedication ensures that survivors not only find housing but also receive ongoing support to keep it.

4. We are confident the proposed project will build on proven strategies, strong partnerships, and our commitment to the families we serve. Our focus on long-term housing sustainability positions us to continue serving households experiencing homelessness with the same high level of effectiveness.

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)

At BII, our organization operates with a trauma-informed case management policy that emphasizes agency, respect, and equality in all interactions with survivors. At BII, we emphasize the following approach:

Staff prioritize agency and respect, offering non-punitive, empowerment-focused support. A grievance process ensures survivors feel heard.

We offer trauma-informed support groups, art classes, and self-care workshops to provide healing and a sense of community.

Survivors work with case managers to set goals and rebuild their lives based on their strengths and preferences.

Staff are trained in cultural competence, and services are accessible to diverse communities, including immigrants and minorities.

Survivors receive job readiness training, parenting classes, legal connections, and access to community services and trauma informed education and resources.

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)

1. BII offers trauma-informed care and ensures safety and confidentiality for survivors of abuse. Staff work with each survivor to develop individualized safety plans and provide resources like legal assistance, security measures, and emotional support. Monthly domestic violence support groups offer healing and empowerment, and self-care sessions help survivors reclaim their well-being. The proposed project expansion will add support groups and skills training to empower survivors further.

2. BII partners with local schools to ensure children fleeing with their parents can continue their education, providing transportation and school materials. Staff assist survivors in securing safe, affordable housing by liaising with landlords and advocating for survivors' housing applications. BII also offers job readiness support, credit repair resources, and financial counseling to help survivors achieve long-term stability.

3. Staff are available 24/7 for trauma-informed support, including safety planning, emergency shelter, legal assistance, and housing advocacy. Survivors receive comprehensive long-term housing safety plans, incorporating job training, legal support, and community resources, ensuring stability as they transition to independence.

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. At BII, the new project takes a trauma-informed, survivor-centered approach to prioritize the placement and stabilization of participants. A team of professionals, including counselors and case managers, will offer services like group therapy, individualized counseling, and trauma-informed case management in a safe, supportive environment. Private counseling rooms and communal areas will help survivors feel supported during recovery.

2. The Rapid Re-Housing program will provide rental assistance for 8 housing units, accommodating up to 17 individuals in 1 to 3-bedroom units. This project will connect client to permeant housing opportunities by building connections with landlords and making PH referrals and connecting clients to permanent housing opportunities through the coordinated entry system. Our housing navigators will build relationships with landlords and housing programs to reduce barriers to accessing permanent housing opportunities.

3. Survivors will choose housing based on their preferences, ensuring their safety and proximity to public transportation, healthcare, and employment. Ongoing support includes financial literacy, employment services, and access to legal and healthcare resources.¿¿

4. Our goal for this project is to ensure that the housing selected for each participant not only meets their immediate needs but also supports long-term stability. We will ensure this by completing assessments during the intake to assess for needs that support long term housing stabilization. Comprehensive case management and supportive services will be provided as well to evaluate needs overtime.”

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. BII's New Project prioritizes equality in staff-participant interactions, minimizing power imbalances and fostering empowerment. Upon entry, participants will receive welcome letters outlining their rights and the grievance process. Trauma-informed case management will center on survivors' participation in decision-making about their care. Weekly staff meetings will ensure best practices are upheld, and issues are addressed quickly.

2. Participants will have access to trauma-informed support groups and weekly case management sessions focused on strength-based assessments. These sessions will support survivors in setting and achieving their goals. Staff, many of whom have lived experiences and represent minority groups, will provide culturally responsive and inclusive care. Multilingual staff will break down language barriers, and regular training will ensure cultural competency.

3. BII's collaboration with Sacramento Steps Forward and the Continuum of Care (CoC) network will keep staff updated on trauma-informed approaches. Participants will be connected to tailored services and resources that respect their cultural and ethnic backgrounds. Home visits will help track participants' progress toward housing stability, and the project will expand to offer more comprehensive support groups, skills training, and job readiness programs.

4. The project will also provide peer-to-peer groups, mentorship, and holistic support. Partnerships with agencies like Heartland will offer on-site counseling, fostering resilience and community-building. Trauma-informed parenting classes and childcare during support groups will enable survivors to engage in services fully. Legal services and family counseling will be available to support parent-child relationships and custody matters.

5. As the project expands, comprehensive family-centered programming will address the needs of both survivors and their children, supporting recovery and resilience for the entire family.

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)

At BII, we prioritize staff and leadership with lived expertise, including those who have faced homelessness, domestic violence, sexual assault, and addiction. Many staff members offer compassionate, practical guidance based on their own experiences. These individuals hold leadership roles, including positions on the board of directors, ensuring that survivors' perspectives are represented in decision-making processes.

BII actively involves survivors in shaping policies through regular feedback mechanisms like focus groups and surveys. Survivors help determine which services are most effective and identify areas for improvement. This survivor-centered approach allows BII to evolve in response to real-life experiences, making programs more effective and responsive. By engaging survivors in program design and leadership, their voices continuously influence the project's direction.

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	1C-7. PHA Homeles...	10/25/2024
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	10/25/2024
1D-10a. Lived Experience Support Letter	Yes	1D-10a. Lived Exp...	10/28/2024
1D-2a. Housing First Evaluation	Yes	1D-2a. Housing Fi...	10/25/2024
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Compe...	10/25/2024
1E-2a. Scored Forms for One Project	Yes	1E-2a. Scored For...	10/25/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5. Notificatio...	10/25/2024
1E-5a. Notification of Projects Accepted	Yes	1E-5a. Notificati...	10/25/2024
1E-5b. Local Competition Selection Results	Yes	1E-5b. Local Comp...	10/28/2024
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	2A-6. HUD's Homel...	10/25/2024
3A-1a. Housing Leveraging Commitments	No	3A-1a. Housing Le...	10/25/2024
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: 1D-10a. Lived Experience Support Letter

Attachment Details

Document Description: 1D-2a. Housing First Evaluation

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Forms for One Project

Attachment Details

Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2A-6. HUD's Homeless Data Exchange (HDX)
Competition Report

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/21/2024
1B. Inclusive Structure	10/28/2024
1C. Coordination and Engagement	10/28/2024
1D. Coordination and Engagement Cont'd	10/28/2024
1E. Project Review/Ranking	10/25/2024
2A. HMIS Implementation	10/25/2024
2B. Point-in-Time (PIT) Count	10/25/2024
2C. System Performance	10/28/2024
3A. Coordination with Housing and Healthcare	10/25/2024
3B. Rehabilitation/New Construction Costs	10/25/2024
3C. Serving Homeless Under Other Federal Statutes	10/25/2024

4A. DV Bonus Project Applicants	10/28/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

1C-7. PHA Homeless Preference

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Document Satisfying Requirement	Page Number
Title Page	1
1C-7. PHA Homeless Preference	2

- 5) (1 point) Rent Burden preference is given to applicants who pay more than 50% of their gross income for rent and utilities. The applicant family must provide copies of one of the following:
 - a) A lease or rental agreement in the applicant's name including the rent amount and utility responsibility. Must also have proof of actually paying rent within the last 30 days such as money order, canceled checks or rent ledger or a written statement from the Landlord or person from whom the applicant is renting or sharing a rental, including the amount of rent and utilities received.
- 6) (1 point) Homeless preference to a currently homeless household. A family or individual must meet the definition of "homeless" as defined in the Glossary. The PHA will accept documentation as provided by the applicant or the applicant can self-certify homelessness. Applicants can be homeless or rent-burdened, but not both.

The PHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in this Administrative Plan. For families with the same preferences, families will be pulled from the waiting list based on lottery number assigned at the time of the pre-application.

HOMELESS INITIATIVES

Contingent on funding, the PHA will allocate vouchers to serve homeless families utilizing tenant-based vouchers (the Limited Homeless Allocation and the Move On Allocation), the Performance Partnership Pilots Initiative Program (P3) program (described in Chapter 23) and project-based vouchers tied to supportive services (described in Chapter 21). The PHA is prioritizing housing homeless families, while continuing to serve families on the current waiting list.

The PHA will utilize the following additional preferences:

- 1) Limited Homeless Allocation. This preference is available to homeless individuals/families currently receiving services and who are referred by a partnering homeless services organization, another coordinated system, or consortia of homeless service providers. The referring agency will verify homelessness and will assist the family with finding a suitable rental property once the voucher is issued. Ongoing housing stabilization services will continue to be provided to the family. At its discretion, the PHA will annually evaluate whether to renew this preference.
- 2) Move On Allocation. This preference is available to formerly homeless individuals/families who are ready to transition from supportive housing to the HCV tenant based voucher program while simultaneously transitioning from receiving intensive to less intensive/no services. Families will be referred to the PHA by their service provider if they meet programmatic guidelines. Final approval (for the families to be referred to the HCV Intake staff) will be conducted by the PHA. Transitioning formerly homeless families to the voucher program will create vacancies in supportive housing programs, allowing additional homeless families in need of services to be housed. At its discretion, the PHA will annually evaluate whether to renew this preference.

C. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION **(24 CFR §982.207)**

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the local preference and will be notified in writing of the determination.

1C-7. PHA Moving On Preference

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1C-7. PHA Moving On Preference	2

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1D-11a. Lived Experience Support Letter

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October 23, 2024

To the U.S. Department of Housing and Urban Development,

We, the Persons with Lived Expertise Committee (PWLEC), write in support of Sacramento Steps Forward and the Sacramento CoC's proposal to the FY24-25 Housing and Urban Development Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO). This funding is critical to effectively addressing and reducing unsheltered homelessness in Sacramento City and County.

The PWLEC was formed from our Racial Equity Action Plan and established in January 2022 with four initial members. Through evaluation of our CoC Membership, peer-to-peer outreach, and extensive community engagement, we have grown to ten individuals, all of whom are actively participating in the decision-making spaces within the Sacramento CoC.

Who we are:

The PWLEC is composed of ten individuals who have lived experience with homelessness and come from racially and ethnically diverse backgrounds. Our members have faced multiple intersectional barriers to housing, and we stand together as a bridge between the homeless response system and those currently experiencing homelessness. By sharing our experiences, we aim to build relationships and inspire equitable, transformative changes throughout the system. We understand the personal toll this work takes, given the systemic trauma around race, gender, socioeconomic status, and other factors, and as such, we provide support to one another through this work.

We are dedicated to:

1. Ensuring better access to housing resources and services for all, regardless of race, color, sex, age, sexual orientation, gender identity, religion, national origin, disability, veteran status, parental status, housing status, or other protected classes.
2. Increasing the number of unsheltered persons receiving permanent housing and supportive services that address trauma, mental and physical health, and life skills to maintain stable housing.
3. Amplifying the voices of persons with lived expertise, ensuring they are heard, seen, acknowledged, and uplifted to positions of influence where they can enact change.

4. Advocating for organic, lasting, and transformative change, particularly for historically excluded and exploited communities, and advancing the work of homelessness response.
5. Dismantling structural and institutional discrimination within the local homelessness response system and beyond.
6. Honoring and building upon the contributions of past members whose work has shaped and strengthened our mission.

On behalf of the PWLEC, we thank you for your consideration of our application and your support in our efforts to create a more equitable homelessness response system in Sacramento.

Sincerely

Dawn Basciano

10/24/24

Marjorie Beazer

Marjorie Beazer (Oct 24, 2024 16:23 PDT)

10/24/24

Kristy L. Smith

10/26/24

ML

Mercedes Lott (Oct 24, 2024 11:54 PDT)

10/24/24

O. Cendejas

Onesimo Cendejas (Oct 28, 2024 12:10 PDT)

10/28/24

YBuckner

Yvette Buckner (Oct 26, 2024 20:38 PDT)

10/26/24

1D-2a. Housing First Evaluation

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Renewal Project Scoring Tool (Housing First Criteria Highlighted)	2-18
New Project Scoring Tool (Housing First Criteria Highlighted)	19-34

2024 Renewal Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing Performance	18 points
3. Income Performance	14 points
4. Utilization Performance	22 points
5. Severity of Need and Service Quality	20 points
6. Compliance	12 points
7. Community	11 points
8. Enhancing Capacity	3 points
9. BONUS Factors	8 points
TOTAL	100 points (+ 8 bonus)

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures are consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type, as demonstrated by its policies and procedures.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Successful Drawdown	If the project is under contract with HUD, then the project has made at least one successful drawdown of federal funds as of the time of this application was submitted.	Met/Not Met
Client Participation in Project Design and Policymaking	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically via membership on the agency board or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Equal Access	The project provides equal access to housing and services without regard to sexual orientation, gender identity, local residency status, or any other protected category.	Met/Not Met
Match	Agency demonstrates 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency actively prevents discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual expenditures of \$750,000 or more in federal funds, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual expenditures of less than \$750,000 in federal funds, provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met
<i>Required but not scored</i>		

[Scored Factors Begin on Next Page]

2. HOUSING PERFORMANCE (18 pts.)

Name	Description	Sources	Score
Permanent Supportive Housing (PSH)			
2A. Housing Retention	<p>Successes in Housing Retention for PSH projects are measured by the percentage of individual project participants that remain in permanent housing or exit as “living-leavers” to permanent housing during the evaluation period.</p> <p>For projects that serve families or small projects that experience an outsized impact on program performance for this factor, projects are invited to discuss the number of households that left the project and how long each household had been in the program prior to leaving the program unsuccessfully under the <i>exceptional circumstances</i> supplemental question for consideration by the panel. In an exception to the Review and Rank Policy, at section IV. Review and Rank Process, paragraph J:</p> <ul style="list-style-type: none"> • If one household left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 15 points to the project, and • If two households left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 9 points. 	APR Q5 APR Q23	≥ 99% = 18
			98% - 98.9% = 15
			96% - 97.9% = 12
			90% - 95.9% = 9
			85% - 89.5% = 6
			80% - 84.9% = 3
			< 79.9% = 0

Rapid Re-Housing (RRH) and Joint Transitional Housing and Rapid Re-Housing (TH-RRH)			
2B. Housing Placement	<p>Successes in Housing Placement for RRH and TH-RRH projects are measured by the number of participants who exited to a Permanent Housing destination as a percentage of all “living-leaver” participants who exited the project during the evaluation period.</p> <p>For projects that serve families, that experience an outsized impact on program performance, projects are invited to discuss under the <i>exceptional circumstances</i> supplemental question for consideration by the panel.</p>	APR Q5 APR Q23	≥ 90% = 18
			85-89.9% = 16
			80% - 84.9% = 12
			75% - 79.9% = 9
			70% - 74.9% = 5
			< 70% = 0

3. INCOME PERFORMANCE (14 pts.)

Name	Description	Sources	PSH Scale	RRH and TH-RRH Scale	Score
3A. Increase or Maintain Income	<p>Successes in increasing or maintaining participant income are measured by the percent of adult participants in the project who maintained a non-zero income, or increased income, from project entry to exit or Annual Assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q19	≥ 85%	≥ 75%	6
			70% - 84.9%	60% - 74.9%	4
			55% - 69.9%	45% - 59.9%	3
			40% - 54.9%	30% - 44.9%	2
			< 40%	< 30%	0
3B. Non-Cash Mainstream Benefits	<p>Successes in connecting participants with non-cash mainstream benefits are measured by the percentage of adult stayers/leavers with non-cash benefit sources, excluding all stayers not yet required to have an annual assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q20	≥ 95% = 6		
			90% - 94.9% = 4		
			80% - 89.9% = 3		
			75% - 79.9% = 2		
			< 75% = 0		

SACRAMENTO CONTINUUM OF CARE

3C. Health Insurance	<p>Successes in connecting participants with health insurance are measured by the percentage of stayers/leavers with health insurance, excluding all stayers not yet required to have an annual assessment.</p> <p>Participants that passed away during the measurement period do not impact the project's performance</p>	APR Q5 APR Q21	$\geq 95\% = 2$
			$90\% - 94.9\% = 1$
			$< 90\% = 0$

4. UTILIZATION PERFORMANCE (22 pts.)

Name	Description	Sources	Score
4A. Bed and/or Unit Utilization	<p>For PSH projects, utilization will be measured based on units utilized (per APR data).</p> <p>For RRH projects, utilization will be measured using units (per APR data) plus the number of households enrolled but not yet housed.</p> <p>For TH-RRH projects, utilization will be measured using units (per APR data), plus the number of households enrolled in only RRH but not yet housed.</p> <p>A project may request utilization be measured based on beds instead of units by providing a written explanation of why beds is a more accurate measure.</p> <p>Request consideration in advance of review and rank- SSF will request this information as part of the APR review process.</p> <p>SSF will review all submissions and make recommendations on scoring this factor to the review and rank panel.</p>	APR Q7b APR Q8b E-Snaps	$\geq 95\% = 12$
			$90\% - 94.9\% = 9$
			$85\% - 89.9\% = 6$
			$80\% - 84.9\% = 3$
			$< 80\% = 0$

SACRAMENTO CONTINUUM OF CARE

	<p>Grounds for consideration include but are not limited to:</p> <p>Multiple households sharing one unit of housing;</p> <p>Build units not available due to circumstances outside of provider control;</p> <p>Leased up units not available due to circumstances outside of provider control.</p> <p>Other circumstances will also be considered and evaluated based on merit.</p>		
4B. Grant Spenddown	<p>Successes in Grant Spenddown are measured by dividing the amount of money drawn down from e-LOCCs during the project's most recently completed contract by the amount on the corresponding GIW.</p>	e-LOCCs E-Snaps	$\geq 95\% = 8$
			85% - 94.9% = 5
			75% - 84.9% = 3
			$< 75\% = 0$
4C. Quarterly Drawdowns	<p>Successes in Grant Spenddown are also measured by the number of drawdowns made by projects, and depend on projects drawing down quarterly (i.e., occurring at least once in each three-month period during the year).</p> <p>Award 0.5 points for each successful quarterly drawdown over the competition period.</p>	RFI	Up to 2 points

5. SEVERITY OF NEED AND SERVICE QUALITY (20 pts.)

Name	Description	Sources	Score
5A. Severity of Needs & Special Considerations	<p>Full points will be awarded for projects that fully meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Dedicated to or targeting chronically homeless families and/or individuals • Dedicated to or target under-served populations, including: seniors, people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria), and households who do not qualify for other federal, state or locally funded PSH or RRH assistance. • Projects that do not meet the criteria provided in either of the two bullet points above but include a compelling explanation about the quantifiable gap their project fills in the community may also be awarded up to full points. 	RFI APR Q5a Q13a1, Q14a, Q27a	Up to 10 Points

SACRAMENTO CONTINUUM OF CARE

5B. Quality of Services	<p>Award up to 7 of the 10 points possible for 5B for Successes in Quality of Services as measured based on the project's narrative explanation and detail on the extent to which the project provides services that:</p> <ul style="list-style-type: none"> • Offer ongoing support to stay housed, • Are comprehensive and well-coordinated, • Are thoughtfully matched to the needs of the target population <p>Award up to 3 of the 10 points possible for 5B for Adherence to new CoC Standards as follows: Renewal projects must review the CoC Standards adopted in December 2023 for current adherence by project type and commit to establish a plan of action to work towards greater fidelity to those standards specific to service accessibility, quality, staffing, etc. Please include the project's current ratio of on-site direct service staff (e.g. case manager) to residents, the number of additional staff and/or volunteers support direct service staff and a brief description of the rationale and/or circumstances contributing to this approach to case management.</p> <p>Successes for projects provided by Victim Service Providers are also measured based on the project's narrative explaining the extent to which the project provides services that improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>Full points will be available to domestic violence projects that provide objective data on how they improved participant safety.</p>	RFI	Up to 10 points
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6. COMPLIANCE (12 pts.)

Name	Description	Sources	Score
6A. Monitoring Findings	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>6A2. Monitoring (4 points) Award full points (4 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. 	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 3 calendar years.</p> <p>RFI</p>	Up to 8 points

	<p>Award up to full points (4 points) for the project if:</p> <ul style="list-style-type: none"> • If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel. • If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 2 points if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

6B. Accurate Data	Successes in Accurate Data are measured using the percent of data recorded as either missing, don't know, client refused to answer, and/or unable to calculate, where the lower percentage the better. Projects with less than 5% data inaccuracy should receive full points.	APR Q6	< 5% error = 2
			5% - 10% error = 1
			> 10% error = 0
6C. Timely Data	Successes in Timely Data are measured using the average length of time (in days) between when a client enters or exits the project, and when the project records the entry or exit in HMIS. Projects that entered client entries/exits into HMIS in under 5 days received full points	APR Q6e	< 5 days = 2
			5 days – 8 days = 1
			> 8 days = 0

7. COMMUNITY (11 pts.)

Name	Description	Sources	Score
7A. Participation in CoC Activities	Successes in Participation in CoC Activities are measured based on the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFO. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 4 points
7B. Mandatory Training	Successes in Mandatory Training are based on whether the agency demonstrated regular attendance at mandatory training events by attending at least one such event per quarter.	RFI SSF Staff Report	Up to 2 points

SACRAMENTO CONTINUUM OF CARE

7C. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <p>Deduct <u>up to 5 points</u> if project was late in finalizing APRs without valid reason.</p> <p>Deduct 2 points if any portion of the local application was turned in <u>up to</u> 24 hours late.</p> <p>Deduct 5 points if any mandatory portion of the local application was <u>more than</u> 24 hours late.</p> <p>If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.</p>	Analysis	Up to 5 points
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8. ENHANCING CAPACITY (3 pts.)

Name	Description	Sources	Score
8A. Transitions to Permanent Housing	Success is measured by PSH programs that effectively facilitate successful flow from PSH to other permanent housing (including housing with rental subsidy), evidenced by percent of individuals served that exit to other permanent housing.	APR Q23	Up to 3 points

9. BONUS FACTORS (11 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

<p>9B. BONUS Unique Funding</p>	<p>Award full points to housing projects that leverage a source of one-time or on-going funding that may not be used to serve individuals experiencing homelessness if this project is defunded. The funding can be in any amount to meet this criterion.</p> <p>One example of funding meeting these criteria is project-based Housing Choice Vouchers because this funding is not limited to individuals experiencing homelessness. If the project loses CoC funding, the project-based vouchers may not be used to serve individuals experiencing homelessness.</p>	<p>RFI</p>	<p>Up to 3 points</p>
	<p><u>Identifying and Addressing Barriers:</u> Based on the degree to which the organization:</p> <p>1) Award up to one point if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals as identified in the All In Sacramento Plan appendix, or through project level data provided by the organization; and</p>		

SACRAMENTO CONTINUUM OF CARE

<p>9C. BONUS Organizational Commitment to Racial Equity</p>	<p>2) Award up to one point if the organization has taken concrete steps to address the identified barriers in (1) above and lessen their impact on BIPOC individuals. Steps described should be designed to address the specific experiences of BIPOC individuals.</p> <p><u>BIPOC Representation in Leadership:</u></p> <p>Award up to three points for the organization's explanation of its commitment to serving Black, Indigenous, and other People of Color (BIPOC) since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.</p> <p>Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:</p> <ul style="list-style-type: none"> • Award up to one point if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color. • Award up to two points to the extent that the organization describes concrete steps that have been taken to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness. <ul style="list-style-type: none"> ○ These may include but are not limited to: <ul style="list-style-type: none"> ▪ Opportunities for cultural competency and implicit bias trainings; 	<p>RFI</p>	<p>Up to 5 points</p>
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SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> ▪ Policies related to language accessibility; and ▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves. <ul style="list-style-type: none"> ○ The applicant must also describe the impact or results of their strategies. 		
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2024 New Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing	25 points
3. Services	20 points
4. Agency Capacity	25 points
5. Prioritization, option of: a. Prioritization for New Projects Except for DV Bonus b. Prioritization for DV Bonus	25 points
6. Community	10 points
TOTAL	105 points

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures will be consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or comparable database for domestic violence services).	Met/Not Met
Formerly Homeless Input	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically board of directors membership or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met
Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Eligible Applicant	Neither the applicant nor the sub-recipients (if any) are for-profit entities.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Equal Access	The project will provide equal access to housing and services without regard to sexual orientation, gender identity, or local residency status.	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual federal expenditures over \$750,000, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual federal expenditures under \$750,000 provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met

Match	Agency will be able to provide 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency will actively prevent discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Budget	Agency has made a good faith effort to complete the budget template provided, showing both CoC and non-CoC funding sources for the project.	Met/Not Met
For DV Bonus Projects Only: Serving DV	Project is 100% dedicated to serving victims who are fleeing or attempting to flee domestic violence, including dating violence, sexual assault, stalking, and/or human trafficking who came from sheltered or unsheltered situations. The project must follow a Housing First model and utilize trauma-informed and client-centered approaches.	Met/Not Met

2. HOUSING (25 pts.)

Name	Description	Sources	Score
2.A. Fully Described and Appropriate Housing	<p>Award points for a housing design that:</p> <ul style="list-style-type: none"> • is clearly and fully described • has a layout or features that are thoughtfully matched to the target population • is strategically located to meet the needs of the target population • is physically accessible to persons with disabilities • will help maximize client choice in the CoC (e.g. by including a plan to evaluate each client's needs, strengths, and preferences in order to determine which mainstream benefits and/or jobs the client could qualify for) • is designed to protect the safety of the population they serve 	RFI	Up to 10 points
2.B. Ready to Start	<p>Award points if the project will be ready to begin housing clients within 3 months of receiving HUD funding. Consider:</p> <ul style="list-style-type: none"> • Whether the agency has adequately described how the project will acquire the necessary housing for the project type. For RRH, this should include landlord engagement strategies, whether proposed to be conducted directly by the project or by a partner entity; • Whether the project site faces regulatory obstacles such as tenant displacement, environmental issues, or zoning issues; • Whether the agency's current staff has the capacity to begin preparing for this project; • Whether the agency already has policies and procedures that can be used as-is or easily adapted for use in a CoC-funded project 	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

2.C. Program Outcomes	<p>Award points if:</p> <ul style="list-style-type: none"> • The project's goals are realistic and sufficiently challenging given the scale of the project. • Outcomes are measurable and appropriate to the population being served, and must meet minimum CoC- adopted targets, including: <ul style="list-style-type: none"> ○ At least 85% of clients experience positive housing outcomes ○ At least 55% of adult clients maintain or increase their income from all sources • Prospective outcomes reflect actual performance outcomes from other projects administered by the applicant (as appropriate). 	RFI	Up to 10 points
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3. SERVICES (20 pts.)

Name	Description	Sources	Score
3.A. Appropriate Supportive Services	<p>Award points for services that:</p> <ul style="list-style-type: none"> • are consistent with CoC Standards adopted in December 2023 for the applicable project type, including proposed client to staff ratios offer ongoing support to stay housed, • are comprehensive and well- coordinated, • include culturally-relevant services and supports, and • are thoughtfully matched to the target population. 	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

	<p>Award points based on the project's plans for supportive services to be provided directly through HUD CoC funding, by the agency through another funding source, or through referral to another community partner. For projects that will be referring specific types of clients to specific outside services, award points if the project explains a concrete plan for referrals, giving examples of:</p> <ul style="list-style-type: none"> ● Who will be referred; ● The agencies that will accept referrals; ● The types of services to be provided; and ● The logic behind the agency's referral scheme <p>For RRH projects, award points if the project proposes to offer all three components of RRH (housing search/placement, time-limited financial assistance, and housing-focused case management and stabilization), whether alone or in partnership with other providers.</p> <p>For Victim Service Providers award points for services that are consistent with evidence-based practices and improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>For projects serving unique sub-populations (e.g., transition age youth), award points if the project proposes services consistent with evidence-based practices for the target population (e.g., Positive Youth Development).</p>		
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SACRAMENTO CONTINUUM OF CARE

3.B. Relevant Experience	<p>Award points if the agency submitting this application has demonstrated, through past performance, the ability to successfully carry out the work proposed and has successfully served homeless people as a particular group.</p> <p>Consider the experience of the agency in handling a similar project (e.g. if the project will involve relocation of tenants, what experience does the agency have with relocation).</p> <p>For PSH projects, award points if the project proposes to leverage existing landlord relationships to increase scattered site PSH placement opportunities and efficiencies.</p>	RFI	Up to 10 points
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4. AGENCY CAPACITY (20 pts.)

Name	Description	Sources	Score
4.A. Budget	<p>Award points based on the bullet points below:</p> <ul style="list-style-type: none"> • Project has submitted a budget that is clear, complete, and easy to read. • The budget shows that the project will have enough resources to provide high-quality, reliable services to the target population. • The budget shows that the project will leverage significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds. Award points for projects proposing more than 25% cash or in-kind match. • The budget shows that the project is taking appropriate measures to contain costs. 	Budget RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

<p>4.B. Agency Capacity</p>	<p>Award points if agency: Has successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC (or can otherwise demonstrate that it can successfully manage complex reporting requirements).</p> <ul style="list-style-type: none"> Has sufficient fiscal capacity to manage the grant, including: <ul style="list-style-type: none"> internal financial controls grant match tracking well-maintained records oversight by a board of directors a strategy for documenting eligible costs a strategy for ensuring adequate grant drawdowns Is large enough to handle the expected client case load; Is familiar with innovative or evidence-based practices; Includes at least one person with formal training and/or education in a relevant social services field 	<p>e-LOCCs E-Snaps</p>	<p>Up to 10 points</p>
<p>4.C. Monitoring Findings</p>	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and</p>	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 2 years.</p> <p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

	<p>(2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>4C1. Monitoring (2.5 points) Award full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. <p>Award up to full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel. • If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 1 point if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

Factor 4D. Organizational Commitment to Racial Equity

Identification of Barriers: Based on the degree to which the organization:

- 1) Award **up to one point** if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and other People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals; specifically referring to the All In Sacramento racial disparities appendix or program level data(1 point) and
- 2) Award **up to one point** if the organization has taken concrete steps to address the identified barriers in the All In Sacramento appendix or data provided in part 1 and lessen their impact on BIPOC individuals. Strategies described should be designed to address the specific experiences of BIPOC individuals.

BIPOC Representation in Leadership:

Award **up to three points** for the organization's explanation of its commitment to serving BIPOC since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.

Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:

- Award **up to one point** if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color.
- Award **up to two points** to the extent that the organization describes concrete steps that have been taken

RFI

Up to 5
points

SACRAMENTO CONTINUUM OF CARE

	<p>to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness.</p> <ul style="list-style-type: none">○ These may include but are not limited to:<ul style="list-style-type: none">▪ Opportunities for cultural competency and implicit bias trainings;▪ Policies related to language accessibility; and▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves.○ The applicant must also describe the impact or results of their strategies.		
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5A. PRIORITIZATION FOR NEW PROJECTS EXCEPT DV BONUS (25 pts.)

If this application is for a DV Bonus-funded new project, please skip this section and move to the next.

Name	Description	Sources	Score
5.A.1. Community Priority	<p>Award points if the project addresses the priorities established by the CoC for 2024:.</p> <ul style="list-style-type: none"> PSH for chronically homeless families and individuals, with priority for projects targeting under-served populations, including seniors and people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria). PSH scattered site projects that leverage existing scattered site PSH relationships and service model with higher performing renewal agencies (with definition for “high performing” projects, as defined in the Review and Ranking section, above. RRH for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter or fleeing domestic violence, with priority for those who do not qualify for other federal, state or locally funded rapid rehousing assistance. <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E- snaps RFI</p>	<p>Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

5.A.2. HUD Priority	<p>Award points if the project addresses the priority needs identified by HUD in 2024:</p> <ul style="list-style-type: none"> • TBD <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E- snaps</p> <p>RFI</p>	<p>Up to 5 points</p>
5.A.3. Severity of Needs & Special Considerations	<p>Award points to projects that will serve population(s) with severe needs and vulnerabilities and who meet local EVH criteria.</p> <p>Applicants should specifically address how the unique healthcare and support needs are met, including specific service partnerships that increase access to onsite or home-based services.</p>	<p>RFI</p> <p>APR</p>	<p>Up to 10 points</p>

5B. PRIORITIZATION FOR DV BONUS HOUSING (25 pts.)

Use this section instead of the previous page if the project is applying for DV Bonus funding. For all scoring purposes, “domestic violence” also includes dating violence, sexual assault, stalking, and/or trafficking.

Name	Description	Source	Score
5.B.1. How Project will Address Need	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • Project provides data describing the CoC’s population of domestic violence survivors • Project explains how it proposes to meet the unmet needs of domestic violence survivors, especially with survivors who come from unsheltered situations. • The project will have housing that is specifically designed to accommodate the needs of survivors. • The project’s staff has skills that are specifically needed to identify and locate survivors, or to persuade survivors to accept and enter housing. • The project’s staff utilize trauma-informed and client-centered approaches. • The project meets a priority need identified by HUD in 2024: <ul style="list-style-type: none"> ○ TBD, pending NOFO release. 	RFI	Up to 5 points
5.B.2. Previous Performance	Award points if the agency has experience serving, or demonstrates a plan to serve, victims who are fleeing, or attempting to flee, domestic violence, which includes dating violence, sexual assault, stalking, and/or human trafficking, and that experience, or plan, specifically shows that they can serve victims who come from unsheltered situations.	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

5.B.3. Ability to Meet Safety Outcome s	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • The project articulates a specific plan incorporating evidence-based approaches and services for ensuring that its residents will be safe from further domestic violence. • The project sets quantitative safety targets that are appropriate and realistic. • The project explains why it is likely to be able to achieve the targeted safety outcomes. 	RFI	Up to 10 points
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6. COMMUNITY (10 pts.)

Name	Description	Sources	Score
6.A. Participation in CoC Activities	<p>Award points for the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.</p> <p>For organizations new to the CoC: points may be awarded for organizations that have not previously engaged in CoC activities, but have demonstrated interest and commitment via attending CoC NOFO trainings and technical assistance sessions.</p>	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

6.B. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <ul style="list-style-type: none">• Award 3 points if any portion of the local application was turned in <u>up to</u> 24 hours late.• Award no points if any mandatory portion of the local application was <u>more than</u> 24 hours late.• If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.	Analysis	Up to 5 points
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1E-2. Local Competition Scoring Tool

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2024 Renewal Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing Performance	18 points
3. Income Performance	14 points
4. Utilization Performance	22 points
5. Severity of Need and Service Quality	20 points
6. Compliance	12 points
7. Community	11 points
8. Enhancing Capacity	3 points
9. BONUS Factors	8 points
TOTAL	100 points (+ 8 bonus)

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures are consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type, as demonstrated by its policies and procedures.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Successful Drawdown	If the project is under contract with HUD, then the project has made at least one successful drawdown of federal funds as of the time of this application was submitted.	Met/Not Met
Client Participation in Project Design and Policymaking	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically via membership on the agency board or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Equal Access	The project provides equal access to housing and services without regard to sexual orientation, gender identity, local residency status, or any other protected category.	Met/Not Met
Match	Agency demonstrates 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency actively prevents discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual expenditures of \$750,000 or more in federal funds, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual expenditures of less than \$750,000 in federal funds, provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met
<i>Required but not scored</i>		

[Scored Factors Begin on Next Page]

2. HOUSING PERFORMANCE (18 pts.)

Name	Description	Sources	Score
Permanent Supportive Housing (PSH)			
2A. Housing Retention	<p>Successes in Housing Retention for PSH projects are measured by the percentage of individual project participants that remain in permanent housing or exit as “living-leavers” to permanent housing during the evaluation period.</p> <p>For projects that serve families or small projects that experience an outsized impact on program performance for this factor, projects are invited to discuss the number of households that left the project and how long each household had been in the program prior to leaving the program unsuccessfully under the <i>exceptional circumstances</i> supplemental question for consideration by the panel. In an exception to the Review and Rank Policy, at section IV. Review and Rank Process, paragraph J:</p> <ul style="list-style-type: none"> • If one household left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 15 points to the project, and • If two households left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 9 points. 	APR Q5 APR Q23	≥ 99% = 18
			98% - 98.9% = 15
			96% - 97.9% = 12
			90% - 95.9% = 9
			85% - 89.5% = 6
			80% - 84.9% = 3
			< 79.9% = 0

Rapid Re-Housing (RRH) and Joint Transitional Housing and Rapid Re-Housing (TH-RRH)			
2B. Housing Placement	<p>Successes in Housing Placement for RRH and TH-RRH projects are measured by the number of participants who exited to a Permanent Housing destination as a percentage of all “living-leaver” participants who exited the project during the evaluation period.</p> <p>For projects that serve families, that experience an outsized impact on program performance, projects are invited to discuss under the <i>exceptional circumstances</i> supplemental question for consideration by the panel.</p>	APR Q5 APR Q23	≥ 90% = 18
			85-89.9% = 16
			80% - 84.9% = 12
			75% - 79.9% = 9
			70% - 74.9% = 5
			< 70% = 0

3. INCOME PERFORMANCE (14 pts.)

Name	Description	Sources	PSH Scale	RRH and TH-RRH Scale	Score
3A. Increase or Maintain Income	<p>Successes in increasing or maintaining participant income are measured by the percent of adult participants in the project who maintained a non-zero income, or increased income, from project entry to exit or Annual Assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q19	≥ 85%	≥ 75%	6
			70% - 84.9%	60% - 74.9%	4
			55% - 69.9%	45% - 59.9%	3
			40% - 54.9%	30% - 44.9%	2
			< 40%	< 30%	0
3B. Non-Cash Mainstream Benefits	<p>Successes in connecting participants with non-cash mainstream benefits are measured by the percentage of adult stayers/leavers with non-cash benefit sources, excluding all stayers not yet required to have an annual assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q20	≥ 95% = 6		
			90% - 94.9% = 4		
			80% - 89.9% = 3		
			75% - 79.9% = 2		
			< 75% = 0		

SACRAMENTO CONTINUUM OF CARE

3C. Health Insurance	<p>Successes in connecting participants with health insurance are measured by the percentage of stayers/leavers with health insurance, excluding all stayers not yet required to have an annual assessment.</p> <p>Participants that passed away during the measurement period do not impact the project's performance</p>	APR Q5 APR Q21	$\geq 95\% = 2$
			$90\% - 94.9\% = 1$
			$< 90\% = 0$

4. UTILIZATION PERFORMANCE (22 pts.)

Name	Description	Sources	Score
4A. Bed and/or Unit Utilization	<p>For PSH projects, utilization will be measured based on units utilized (per APR data).</p> <p>For RRH projects, utilization will be measured using units (per APR data) plus the number of households enrolled but not yet housed.</p> <p>For TH-RRH projects, utilization will be measured using units (per APR data), plus the number of households enrolled in only RRH but not yet housed.</p> <p>A project may request utilization be measured based on beds instead of units by providing a written explanation of why beds is a more accurate measure.</p> <p>Request consideration in advance of review and rank- SSF will request this information as part of the APR review process.</p> <p>SSF will review all submissions and make recommendations on scoring this factor to the review and rank panel.</p>	APR Q7b APR Q8b E-Snaps	$\geq 95\% = 12$
			$90\% - 94.9\% = 9$
			$85\% - 89.9\% = 6$
			$80\% - 84.9\% = 3$
			$< 80\% = 0$

SACRAMENTO CONTINUUM OF CARE

	<p>Grounds for consideration include but are not limited to:</p> <p>Multiple households sharing one unit of housing;</p> <p>Build units not available due to circumstances outside of provider control;</p> <p>Leased up units not available due to circumstances outside of provider control.</p> <p>Other circumstances will also be considered and evaluated based on merit.</p>		
4B. Grant Spenddown	<p>Successes in Grant Spenddown are measured by dividing the amount of money drawn down from e-LOCCs during the project's most recently completed contract by the amount on the corresponding GIW.</p>	e-LOCCs E-Snaps	$\geq 95\% = 8$
			85% - 94.9% = 5
			75% - 84.9% = 3
			$< 75\% = 0$
4C. Quarterly Drawdowns	<p>Successes in Grant Spenddown are also measured by the number of drawdowns made by projects, and depend on projects drawing down quarterly (i.e., occurring at least once in each three-month period during the year).</p> <p>Award 0.5 points for each successful quarterly drawdown over the competition period.</p>	RFI	Up to 2 points

5. SEVERITY OF NEED AND SERVICE QUALITY (20 pts.)

Name	Description	Sources	Score
5A. Severity of Needs & Special Considerations	<p>Full points will be awarded for projects that fully meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Dedicated to or targeting chronically homeless families and/or individuals • Dedicated to or target under-served populations, including: seniors, people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria), and households who do not qualify for other federal, state or locally funded PSH or RRH assistance. • Projects that do not meet the criteria provided in either of the two bullet points above but include a compelling explanation about the quantifiable gap their project fills in the community may also be awarded up to full points. 	RFI APR Q5a Q13a1, Q14a, Q27a	Up to 10 Points

SACRAMENTO CONTINUUM OF CARE

5B. Quality of Services	<p>Award up to 7 of the 10 points possible for 5B for Successes in Quality of Services as measured based on the project's narrative explanation and detail on the extent to which the project provides services that:</p> <ul style="list-style-type: none"> • Offer ongoing support to stay housed, • Are comprehensive and well-coordinated, • Are thoughtfully matched to the needs of the target population <p>Award up to 3 of the 10 points possible for 5B for Adherence to new CoC Standards as follows: Renewal projects must review the CoC Standards adopted in December 2023 for current adherence by project type and commit to establish a plan of action to work towards greater fidelity to those standards specific to service accessibility, quality, staffing, etc. Please include the project's current ratio of on-site direct service staff (e.g. case manager) to residents, the number of additional staff and/or volunteers support direct service staff and a brief description of the rationale and/or circumstances contributing to this approach to case management.</p> <p>Successes for projects provided by Victim Service Providers are also measured based on the project's narrative explaining the extent to which the project provides services that improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>Full points will be available to domestic violence projects that provide objective data on how they improved participant safety.</p>	<p>RFI</p>	<p>Up to 10 points</p>
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6. COMPLIANCE (12 pts.)

Name	Description	Sources	Score
6A. Monitoring Findings	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>6A2. Monitoring (4 points) Award full points (4 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. 	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 3 calendar years.</p> <p>RFI</p>	Up to 8 points

	<p>Award up to full points (4 points) for the project if:</p> <ul style="list-style-type: none">• If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel.• If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 2 points if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

6B. Accurate Data	Successes in Accurate Data are measured using the percent of data recorded as either missing, don't know, client refused to answer, and/or unable to calculate, where the lower percentage the better. Projects with less than 5% data inaccuracy should receive full points.	APR Q6	< 5% error = 2
			5% - 10% error = 1
			> 10% error = 0
6C. Timely Data	Successes in Timely Data are measured using the average length of time (in days) between when a client enters or exits the project, and when the project records the entry or exit in HMIS. Projects that entered client entries/exits into HMIS in under 5 days received full points	APR Q6e	< 5 days = 2
			5 days – 8 days = 1
			> 8 days = 0

7. COMMUNITY (11 pts.)

Name	Description	Sources	Score
7A. Participation in CoC Activities	Successes in Participation in CoC Activities are measured based on the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFO. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 4 points
7B. Mandatory Training	Successes in Mandatory Training are based on whether the agency demonstrated regular attendance at mandatory training events by attending at least one such event per quarter.	RFI SSF Staff Report	Up to 2 points

SACRAMENTO CONTINUUM OF CARE

7C. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <p>Deduct <u>up to 5 points</u> if project was late in finalizing APRs without valid reason.</p> <p>Deduct 2 points if any portion of the local application was turned in <u>up to</u> 24 hours late.</p> <p>Deduct 5 points if any mandatory portion of the local application was <u>more than</u> 24 hours late.</p> <p>If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.</p>	Analysis	Up to 5 points
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8. ENHANCING CAPACITY (3 pts.)

Name	Description	Sources	Score
8A. Transitions to Permanent Housing	Success is measured by PSH programs that effectively facilitate successful flow from PSH to other permanent housing (including housing with rental subsidy), evidenced by percent of individuals served that exit to other permanent housing.	APR Q23	Up to 3 points

9. BONUS FACTORS (11 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

<p>9B. BONUS Unique Funding</p>	<p>Award full points to housing projects that leverage a source of one-time or on-going funding that may not be used to serve individuals experiencing homelessness if this project is defunded. The funding can be in any amount to meet this criterion.</p> <p>One example of funding meeting these criteria is project-based Housing Choice Vouchers because this funding is not limited to individuals experiencing homelessness. If the project loses CoC funding, the project-based vouchers may not be used to serve individuals experiencing homelessness.</p>	<p>RFI</p>	<p>Up to 3 points</p>
	<p><u>Identifying and Addressing Barriers:</u> Based on the degree to which the organization:</p> <p>1) Award up to one point if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals as identified in the All In Sacramento Plan appendix, or through project level data provided by the organization; and</p>		

SACRAMENTO CONTINUUM OF CARE

<p>9C. BONUS Organizational Commitment to Racial Equity</p>	<p>2) Award up to one point if the organization has taken concrete steps to address the identified barriers in (1) above and lessen their impact on BIPOC individuals. Steps described should be designed to address the specific experiences of BIPOC individuals.</p> <p><u>BIPOC Representation in Leadership:</u></p> <p>Award up to three points for the organization's explanation of its commitment to serving Black, Indigenous, and other People of Color (BIPOC) since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.</p> <p>Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:</p> <ul style="list-style-type: none"> • Award up to one point if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color. • Award up to two points to the extent that the organization describes concrete steps that have been taken to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness. <ul style="list-style-type: none"> ○ These may include but are not limited to: <ul style="list-style-type: none"> ▪ Opportunities for cultural competency and implicit bias trainings; 	<p>RFI</p>	<p>Up to 5 points</p>
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SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none">▪ Policies related to language accessibility; and▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves. <ul style="list-style-type: none">○ The applicant must also describe the impact or results of their strategies.		
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2024 New Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing	25 points
3. Services	20 points
4. Agency Capacity	25 points
5. Prioritization, option of: a. Prioritization for New Projects Except for DV Bonus b. Prioritization for DV Bonus	25 points
6. Community	10 points
TOTAL	105 points

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures will be consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or comparable database for domestic violence services).	Met/Not Met
Formerly Homeless Input	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically board of directors membership or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met
Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Eligible Applicant	Neither the applicant nor the sub-recipients (if any) are for-profit entities.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Equal Access	The project will provide equal access to housing and services without regard to sexual orientation, gender identity, or local residency status.	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual federal expenditures over \$750,000, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual federal expenditures under \$750,000 provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met

Match	Agency will be able to provide 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency will actively prevent discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Budget	Agency has made a good faith effort to complete the budget template provided, showing both CoC and non-CoC funding sources for the project.	Met/Not Met
For DV Bonus Projects Only: Serving DV	Project is 100% dedicated to serving victims who are fleeing or attempting to flee domestic violence, including dating violence, sexual assault, stalking, and/or human trafficking who came from sheltered or unsheltered situations. The project must follow a Housing First model and utilize trauma-informed and client-centered approaches.	Met/Not Met

2. HOUSING (25 pts.)

Name	Description	Sources	Score
2.A. Fully Described and Appropriate Housing	<p>Award points for a housing design that:</p> <ul style="list-style-type: none"> • is clearly and fully described • has a layout or features that are thoughtfully matched to the target population • is strategically located to meet the needs of the target population • is physically accessible to persons with disabilities • will help maximize client choice in the CoC (e.g. by including a plan to evaluate each client's needs, strengths, and preferences in order to determine which mainstream benefits and/or jobs the client could qualify for) • is designed to protect the safety of the population they serve 	RFI	Up to 10 points
2.B. Ready to Start	<p>Award points if the project will be ready to begin housing clients within 3 months of receiving HUD funding. Consider:</p> <ul style="list-style-type: none"> • Whether the agency has adequately described how the project will acquire the necessary housing for the project type. For RRH, this should include landlord engagement strategies, whether proposed to be conducted directly by the project or by a partner entity; • Whether the project site faces regulatory obstacles such as tenant displacement, environmental issues, or zoning issues; • Whether the agency's current staff has the capacity to begin preparing for this project; • Whether the agency already has policies and procedures that can be used as-is or easily adapted for use in a CoC-funded project 	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

2.C. Program Outcomes	<p>Award points if:</p> <ul style="list-style-type: none"> • The project's goals are realistic and sufficiently challenging given the scale of the project. • Outcomes are measurable and appropriate to the population being served, and must meet minimum CoC- adopted targets, including: <ul style="list-style-type: none"> ○ At least 85% of clients experience positive housing outcomes ○ At least 55% of adult clients maintain or increase their income from all sources • Prospective outcomes reflect actual performance outcomes from other projects administered by the applicant (as appropriate). 	RFI	Up to 10 points
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3. SERVICES (20 pts.)

Name	Description	Sources	Score
3.A. Appropriate Supportive Services	<p>Award points for services that:</p> <ul style="list-style-type: none"> • are consistent with CoC Standards adopted in December 2023 for the applicable project type, including proposed client to staff ratios offer ongoing support to stay housed, • are comprehensive and well- coordinated, • include culturally-relevant services and supports, and • are thoughtfully matched to the target population. 	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

	<p>Award points based on the project's plans for supportive services to be provided directly through HUD CoC funding, by the agency through another funding source, or through referral to another community partner. For projects that will be referring specific types of clients to specific outside services, award points if the project explains a concrete plan for referrals, giving examples of:</p> <ul style="list-style-type: none"> ● Who will be referred; ● The agencies that will accept referrals; ● The types of services to be provided; and ● The logic behind the agency's referral scheme <p>For RRH projects, award points if the project proposes to offer all three components of RRH (housing search/placement, time-limited financial assistance, and housing-focused case management and stabilization), whether alone or in partnership with other providers.</p> <p>For Victim Service Providers award points for services that are consistent with evidence-based practices and improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>For projects serving unique sub-populations (e.g., transition age youth), award points if the project proposes services consistent with evidence-based practices for the target population (e.g., Positive Youth Development).</p>		
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SACRAMENTO CONTINUUM OF CARE

3.B. Relevant Experience	<p>Award points if the agency submitting this application has demonstrated, through past performance, the ability to successfully carry out the work proposed and has successfully served homeless people as a particular group.</p> <p>Consider the experience of the agency in handling a similar project (e.g. if the project will involve relocation of tenants, what experience does the agency have with relocation).</p> <p>For PSH projects, award points if the project proposes to leverage existing landlord relationships to increase scattered site PSH placement opportunities and efficiencies.</p>	RFI	Up to 10 points
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4. AGENCY CAPACITY (20 pts.)

Name	Description	Sources	Score
4.A. Budget	<p>Award points based on the bullet points below:</p> <ul style="list-style-type: none"> • Project has submitted a budget that is clear, complete, and easy to read. • The budget shows that the project will have enough resources to provide high-quality, reliable services to the target population. • The budget shows that the project will leverage significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds. Award points for projects proposing more than 25% cash or in-kind match. • The budget shows that the project is taking appropriate measures to contain costs. 	Budget RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

<p>4.B. Agency Capacity</p>	<p>Award points if agency: Has successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC (or can otherwise demonstrate that it can successfully manage complex reporting requirements).</p> <ul style="list-style-type: none"> • Has sufficient fiscal capacity to manage the grant, including: <ul style="list-style-type: none"> ○ internal financial controls ○ grant match tracking ○ well-maintained records ○ oversight by a board of directors ○ a strategy for documenting eligible costs ○ a strategy for ensuring adequate grant drawdowns • Is large enough to handle the expected client case load; • Is familiar with innovative or evidence-based practices; • Includes at least one person with formal training and/or education in a relevant social services field 	<p>e-LOCCs E-Snaps</p>	<p>Up to 10 points</p>
<p>4.C. Monitoring Findings</p>	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and</p>	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 2 years.</p> <p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

	<p>(2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>4C1. Monitoring (2.5 points) Award full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. <p>Award up to full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel. • If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 1 point if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

Factor 4D. Organizational Commitment to Racial Equity

Identification of Barriers: Based on the degree to which the organization:

- 1) Award **up to one point** if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and other People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals; specifically referring to the All In Sacramento racial disparities appendix or program level data(1 point) and
- 2) Award **up to one point** if the organization has taken concrete steps to address the identified barriers in the All In Sacramento appendix or data provided in part 1 and lessen their impact on BIPOC individuals. Strategies described should be designed to address the specific experiences of BIPOC individuals.

BIPOC Representation in Leadership:

Award **up to three points** for the organization's explanation of its commitment to serving BIPOC since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.

Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:

- Award **up to one point** if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color.
- Award **up to two points** to the extent that the organization describes concrete steps that have been taken

RFI

Up to 5
points

SACRAMENTO CONTINUUM OF CARE

	<p>to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness.</p> <ul style="list-style-type: none">○ These may include but are not limited to:<ul style="list-style-type: none">▪ Opportunities for cultural competency and implicit bias trainings;▪ Policies related to language accessibility; and▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves.○ The applicant must also describe the impact or results of their strategies.		
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5A. PRIORITIZATION FOR NEW PROJECTS EXCEPT DV BONUS (25 pts.)

If this application is for a DV Bonus-funded new project, please skip this section and move to the next.

Name	Description	Sources	Score
5.A.1. Community Priority	<p>Award points if the project addresses the priorities established by the CoC for 2024:.</p> <ul style="list-style-type: none"> PSH for chronically homeless families and individuals, with priority for projects targeting under-served populations, including seniors and people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria). PSH scattered site projects that leverage existing scattered site PSH relationships and service model with higher performing renewal agencies (with definition for “high performing” projects, as defined in the Review and Ranking section, above. RRH for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter or fleeing domestic violence, with priority for those who do not qualify for other federal, state or locally funded rapid rehousing assistance. <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E-snap RFI</p>	<p>Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

5.A.2. HUD Priority	<p>Award points if the project addresses the priority needs identified by HUD in 2024:</p> <ul style="list-style-type: none"> • TBD <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E- snaps</p> <p>RFI</p>	<p>Up to 5 points</p>
5.A.3. Severity of Needs & Special Considerations	<p>Award points to projects that will serve population(s) with severe needs and vulnerabilities and who meet local EVH criteria.</p> <p>Applicants should specifically address how the unique healthcare and support needs are met, including specific service partnerships that increase access to onsite or home-based services.</p>	<p>RFI</p> <p>APR</p>	<p>Up to 10 points</p>

5B. PRIORITIZATION FOR DV BONUS HOUSING (25 pts.)

Use this section instead of the previous page if the project is applying for DV Bonus funding. For all scoring purposes, “domestic violence” also includes dating violence, sexual assault, stalking, and/or trafficking.

Name	Description	Source	Score
5.B.1. How Project will Address Need	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • Project provides data describing the CoC’s population of domestic violence survivors • Project explains how it proposes to meet the unmet needs of domestic violence survivors, especially with survivors who come from unsheltered situations. • The project will have housing that is specifically designed to accommodate the needs of survivors. • The project’s staff has skills that are specifically needed to identify and locate survivors, or to persuade survivors to accept and enter housing. • The project’s staff utilize trauma-informed and client-centered approaches. • The project meets a priority need identified by HUD in 2024: <ul style="list-style-type: none"> ○ TBD, pending NOFO release. 	RFI	Up to 5 points
5.B.2. Previous Performance	Award points if the agency has experience serving, or demonstrates a plan to serve, victims who are fleeing, or attempting to flee, domestic violence, which includes dating violence, sexual assault, stalking, and/or human trafficking, and that experience, or plan, specifically shows that they can serve victims who come from unsheltered situations.	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

5.B.3. Ability to Meet Safety Outcome s	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • The project articulates a specific plan incorporating evidence-based approaches and services for ensuring that its residents will be safe from further domestic violence. • The project sets quantitative safety targets that are appropriate and realistic. • The project explains why it is likely to be able to achieve the targeted safety outcomes. 	RFI	Up to 10 points
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6. COMMUNITY (10 pts.)

Name	Description	Sources	Score
6.A. Participation in CoC Activities	<p>Award points for the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.</p> <p>For organizations new to the CoC: points may be awarded for organizations that have not previously engaged in CoC activities, but have demonstrated interest and commitment via attending CoC NOFO trainings and technical assistance sessions.</p>	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

6.B. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <ul style="list-style-type: none">• Award 3 points if any portion of the local application was turned in <u>up to</u> 24 hours late.• Award no points if any mandatory portion of the local application was <u>more than</u> 24 hours late.• If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.	Analysis	Up to 5 points
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1E-2a. Scored Forms for One Project

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Name of Project																				
	<u>2A.</u>	<u>2B.</u>	<u>3A.</u>	<u>3B.</u>	<u>3C.</u>	<u>4A.</u>	<u>4B.</u>	<u>4C.</u>	<u>5A.</u>	<u>5B.</u>	<u>6A.</u>	<u>6B.</u>	<u>6C.</u>	<u>7A.</u>	<u>7B.</u>	<u>7C.</u>	<u>8A.</u>	<u>9B.</u>	<u>9C.</u>	<u>Total</u>
Panel Member 1	18	0	6	6	2	9	8	2	10	8	8	2	2	4	2	5	2	0	0	94
Panel Member 2	18	0	6	6	2	12	8	2	10	7	8	2	2	4	2	5	2	0	0	96
Panel Member 3	18	0	6	6	2	9	8	2	10	7	7	2	2	4	2	5	1	0	0	91
Panel Member 4	18	0	6	6	2	9	8	2	10	8	8	2	2	4	2	5	2	0	0	94
Panel Member 5	18	0	6	6	2	12	8	2	10	6.5	8	2	2	3	2	5	1.5	0	0	94
																				93.8
Average Score	18	0	6	6	2	10.2	8	2	10	7.3	7.8	2	2	3.8	2	5	1.7	0	0	

1E-5. Notification of Projects Rejected-Reduced

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Screenshot of Final Ranked List Posting Online	5
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Jesse Archer

From: Sacramento Steps Forward <no-reply@sacramentostepsforward.ccsend.com>
Sent: Monday, October 14, 2024 10:44 AM
To: Jesse Archer
Subject: FY2024-2025 CoC Program NOFO Competition Update | Approved Priority Listing by the CoC Board **Notification of the final priority list 15 days before HUD CoC Program Competition deadline.**

CoC Program Competition: Notice of Funding Opportunity

FY 2024-2025 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) Competition Updates

Sacramento City & County Continuum of Care Priority Listing

Dear FY2024-2025 CoC NOFO Competition Applicant,

The U.S. Department of Housing and Urban Development (HUD) released the FY 2024 & 2025 Notice of Funding Opportunity (NOFO) on July 31, 2024. Applications are due to HUD by October 30, 2024. Learn more and visit the CoC's NOFO [webpage](#) for more information.

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[Link to the final ranked listed posted online](#)

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In accordance with and as a result of the [2024 CoC Project Review & Ranking Policies](#), the following determinations for new and renewal projects were made by the Review & Rank Panel and Appeals Panel (*note: funding is conditional on HUD award*):

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2024 Continuum of Care (CoC) x

sacramentostepsforward.org/2024-continuum-of-care-coc-program-competition/

About the FY 2024-2025 CoC Program Competition

Details & Dates What's New Materials & Resources Office Hours Get Help Previous NOFO Competitions

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9:19 AM 10/14/2024

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DV Bonus Funding Available		\$2,066,324						
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CoC Planning (Not Ranked)		\$1,500,000		Tier 2 Available		\$10,224,433		
Total Funding Available (Including Planning)		\$41,974,370		Tier 1 + Tier 2 Total		\$38,408,046		
Tier 1 Recommended List = \$28,183,613								
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4	No	Auto	Mutual Housing at Highlands**	Lutheran Social Services	PSH Renewal	21	21	\$485,133
5	No	102.4	Youth Connect	Lutheran Social Services	PSH Renewal	20	15	\$443,338
6	No	99.3	Connections	Lutheran Social Services	RRH Renewal	19	16	\$585,102
7	No	95.7	Saybrook	Lutheran Social Services	PSH Renewal	184	55	\$597,941
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10	No	93.8	Quinn Cottages	Cottage Housing	PSH Renewal	70	60	\$318,083
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26	No	Auto	Sacramento HMIS*	Sacramento Steps Forward	HMIS	N/A	N/A	\$273,194
27	No	Auto	SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$300,000
28	No	Auto	SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$325,658
29	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$5,552,573
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Not Ranked Per NOFO Guidelines - Planning Grant - \$1,500,000								
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1E-5a. Notification of Projects Accepted

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1E-5b. Local Competition Selection Results

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Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
1	No	Auto	Home At Last**	Next Move Homeless Services	PSH Renewal	22	22	\$437,908
2	No	Auto	Lavender Courtyard**	Lutheran Social Services	PSH Renewal	24	24	\$313,417
3	No	Auto	Mather Veterans Village**	Mercy Housing California	PSH Renewal	11	11	\$189,508
4	No	Auto	Mutual Housing at Highlands**	Lutheran Social Services	PSH Renewal	21	21	\$485,133
5	No	102.4	Youth Connect	Lutheran Social Services	PSH Renewal	20	15	\$443,338
6	No	99.3	Connections	Lutheran Social Services	RRH Renewal	19	16	\$585,102
7	No	95.7	Saybrook	Lutheran Social Services	PSH Renewal	184	55	\$597,941
8	No	95.1	440 Arden Way	Lutheran Social Services	PSH New	47	31	\$428,107
9	No	94.3	Building Bridges	Lutheran Social Services	PSH Renewal	212	124	\$375,626
10	No	93.8	Quinn Cottages	Cottage Housing	PSH Renewal	70	60	\$318,083
11	No	90	Senior Connect	Lutheran Social Services	PSH Renewal	35	25	\$644,404
12	No	89.7	Achieving Change Together (ACT)	Lutheran Social Services	PSH Renewal	50	50	\$1,116,892
13	No	87.29	Survivors of Human Trafficking (DV)	Opening Doors, Inc.	TH-RRH Renewal	33	20	\$698,024
14	No	86	Shelter Plus Care Boulevard Court	SHRA	PSH Renewal	14	14	\$232,514
15	No	84.27	My Sister's House (MSH) - RRH (DV)	My Sister's House	RRH	17	10	\$297,373
16	No	83.3	Hope RA	Hope Cooperative (TLCS)	PSH Renewal	235	180	\$3,180,373
17	No	82.4	Step Up Sacramento	Next Move Homeless Services	PSH Renewal	196	130	\$3,275,215
18	No	81.2	Omega	Next Move Homeless Services	PSH Renewal	80	37	\$452,641
19	No	Auto	New Vision (Friendship)*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	130	\$3,809,573
20	No	Auto	New Chance*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	38	\$1,243,861
21	No	Auto	Esperanza Sacramento Rising*	SHELTER, Inc.	RRH TH-RRH Renewal	40	15	\$755,812
22	No	Auto	CARE Campus*	Lao Family Community Development	Renewal PSH-TH-RRH	40	40	\$824,307
23	No	Auto	Cornerstone Boulevard*	Lutheran Social Services	PSH Renewal	33	33	\$333,980
24	No	Auto	New Transitional and Rapid Rehousing Project*	Bridging Initiatives International	Renewal RRH-TH	27	6	\$393,056
25	No	Auto	Northview Pointe*	Hope Cooperative	PSH Renewal	66	66	\$300,000
26	No	Auto	Sacramento HMIS*	Sacramento Steps Forward	HMIS	N/A	N/A	\$273,194
27	No	Auto	SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$300,000
28	No	Auto	SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$325,658
29	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$5,552,573
Tier 2 Recommended List = \$10,224,433								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
30	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$1,578,142
31	Yes	76.7	Step Up on Second Sacramento PSH	Step Up on Second Street	PSH New	110	50	\$1,199,907
32	Yes	76.4	Arrive Together (DV)	SHELTER, Inc.	RRH New (DV Bonus)	100	66	\$2,066,324
33	Yes	76.3	New Destiny	SHELTER, Inc.	PSH New	202	133	\$4,115,148
34	Yes	73.75	Joy of Living (DV)	Lao Family Community Development	TH-RRH Renewal	60	15	\$490,969
35	Yes	70.4	Bridging Joint RRH Project (DV)	Bridging Initiatives International	RRH New (DV Bonus)	17	8	\$550,000
36	Yes	65.3	Next Chapter Housing	Wind Youth Services	Joint TH-RRH New	8 - TH 6 - RRH	N/A	\$701,916
37	Yes	69.3	Pathways Fairview & Bravado Project	Turning Point Community Programs	PSH Renewal	42	12	\$232,628
38	Yes	60.8	Esperanza Sacramento - DV	SHELTER, Inc.	RRH TH-RRH Renewal	24	9	\$748,737
Renewing Noncompetitively - YHDP - \$2,977,772								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
N/A	No	Not Scored	Waking the Village Youth-Led Outreach	Waking the Village	SSO-Street Outreach	N/A	N/A	\$212,269
N/A	No	Not Scored	Waking the Village TH-RRH	Waking the Village	Joint TH-RRH	36	12	\$1,054,132
N/A	No	Not Scored	College Initiative	Lutheran Social Services	SSO	N/A	N/A	\$450,000
N/A	No	Not Scored	Inspiring Youth Voices	Lutheran Social Services	RRH	22	16	\$753,872
N/A	No	Not Scored	HMIS - YHDP	Sacramento Steps Forward	HMIS	N/A	N/A	\$110,000
N/A	No	Not Scored	Coordinated Entry - YHDP	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$110,000
N/A	No	Not Scored	Systems Navigation and Supportive Services	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$287,500
Not Ranked Per NOFO Guidelines - Planning Grant - \$1,500,000								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
Not Ranked Per NOFO Guidelines	No	Auto	Planning Project	Sacramento Steps Forward	Planning Project	N/A	N/A	\$1,500,000
Received & Not Ranked - Ineligible Project Types								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
N/A	No	Not Scored	Care Campus - Rancho	Lao Family Community Development	Joint TH-RRH	24	22	\$740,390
N/A	No	Not Scored	Sacramento Supportive Housing	Sacramento Supportive Housing	SSO	0	0	\$30,250
**Projects automatically placed in Tier 1 because they have less than 18 months of operations data, have a HMIS project type, or a Coordinated Entry project type, per the CoC NOFO Review and Rank policies.								
***High performing projects automatically ranked at the top of Tier 1 due to performance metrics on housing retention/placement, income, bed/unit utilization, and grant spenddown, per the Review and Rank Policies.								

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report

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2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

V 2024.42.1

2024 HDX Competition Report

2024 Competition Report - Summary

CA-503 - Sacramento City & County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year

2) *This considers all extensions where they were provided.

2) **"Met Deadline" in this context refers to FY23 SPM submissions. Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily and are not required.

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Partially Usable									
Not Usable									

EST

Category	2021	2022	2023
Total Sheltered Count	5,826	6,553	7,245
AO	4,284	4,767	4,868
AC	1,426	1,719	2,346
CO	40	76	73

RRH

Category	2021	2022	2023
Total Sheltered Count	4,424	4,724	5,272
AO	2,034	1,788	1,557
AC	2,391	2,920	3,712
CO	0	4	4

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	3,068	2,993	3,105
AO	2,024	1,957	1,891
AC	1,037	1,024	1,205
CO	1	3	1

- 1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
- 2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type. Therefore, the sum of the number of people by household type may be greater than the unique count of people.
- 3) Total Sheltered count only includes those served in HMIS participating projects reported by your CoC.
- 4) For CoCs that experienced mergers during any of these reporting periods, historical data will include only the original CoCs.

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	6,234	159.9	96.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	7,212	181.8	110.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	8,670	748.1	379.5
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	9,669	742.8	395.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns ⁴	Count	% of Returns ⁶	Count	% of Returns ⁸
Exit was from SO	187	22	11.8%	10	5.4%	11	5.9%	43	23.0%
Exit was from ES	933	116	12.4%	61	6.5%	81	8.7%	258	27.7%
Exit was from TH	257	23	9.0%	11	4.3%	14	5.5%	48	18.7%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	1,602	105	6.6%	80	5.0%	206	12.9%	391	24.4%
TOTAL Returns to Homelessness	2,979	266	8.9%	162	5.4%	312	10.5%	740	24.8%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	7,360
Emergency Shelter Total	6,361
Safe Haven Total	0
Transitional Housing Total	1,234

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased earned income	59
Percentage of adults who increased earned income	5.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased non-employment cash income	492
Percentage of adults who increased non-employment cash income	41.3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased total income	523
Percentage of adults who increased total income	43.9%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased earned income	19
Percentage of adults who increased earned income	6.5%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.5 - Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased non-employment cash income	126
Percentage of adults who increased non-employment cash income	43.2%

Metric 4.6 - Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased total income	140
Percentage of adults who increased total income	48.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	5,782
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2,142
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3,640

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	9,378
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3,078
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	6,300

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	3,549
Of persons above, those who exited to temporary & some institutional destinations	447
Of the persons above, those who exited to permanent housing destinations	331
% Successful exits	21.9%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	6,887
Of the persons above, those who exited to permanent housing destinations	2,421
% Successful exits	35.2%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	3,329
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	3,164
% Successful exits/retention	95.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	6,361	1,234	3,684	5,510	4,036
Total Leavers (HMIS)	4,612	789	541	3,503	3,270
Destination of Don't Know, Refused, or Missing (HMIS)	727	147	129	883	2,031
Destination Error Rate (Calculated)	15.8%	18.6%	23.8%	25.2%	62.1%

2024 HDX Competition Report

2024 Competition Report - SPM Notes

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate notes with lots of text.

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2024 HDX Competition Report

2024 Competition Report - HIC Summary

CA-503 - Sacramento City & County CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	2,490	2,391	2,490	0	2,490	96.0%
SH	0	0	0	0	0	NA
TH	771	715	771	0	771	92.7%
RRH	930	891	891	0	891	100.0%
PSH	4,323	3,494	4,323	0	4,323	80.8%
OPH	657	657	657	0	657	100.0%
Total	9,171	8,148	9,132	0	9,132	89.2%

2024 HDX Competition Report

2024 Competition Report

CA-503 - Sacramento City & Co

For HIC conducted in January/1

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster**	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	2,490	0	0	0	0	NA
SH	0	0	0	0	0	NA
TH	771	0	0	0	0	NA
RRH	930	39	39	0	39	100.00%
PSH	4,323	0	0	0	0	NA
OPH	657	0	0	0	0	NA
Total	9,171	39	39	0	39	100.00%

2024 HDX Competition Report

2024 Competition Report

CA-503 - Sacramento City & Co

For HIC conducted in January/1

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	2,490	2,391	2,490	96.02%
SH	0	0	0	NA
TH	771	715	771	92.74%
RRH	930	930	930	100.00%
PSH	4,323	3,494	4,323	80.82%
OPH	657	657	657	100.00%
Total	9,171	8,187	9,171	89.27%

2024 HDX Competition Report

2024 Competition Report - HIC Summary

CA-503 - Sacramento City & County CoC

For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	772	819	764	933	984

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) Data included in these tables reflect what was entered into HDX 2.0.

5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

7) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

CA-503 - Sacramento City & County CoC

For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/24/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered-Only Count	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Emergency Shelter Total	1,130	1,125	1,348	1,979	1,986	2,174
Safe Haven Total	0	0	0	0	0	0
Transitional Housing Total	531	486	537	635	631	497
Total Sheltered Count	1,661	1,611	1,885	2,614	2,617	2,671
Total Unsheltered Count	3,900	0	0	6,664	0	3,944
Total Sheltered and Unsheltered Count*	5,561	1,611	1,885	9,278	2,617	6,615

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

3) In 2021, for CoCs that conducted a "Sheltered and partial unsheltered count", only aggregate and not demographic data were

2024 HDX Competition Report

2024 Competition Report - PIT Summary

CA-503 - Sacramento City & County CoC

For PIT conducted in January/February of 2024

collected.

Memorandum of Understanding between Arden Armory Affordable LP (the “Owner”) and Lutheran Social Services (“LSS”)

Site-Wide Resident Services

Background

This Memorandum of Understanding is a partnership agreement (“Agreement”) by and between Arden Armory Affordable LP and Lutheran Social Services (LSS) for the site-wide residential services at 440 Arden Way (“Project”).

Arden Armory Affordable LP is in the process of developing an apartment building for low-income families, of which 25% of the units will be reserved for formerly homeless families, located at 440 Arden Way, Sacramento, CA 95815. The Project consists of 124 units including 123 residential units (“Residents”) and 1 manager’s unit.

Lutheran Social Services is a nonprofit organization that have been providing housing and support services to low-income families and homeless adults, families, transition-aged youths and college students. LSS operates programs in San Francisco, Contra Costa, San Joaquin, Sacramento, Shasta, and Yolo counties. Services include stabilization in the transition from homelessness to being housed, benefits acquisition, independent living skills, and planning and skill building for a future move to independent living.

LSS agrees to provide the following services, on a regular and ongoing basis, at no cost to residents: A minimum of .5 FTE Service Coordination Staff, including Education and Community Building Activities of fered throughout the year. Services will be available within 6 months of the placed-in-service date f or a minimum of 15 years, and be scoped to meet minimum f unding obligations. Services will be conducted in the of f ice, community room or other available community space onsite at 440 Arden Way, Sacramento, CA. 95815.

Lutheran Social Services agrees to:

1. LSS agrees to do a formal intake of all Residents within the first 60 days of residency and regularly outreach to all residents, with a special focus on regularly reaching out to engage families who exhibit the highest level of need.
2. LSS agrees to facilitate the provision of support groups or workshops issues that are relevant to Residents to provide residents with an opportunity to socialize, address individual and/or family issues, and improve interpersonal skills.
3. LSS agrees to meet weekly with on-site Property Management staff to review any notices of lease violations and/or community concerns to resolve issues that arise in an effort to be proactive in supporting Residents.
4. LSS agrees to participate in monthly attendance reporting, utilizing BRIDGE’s Saleforce attendance portal, f or all programs and services under this contract.
5. LSS agrees that it will provide a certificate of general liability insurance. The Insurance of Certificate should name Arden Armory Affordable LP, BRIDGE Property Management Company, BRIDGE Housing Corporation and their respective directors, officers, employees and agents as additional insured.

Arden Armory Affordable LP Agrees to:

1. The Owner agrees that it will work closely with LSS to: Maintain timely and ongoing communication regarding scheduling space, evaluation, and Resident participation.
2. The Owner agrees that it will be responsible for communicating needs and scheduling information regarding the use of the Project space.
3. The Owner agrees that it will promote the potential participants in the community through community newsletter and flyers.
4. The Owner agrees that it will serve as liaison between LSS and Residents, surrounding businesses and community.
5. The Owner agrees that it will provide access for LSS's team members and their clients to the facility, e.g. community rooms, computer lab, etc.
6. The Owner agrees that it will provide a staff member (Programs Coordinator) to assist, and support the program execution.
7. The Owner shall compensate to LSS through the Project's operating budget an amount equal to \$85,000.00 for the first year of operations and escalating a 3% per annum thereafter.

I have read and agree to comply with all the policies and procedures outlined in the above Agreement. I understand that my use of the community may require the use of the program from the community.


Caro Robert CEO

General Manager


Date

AR ER

By: Arden Armory Affordable LLC, a California limited liability company, its managing general partner and BRIDGE Housing Corporation, a California nonprofit public benefit corporation, its sole member and manager



Susan Neufeld-Paul

of Community Services

6/4/2024 | 11:26 AM PDT

Date

Before Starting the Project Listings for the CoC Priority Listing

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

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:
 - New;
 - Renewal;
 - UFA Costs;
 - CoC Planning;
 - YHDP Renewal; and
 - YHDP Replacement and Reallocation.
 - Attachment Requirement

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

Things to Remember:

- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

Collaborative Applicant Name: Sacramento Steps Forward

2. Reallocation

Instructions:

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

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects? No

Continuum of Care (CoC) New Project Listing

Instructions:

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

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

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Reallocation	Rank	PSH/RRH	Expansion
CARE Campus - Rancho	2024-09-30 13:59:...	Joint TH & PH-RRH	Lao Family Commun. ..	\$740,390	1 Year	CoC Bonus	X		
440 Arden	2024-10-25 19:08:...	PH	Lutheran Social S...	\$428,107	1 Year	CoC Bonus	8	PSH	
New Destiny	2024-10-25 19:55:...	PH	Shelter, Inc.	\$4,115,148	1 Year	CoC Bonus	33	PSH	

Step Up on Second...	2024-10-25 18:40:...	PH	Step Up on Second...	\$1,199,907	1 Year	CoC Bonus	31	PSH	
Arrive Together	2024-10-25 20:04:...	PH	Shelter, Inc.	\$2,066,324	1 Year	DV Bonus	D32	RRH	
Bridging Joint RRH	2024-10-28 11:57:...	PH	Sacramento Steps ...	\$550,000	1 Year	DV Bonus	D35	RRH	
Next Chapter Housing	2024-10-28 18:19:...	Joint TH & PH-RRH	Sacramento Steps ...	\$701,916	1 Year	CoC Bonus	36		

Continuum of Care (CoC) Renewal Project Listing

Instructions:

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

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

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

☒

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☒

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank s	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Home at Last	2024-10-28 20:13:...	1 Year	Sacramento Steps ...	\$437,908	1	PSH	PH		
Quinn Cottages	2024-10-25 20:34:...	1 Year	Sacramento Steps ...	\$318,083	10	PSH	PH		
Senior Connect	2024-10-28 20:37:...	1 Year	Lutheran Social S...	\$649,677	11	PSH	PH		
Achieving Change ...	2024-10-28 20:36:...	1 Year	Lutheran Social S...	\$1,116,892	12	PSH	PH		
Survivors of Huma...	2024-10-28 18:22:...	1 Year	Opening Doors Inc.	\$698,024	13	RRH	PH		
Boulevard Court	2024-10-25 18:22:...	1 Year	Sacramento Housin...	\$232,514	14	PSH	PH		
MSH Rehousing Pro...	2024-10-28 16:15:...	1 Year	Sacramento Steps ...	\$297,373	15	RRH	PH		
HOPE RA	2024-10-25 19:25:...	1 Year	TLCS, Inc.	\$3,180,373	16	PSH	PH		
Step Up Sacramento	2024-10-28 20:10:...	1 Year	Sacramento Steps ...	\$3,275,215	17	PSH	PH		
Omega Permanent S...	2024-10-25 20:29:...	1 Year	Sacramento Steps ...	\$452,641	18	PSH	PH		
New Vision	2024-10-25 19:37:...	1 Year	Shelter, Inc.	\$3,809,573	19	PSH	PH		
Lavender Courtyard	2024-10-25 19:09:...	1 Year	Lutheran Social S...	\$313,417	2	PSH	PH		
New Chance	2024-10-25 19:45:...	1 Year	Shelter, Inc.	\$1,243,861	20	RRH	PH		

Esperanza Sacramento ...	2024-10-25 19:29:...	1 Year	Shelter, Inc.	\$755,812	21	RRH	PH		
Care Campus	2024-10-28 16:21:...	1 Year	Sacramento Steps ...	\$824,307	22		Joint TH & PH-RRH		
Cornerstone Boule...	2024-10-25 17:45:...	1 Year	Lutheran Social S...	\$333,980	23	PSH	PH		
International New...	2024-10-25 12:22:...	1 Year	Sacramento Steps ...	\$393,056	24		Joint TH & PH-RRH		
Northview Pointe	2024-10-25 19:05:...	1 Year	TLCS, Inc.	\$300,000	25	PSH	PH		
Sacramento HMIS	2024-10-28 12:47:...	1 Year	Sacramento Steps ...	\$247,324	26		HMIS		
SSF Sacramento CES	2024-10-28 17:04:...	1 Year	Sacramento Steps ...	\$300,000	27		SSO		
SSF Sacramento Su...	2024-10-28 17:06:...	1 Year	Sacramento Steps ...	\$325,658	28		SSO		
Shelter Plus Care...	2024-10-28 13:59:...	1 Year	Sacramento Housin...	\$7,130,715	29	PSH	PH		
Mather Veterans V...	2024-10-25 11:09:...	1 Year	Mercy Housing Cal...	\$189,508	3	PSH	PH		
Joy of Living	2024-10-25 20:36:...	1 Year	Sacramento Steps ...	\$490,969	34	RRH	PH		
TPCP Pathways Fai...	2024-10-07 14:27:...	1 Year	Turning Point Com...	\$232,628	37	PSH	PH		
Esperanza Sacramento	2024-10-25 19:18:...	1 Year	Shelter, Inc.	\$748,737	38	RRH	PH		
Mutual Housing at...	2024-10-25 17:45:...	1 Year	Lutheran Social S...	\$485,133	4	PSH	PH		
Youth Connect	2024-10-28 20:37:...	1 Year	Lutheran Social S...	\$446,779	5	PSH	PH		
Connections	2024-10-25 17:44:...	1 Year	Lutheran Social S...	\$585,102	6	RRH	PH		
Saybrook	2024-10-25 19:09:...	1 Year	Lutheran Social S...	\$597,941	7	PSH	PH		

Applicant: Sacramento Steps Forward - Collaborative Applicant Profile

UEI#

Project: CA-503 CoC Registration FY2024

COC_REG_2024_215028

Building Bridges	2024-10-25 17:43:...	1 Year	Lutheran Social S...	\$375,626	9		SSO		
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Continuum of Care (CoC) Planning Project Listing

Instructions:

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

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

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
SSF Planning Proj...	2024-10-28 18:48:...	1 Year	Sacramento Steps ...	\$1,500,000	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

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

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

☒

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☒

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
Waking the Villag...	2024-10-15 20:03:...	Waking the Village	\$1,087,732	JOINT TH-RRH	1 Year	Yes		
Waking the Villag...	2024-10-15 20:03:...	Waking the Village	\$212,267	SSO	1 Year	Yes		
HMIS - YHDP	2024-10-28 18:22:...	Sacrament o Steps ...	\$110,000	HMIS	1 Year	Yes		
System Navigation ...	2024-10-28 18:21:...	Sacrament o Steps ...	\$287,500	SSO	1 Year	Yes		
Coordinate d Entry...	2024-10-28 18:23:...	Sacrament o Steps ...	\$110,000	SSO	1 Year	Yes		

Project Applicant Project Details

Project Name: Waking the Village TH-RRH FY2024
Project Number: 220970
Date Submitted: 2024-10-15 20:03:37.559
Applicant Name Waking the Village
Budget Amount \$1,087,732
Project Type JOINT TH-RRH
Program Type JOINT TH-RRH
Component Type JOINT TH-RRH
Grant Term 1 Year
Priority Type JOINT TH-RRH

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: Waking the Village Youth Led Outreach FY2024
Project Number: 220971
Date Submitted: 2024-10-15 20:03:18.197
Applicant Name Waking the Village

Budget Amount \$212,267
Project Type SSO
Program Type SSO
Component Type SSO
Grant Term 1 Year
Priority Type SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: HMIS - YHDP
Project Number: 223396
Date Submitted: 2024-10-28 18:22:24.234
Applicant Name Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount \$110,000
Project Type HMIS
Program Type HMIS
Component Type HMIS
Grant Term 1 Year
Priority Type HMIS

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: System Navigation-YHDP
Project Number: 224827
Date Submitted: 2024-10-28 18:21:12.077
Applicant Name Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount \$287,500
Project Type SSO
Program Type SSO
Component Type SSO
Grant Term 1 Year
Priority Type SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: Coordinated Entry-YHDP
Project Number: 223395
Date Submitted: 2024-10-28 18:23:30.514
Applicant Name: Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount: \$110,000
Project Type: SSO
Program Type: SSO
Component Type: SSO
Grant Term: 1 Year
Priority Type: SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

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

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

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

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$30,788,826
New CoC Bonus and CoC Reallocation Amount	\$6,445,078
New DV Bonus Amount	\$2,616,324
New DV Reallocation Amount	\$0
CoC Planning Amount	\$1,500,000
YHDP Renewal and Replacement Amount	\$1,807,499
YHDP Reallocation Amount	
Rejected Amount	\$740,390
TOTAL CoC REQUEST	\$43,157,727

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	2991 Forms Signed	10/28/2024
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: 2991 Forms Signed

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	10/21/2024
2. Reallocation	10/28/2024
5A. CoC New Project Listing	10/28/2024
5B. CoC Renewal Project Listing	10/28/2024
5D. CoC Planning Project Listing	10/28/2024
5E. YHDP Renewal Project Listing	10/28/2024

**5F. YHDP Replacement and YHDP Reallocation
Project Listing**

No Input Required

Funding Summary

No Input Required

Attachments

10/28/2024

Submission Summary

No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City and County Continuum of Care

Project Name: See attached list

Location of the Project: Unincorporated Areas of Sacramento City, see attached list

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

Name of Certifying Jurisdiction: City of Sacramento Housing Authority

Certifying Official of the Jurisdiction
Name: La Shelle Dozier

Title: Executive Director

Signature:



Date: 10/24/2024

Sacramento Continuum of Care FY2024 CoC Program Competition Projects Priority Listing
Projects in the City of Sacramento |
Approved by CoC Board October 9th, 2024

Project Name	Applicant Name	Type	Address
Lavender Courtyard**	Lutheran Social Services	PSH Renewal	1616 F Street, Sacramento, CA 95814
Youth Connect	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Connections	Lutheran Social Services	RRH Renewal	3200 V Street, Sacramento, CA 95817
Saybrook	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
440 Arden Way	Lutheran Social Services	PSH New	440 Arden Way, Sacramento, CA 95815
Building Bridges	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Quinn Cottages	Cottage Housing	PSH Renewal	1500 N A Street, Sacramento, CA 95811
Senior Connect	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Shelter Plus Care Boulevard Court	SHRA	PSH Renewal	5321 Stockton Blvd, Sacramento, CA 95820
Step Up Sacramento	Next Move Homeless Services	PSH Renewal	8001 Folsom Blvd, Sacramento, CA 95826
Omega	Next Move Homeless Services	PSH Renewal	8001 Folsom Blvd, Sacramento, CA 95826
New Vision (Friendship)*	SHELTER, Inc.	Renewal PSH-TH-RRH	700 North 5th Street, Sacramento, CA 95811
New Chance*	SHELTER, Inc.	Renewal PSH-TH-RRH	1333 Willow Pass Rd, Concord, CA 94520
Esperanza Sacramento Rising*	SHELTER, Inc.	RRH TH-RRH Renewal	700 North 5th Street, Sacramento, CA 95811
Cornerstone Boulevard*	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Northview Pointe*	Hope Cooperative	PSH Renewal	2330 Northview Drive, Sacramento, CA 95833
Sacramento HMIS*	Sacramento Steps Forward	HMIS	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Shelter Plus Care TRA	SHRA	PSH Renewal	630 I Street, Sacramento, CA 95814
Shelter Plus Care TRA	SHRA	PSH Renewal	630 I Street, Sacramento, CA 95814
Next Chapter Housing	Wind Youth Services	Joint TH-RRH New	815 S Street, Sacramento, CA 95811
Esperanza Sacramento - DV	SHELTER, Inc.	RRH TH-RRH Renewal	700 North 5th Street, Sacramento, CA 95811
Waking the Village Youth-Led Outreach	Waking the Village	SSO-Street Outreach	1219 S St, Sacramento, CA 95811
College Initiative	Lutheran Social Services	SSO	3200 V St, Sacramento, CA 95817
Inspiring Youth Voices	Lutheran Social Services	RRH	3200 V St, Sacramento, CA 95817
HMIS - YHDP	Sacramento Steps Forward	HMIS	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Coordinated Entry - YHDP	Sacramento Steps Forward	SSO-CE	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Systems Navigation and Supportive Services	Sacramento Steps Forward	SSO-CE	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City & County of Continuum of Care

Project Name: See attached list

Location of the Project: Unincorporated Areas of Sacramento County, see attached list

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

Name of Certifying Jurisdiction: County of Sacramento Housing Authority

Certifying Official of the Jurisdiction

Name: La Shelle Dozier

Title: Executive Director

Signature:



Date: 10/23/2024

Sacramento Continuum of Care FY2024 CoC Program Competition Projects Priority Listing Projects in the County of Sacramento |
Approved by CoC Board October 9th, 2024

Project Name	Applicant Name	Type	Address
Home At Last**	Next Move Homeless Services	PSH Renewal	4525 Parker Avenue, Sacramento, CA 95820
Mutual Housing at Highlands**	Lutheran Social Services	PSH Renewal	6010 3th Street, North Highlands, CA 95660
Achieving Change Together (ACT)	Lutheran Social Services	PSH Renewal	4215 Palm Avenue, Sacramento, CA 95842
Survivors of Human Trafficking (DV)	Opening Doors, Inc.	TH-RRH Renewal	1111 Howe Avenue #125, Sacramento, CA 95825
My Sister's House (MSH) - RRH (DV)	My Sister's House	RRH	3101 Fulton Avenue, Sacramento, CA 95821
Hope RA	Hope Cooperative (TLCS)	PSH Renewal	650 Howe Avenue Bldg 400-A, Sacramento, CA 95825
CARE Campus*	Lao Family Community Development	Renewal PSH-TH-RRH	3205 Hurley Way, Sacramento, CA 95864
New Transitional and Rapid Rehousing Project*	Bridging Initiatives International	Renewal RRH-TH	5435 Yellow Pine Way, Sacramento, CA 95841
Step Up on Second Sacramento PSH	Step Up on Second Street	PSH New	4600 Northgate Suite 235, Sacramento, CA 95834
Arrive Together (DV)	SHELTER, Inc.	RRH New (DV Bonus)	1333 Willow Pass Rd, Concord, CA 94520
New Destiny	SHELTER, Inc.	PSH New	1333 Willow Pass Rd, Concord, CA 94520
Joy of Living (DV)	Lao Family Community Development	TH-RRH Renewal	3205 Hurley Way, Sacramento, CA 95864
Bridging Joint RRH Project (DV)	Bridging Initiatives International	RRH New (DV Bonus)	5435 Yellow Pine Way, Sacramento, CA 95841
Pathways Fairview & Bravado Project	Turning Point Community Programs	PSH Renewal	3216 Fairview Court, Sacramento, CA 95821

Certification of Consistency with the Consolidated Plan

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City and County Continuum of Care

Project Name: Waking the Village TH-RRH

Location of the Project: 8576 Petunia Way, Elk Grove, CA 95624

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

Waking the Village

Name of Certifying Jurisdiction: City of Elk Grove

Certifying Official of the Jurisdiction

Name: Jason Behrmann

Title: City Manager

Signature:



Date: 10/24/24

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City and County Continuum of Care

Project Name: Mather Veterans Village

Location of the Project: 3611 Bleckely, Rancho Cordova, CA 95655

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

Mercy Housing California

Name of Certifying Jurisdiction: City of Rancho Cordova

Certifying Official of the Jurisdiction

Name: Micah Runner

Title: City Manager

Signature:






David W. Kury for: Micah Runner
Assistant City Mgr.

Date: 10/23/24

1E-5d. Notification of CoC-Approved Consolidated Application

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2024/5 CoC Program Competition: Notice of Funding Opportunity

Dear Continuum of Care (CoC) Board & Committee Members, CoC Providers & Community Stakeholders,

We're two days away from completing the FY2024–2025 NOFO CoC Program Competition! **Today, Monday, October 28, 2024 is the deadline for posting the FY2024–2025 CoC Program Competition *Approved Consolidated Application*.** On behalf of the Sacramento CoC, the CoC Executive Committee has reviewed and approved the Consolidated Application. **Access the *approved Consolidated Application* [here](#).** In addition, the *approved* CoC Consolidated Application has been uploaded to the [Sacramento Steps Forward website](#).

Sincerely,
Sacramento Steps Forward

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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: CA-503 - Sacramento City & County CoC

1A-2. Collaborative Applicant Name: Sacramento Steps Forward

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Sacramento Steps Forward

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	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
9.	Law Enforcement	Yes	Yes	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	Yes
13.	Local Jail(s)	Yes	Yes	Yes
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	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
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	Yes
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	No	No	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.	Agencies Serving Homeless Veterans	Yes	Yes	No
35.	Faith Community	Yes	Yes	No

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)

1. The CoC actively collaborates with underserved communities, particularly Black and Brown communities, to provide feedback to ensure that the homeless response system is racially equitable. The CoC Racial Equity Committee, which convenes monthly, plays a central role in ensuring that racial equity strategies are embedded in all CoC efforts. This committee comprised primarily of Black, Indigenous, and People of Color (BIPOC), including members with lived experience of homelessness, works to ensure that CoC providers and partners integrate equitable practices into their housing and service delivery models. The CoC Racial Equity Committee also steers the CoC's Racial Equity Action Plan, characterized by the pillars of Racial Equity Committee (REQC), Data with a Racial Equity Lens, Training & Education/Normalizing Conversations, Staff & Leadership Diversity, Assessment & Prioritization, Language Access, Equitable Funding, Partnerships, and the Homeless Management Information System (HMIS).

A key achievement of the Racial Equity Committee is its support in replacing the VI-SPDAT assessment tool with a more culturally responsive Housing Conversation Tool. This new tool prioritizes the unique needs of underserved populations, including Black and Brown individuals, by focusing on trauma-informed, client-centered conversations rather than standardized vulnerability scoring, which has historically produced biased outcomes against these groups.

2. Furthermore, the CoC advances racial equity by offering bonus points to organizations demonstrating a strong "Organizational Commitment to Racial Equity" during the local CoC Program competition. This approach encourages service providers to intentionally adopt racial equity frameworks in their operations and to provide data showing improved outcomes for Black and Brown populations. By incentivizing these practices, the CoC ensures that organizations serving disproportionately affected populations are better equipped to reduce racial disparities in housing and service access.

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 communicates a transparent, annual invitation process to solicit new members via multiple public platforms. In accordance with the CoC Governance Charter, the invitation process is made publicly available through announcements on the CoC's website, email outreach via the CoC's listserv (which includes +3,000 stakeholders such as housing and service providers, healthcare providers, faith-based organizations, employment agencies, and government entities), and at CoC Board and Committee meetings. Additionally, an open, annual process is used to recruit new Board and Committee members. This process includes public nominations announced on the CoC website and through the listserv. Applications are reviewed by the Governance Committee, which assesses gaps in existing membership and prioritizes candidates based on areas of expertise needed to advance CoC goals.

2. To ensure effective communication and access for persons with disabilities, the CoC provides all public announcements and meeting materials in accessible formats. This includes using plain text that is compatible with screen readers, producing materials in a 14-point font for improved readability, and ensuring all electronic documents are accessible. For individuals requiring accommodations, the CoC uses a virtual meeting platform with built-in accessibility features, such as live captions and screen reader support, allowing persons with disabilities to participate fully in CoC meetings and events. Information about joining the CoC is available online in accessible formats and shared during both virtual and in-person events, ensuring that people with disabilities have multiple options for engaging with the CoC.

3. The CoC also engages in targeted outreach to organizations serving culturally specific communities disproportionately impacted by homelessness, such as Black, Latino, Indigenous, LGBTQ+, and disability-focused groups. As part of this outreach, the CoC has actively invited representatives from these communities to join its Racial Equity Committee and other key working groups, ensuring that the voices of underserved populations are included in decision-making processes and the design of equity-focused strategies.

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. The Sacramento CoC solicits and considers input from a diverse range of stakeholders that have knowledge of homelessness and an interest in preventing and ending homelessness. The CoC Board, comprising up to 32 members, includes representatives from different organizations, including two dedicated seats for people with lived experience, two dedicated seats for our Youth Action Board, and a seat for the Wilton Rancheria, ensuring diverse perspectives.

2. CoC communicates info with the public before, during, & after meetings to ensure opportunities for participation. Materials are available via email's and public posting on SSF's website so the public & members have background info to provide input. Members are contacted through the listserv with pre-mtg materials seeking input on topics to tailor mtgs to public interests. Public data dashboard on the SSF website provides info on the state of homelessness in the region that stakeholders can use to help inform feedback. For key issues extra meetings are held to allow public comment & promoted via listserv, website & social media. Committee mtg agendas and minutes are on SSF's website. the CoC holds virtual wkshps on variety of topics to share info & gather input on common issues. All CoC meetings are virtual to make them more accessible.

3. The Sac CoC ensures accessibility for people with disabilities by establishing a comprehensive framework that not only facilitated effective communication channels but also ensured unfettered access for individuals with disabilities. Central to this endeavor was the commitment to provide accessible electronic formats, thereby enabling those with disabilities to readily engage with information. This encompassing approach aimed to bridge the accessibility gap & promote a more inclusive & equitable environment for all.

4. CoC considers info gathered from the public to guide decision-making: a) public suggestions are collected mtgs b) CoC facilitates discussions w/providers multiple times/yr to guide decision making c) public forums shape system changes: racial equity committees including ppl with lived experience provide updates on the racial equity action plan & feedback to system partners.

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. The Sacramento CoC notified the public with a broad outreach of NOFO opportunities by using multiple public communication channels. Notifications are sent to a distribution list, posted on the SSF website, discussed at CoC meetings, and promoted through a newsletter. Publicly accessible forums were made available at the Aug. 20 Mandatory Project Application Workshop and office hours (weekly held on Tuesdays and Fridays). The CoC responds year-round to agencies interested in applying, encouraging new organizations to become recipients of CoC funding.

2. The 2024 NOFO webpage was launched on the SSF website on July 27, 2024. The webpage provides key details about the application process, including the Aug. 20 Mandatory Project Application Workshop, deadline for submitting the Intent to Apply form, office hours (weekly held on Tuesdays and Fridays), CoC approval dates, review & rank details, and the final application due date. The webpage featured all necessary forms such as the 2024 Application Forms, Scoring Tools, Review and Rank Policies, and the Intent to Apply form. The Aug. 20 Mandatory Project Applicant Workshop provided a detailed explanation of the application and review processes, with demonstrations on using the application tools. The Workshop presentation and recording were made available on the 2024 NOFO webpage for future reference. A technical assistance email address was also created for applicants to ask questions about the process. Applications were shared with those who submitted the Intent to Apply form, with clear instructions on how to complete and submit the application.

3. During the Aug. 20 Mandatory Project Application Workshop and at the Office Hours (weekly held on Tuesdays and Fridays) the following was explained: the review and rank process, the overall NOFO schedule, and how applications would be submitted to HUD for funding. These sessions included an overview of the scoring criteria used by the Review & Rank Panel. Scoring tools detailing the scoring factors and points available for each criterion were made publicly available on the 2024 NOFO webpage.

4. To ensure accessibility and inclusivity, the CoC offered individual technical assistance to applicants and hosted weekly Office Hours held on Tuesdays and Fridays. Additionally, SSF offered to serve as the recipient agency for new organizations, making the application process more approachable for agencies that had not previously been funded by the CoC.

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;
- Section 3 Resources;
- 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	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving 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.	Medical Managed Care Plans	Yes

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?	No
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)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	No

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)

The Sacramento CoC has established the Housing Families First Collaborative (HFFC) as a key working group to address family homelessness in the region. The HFFC brings together various stakeholders, including service providers, community organizations, and government agencies, to develop and implement strategies that support families experiencing homelessness.

A unique feature of the HFFC is the reserved seats for an Education Representatives, ensuring that the needs and perspectives of families with children are adequately represented and considered in all decision-making processes.

Another example of system-level partnerships between the CoC and education is the presence of the Sacramento County Office of Education (SCOE) on our CoC's Board. This representative actively advocates for families served under McKinney Vento programs within our CoC.

SCOE also plays a crucial role in addressing youth homelessness through its involvement in our community's Youth Homelessness Demonstration Project (YHDP). As a sub-recipient of one of these projects, SCOE's collaboration with youth homelessness service providers significantly impacts the lives of individuals and families experiencing homelessness.

During the 2022-23 school year, Project Teach, a project managed by SCOE, collaborated with SSF and other agencies to write the YHDP Grant, aimed at ending youth homelessness, with a focus on transition-aged youth (ages 18-24) in Sacramento County. Project Teach staff played an active role in creating this plan alongside other Sacramento agencies and stakeholders, with ongoing technical support from the National Center for Homeless Education.

During the planning stage of the Coordinated Community Plan (CCP) for YHDP, our CoC enlisted the support and feedback of key stakeholders from both local educational agencies and providers including Highland Charter School, Sacramento Academic and Vocational Academy (SAVA), SCOE, and California State University Sacramento. These LEAs provided key context and examined the action steps being proposed to improve our Homeless Response system for this demographic.

The Sacramento CoC's targeted approach not only addresses the unique challenges faced by this demographic but also strengthens cross-sector relationships between education providers, LEAs, and other community organizations.

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)

The CoC policies & procedures ensures individuals/families experiencing homelessness are informed of their eligibility for educational services. Central to these policies is the requirement for all CoC providers to designate a Homeless Students Educational Rights Lead, who is responsible for informing households about their educational (ED) rights & ensuring these needs are met. This requirement is integrated into contracts for RRH & PSH programs. The CoC Policy includes:

ED Rights Awareness & Collaboration: Shelter & housing providers must post information about the educational rights of homeless students, as outlined by the McKinney-Vento Homeless Assistance Act (MVHA). These providers are required to offer transportation to the school of choice for children living in their facilities. The CoC mandates attendance & reporting at mtgs with McKinney-Vento homeless student liaisons, convened by the LEA & the SCOE.

Alignment with MVHA The CoC aligns with the MVHA, which safeguards homeless students' access to free & appropriate public education. Specific policy guidelines ensure: **Identification of Homeless Children and Youth:** Schools & agencies within the CoC collaborate to identify students experiencing homelessness. **Notification of Educational Rights:** Rights include Immediate enrollment in school. Access to free transportation. Eligibility for free meals & ED programs (tutoring & special education)

Homeless Liaison Appointment: School districts must appoint a Homeless Liaison who ensures homeless students are identified & receive the services. These liaisons play a critical role in resolving disputes related to school selection or enrollment.

Immediate Enrollment & Continuity of Ed: Homeless children/youth must be enrolled immediately in school, regardless of their living situation. The MVHA mandate schools to enroll students while assisting families in obtaining the necessary documentation.

Dispute Resolution Process: If disputes occur, the child must remain in the selected school until the issue is resolved. The Homeless Liaison must ensure that families are aware of their right to appeal & assist them throughout the resolution process.

Annual Training & Outreach: The CoC with local school districts, conducts training for school staff, community partners, & service providers on the rights of homeless students. Outreach initiatives ensure that written info about these rights is widely disseminated in shelters, motels, & community centers.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
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	No
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Local Victim Service Providers	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. The Sacramento CoC holds monthly CoC board meetings that include representatives from ESG and CoC programs, as well as key local organizations, service providers and advocacy groups. These meetings focus on discussing policy updates, sharing data and aligning best practices. The CoC actively seeks input from ESG and CoC funded RRH programs when drafting new policies, updating procedures and launching new initiatives. The Sacramento CoC also provides bi-weekly office hours for VSPs from ESG and CoC programs to obtain training, ask questions, update policies, and provide feedback to improve the Survivor Coordinated Access System. CoC and ESG VSPs also participate in the CoC System Performance Committee to provide feedback and updates on the system changes. Additionally, we have one VSP who is a current COC Performance System Committee board member. Along with our current partners, we have also collaborated with the Department of Justice to update policies. Additionally, our VSPs are encouraged to outreach and make connections to organizations not currently involved in the CoC, such as: the Domestic Violence and Human Trafficking Hotlines and Coalitions, law enforcement, the U.S. Department of Justice Programs, U.S. Department of Health and Human Services, legal services, emergency services, health care services, employment services, and other basic needs providers.

2. It is imperative that our Coordinated Entry system is trauma informed and designed to prevent further trauma, allowing households to have choice and control over their process and referrals. The CoC collaborates with ESG and CoC programs to provide training sessions on trauma-informed care within the Sacramento CoC. Although most agencies require their staff to obtain trauma-informed care (TIC) training during their onboarding process, SSF's website provides access to TIC training for those who need it. We are currently in the process of developing a TIC Training for the community that will be presented ongoing each quarter. Although not a requirement, SSF prefers VSPs obtain a 50-hour certification for advocates providing services to survivors of domestic violence, human trafficking, and sexual assault. Recently, ESG and CoC housing providers contributed to the development of our new VI-SPDAT replacement tool, which we believe is a more trauma informed, client centered and sensitive to trauma experiences.

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. Providers across the CoC are trained in, safety planning protocols. Safety planning is an essential part of our contact with survivors, and it includes helping to assess danger, vulnerability, and best approaches to increasing safety. Staff are encouraged to assist survivors with safety planning in the short term and long term: during crisis calls, when a survivor needs emergency housing and we are unable to house them, during intake and throughout services, and during a change in circumstances (such as return to abuser). Staff incorporate trauma-informed care into safety planning, knowing that the survivor knows best and empowering survivor choice. Safety planning also involves providing the survivor with crisis lines and emergency resources, including how to keep the safety plan confidential and private. According to CE Policies and Procedures, housing resource access points are available to survivors, allowing them to access emergency services outside of the system's office hours. SSF has VAWA Emergency Transfer policies in place and access points are trained in how to identify safety issues, seek emergency services if needed, and provide safe and confidential access to CE and VSPs.

2. Confidentiality protocols are included in various aspects across the Survivor Coordinated Entry System, ensuring we are meeting standards at both state and federal level. All access point staff are trained in confidentiality requirements and related written Policies and Procedures, with the plan to expand on policies and training. Each project has its own confidentiality policies that are provided to clients at intake that review their agencies' confidentiality practices and limits to confidentiality. Confidentiality is also incorporated into our Release of Information, should participants choose to sign. SSF also has those in collaboration sign operational and confidentiality agreements that outline their roles in keeping survivor information confidential, which includes entering only non-identifiable information into databases and in communication. If DV survivors self-identify at non -VSP access points and provide consent, providers can create anonymous profiles, with non-identifiable information, to obtain housing placement options, or are referred directly to a VSP that can better meet their specific needs.

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.			
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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. The CoC has a formal Emergency Transfer Plan (ETP) in place, compliant with the VAWA and Federal and State mandates. These policies and procedures are shared with all HUD CoC-funded housing programs and must be provided to participants upon program intake, ensuring they are informed of their rights and the process for requesting an emergency transfer.

2. The CoC ensures that all households seeking or receiving CoC Program assistance, regardless of known survivor status, are informed of their rights to an emergency transfer under the ETP. During program intake, all program participants are provided with information on VAWA protections, including their rights to request an emergency transfer. They receive a copy of the emergency transfer form, which explains the process for submitting a transfer request. The CoC makes the ETP policies and procedures accessible through the SSF provider portal, ensuring that all program participants have clear guidance on exercising their rights.

3. Participants can submit an emergency transfer request directly to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the event for which the participant is requesting an emergency transfer. No other documentation is required.

4. When a household requests an emergency transfer, the program must notify the CE team. For internal transfers, the program will assist the participant with relocating to a new unit within the same program, giving priority to the request. If a safe unit is unavailable, program staff will explain the participant's options. For external transfers, the participant is prioritized for CoC-funded housing, provided they meet eligibility requirements. If the participant is in tenant-based rental assistance, the program will support securing a safe unit. CAS staff will then facilitate referral to the next available appropriate unit. All emergency transfer requests and outcomes must be documented and retained for five years.

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)

The CoC includes a comprehensive approach to ensure that survivors of domestic violence, dating violence, sexual assault, & stalking can safely access housing & services w/i our COC's geographic area. Key components of our system:

Integration w/ VSPs: we coordinate w/ victim service providers (VSPs) to connect survivors to mainstream access points. Survivors can access services through any CE access point, just like any other individual seeking assistance. We address the need for privacy & confidentiality using the survivor coordinated access system. Within Survivor Coordinated Entry System, VSP's meet wkly to review cases, share resources & complete training.

Anonymous Profiles in HMIS: VSPs have access to the HMIS to create anonymous profiles for their clients. This allows survivors to maintain confidentiality while still being eligible for housing openings w/i the coordinated entry system. For non-HMIS user staff, there are forms available to submit de-identified data, which CoC staff can enter into HMIS, further ensuring anonymity.

Trauma Informed Assessments: we developed a trauma-informed & culturally relevant assessment tool that incorporates elements from the Danger Assessment. This tool is designed to effectively assess survivor risk while being sensitive to the diverse backgrounds & experiences of clients. We enhance our capacity to provide appropriate support & resources tailored to the needs of survivors, ensuring safety & dignity throughout the process.

Referral Policies & Procedures: we establish procedures for referring eligible survivors to available housing units. When new housing projects are available, we designate a specific % of units for survivors. This promotes equal housing opportunities & prioritizes access for those most vulnerable.

Enhanced Coordinated Entry (CE) Process: we plan to further develop a CE process specifically for survivors. This includes outreach efforts that connect w/ survivors after they contact the 2-1-1 hotline, ensuring timely access to resources.

Choice & Flexibility: Clients select their preferred resource through VSPs/traditional CE resources. This process empowers survivors to regain control over their lives & make decisions that best suit their needs. We promote autonomy, fostering a sense of agency & encouraging their participation in the recovery process. This enhances their safety & reinforces their confidence in navigating the resources.

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. One systemic barrier we've identified is the limited availability of permanent housing options for survivors. Currently, our VSPs operate four RRH programs and just one PSH program, resulting in a gap for survivors who need long-term housing solutions. For example, our PSH program only serves families of 2-5, leaving individuals without sufficient access to the supportive housing and services they need. This gap often prevents survivors from receiving the specialized care and resources that VSPs provide.

Another significant barrier is the unique housing challenges faced by undocumented survivors, particularly those impacted by labor trafficking. Undocumented survivors are often among the most vulnerable, with limited legal protections and fewer pathways to housing due to their status.

2. To address these challenges, our CoC has taken steps to expand permanent housing opportunities for survivors within the CE system, ensuring they can continue to access the specialized services offered by VSPs. We are also actively seeking funding to create more permanent housing options through our VSPs. Additionally, to better serve undocumented survivors, we are building partnerships with organizations that specialize in supporting this population. These collaborations will connect survivors to vital legal assistance and other resources that help them understand their rights and navigate their housing options.

We are committed to proactively identifying barriers before they become critical issues. Our CoC works closely with VSPs, survivors, and community partners to continuously assess the barriers that survivors face, whether related to housing, legal status, or other factors such as access to services, transportation, or language support.

By taking these steps, we are working to ensure that survivors of domestic violence, dating violence, sexual assault, and stalking have safe and equal access to housing and services, no matter their circumstances.

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. We are in the process of establishing regular collaborations with local LGBTQ+ organizations and centers. These partnerships aim to help us develop a comprehensive CoC-wide anti-discrimination policy that is inclusive and sensitive to the needs of LGBTQ+ individuals and families.

2. Once our CoC-wide anti-discrimination policy is developed in collaboration with LGBTQ+ organizations, we will actively assist housing and services providers within our CoC in developing project-level anti-discrimination policies. These policies will be consistent with the overarching CoC-wide policy and tailored to the specific needs of each provider and the populations they serve.

3. As part of our ongoing commitment to ensuring compliance with antidiscrimination policies, we are developing a comprehensive evaluation process. This process will include regular assessments and reviews of provider policies and practices to ensure alignment with the CoC-wide anti-discrimination policy once it is established. This evaluation process will be designed to identify any gaps or areas of improvement.

4. In anticipation of addressing noncompliance, we are currently creating a clear and transparent process for handling situations where providers may not adhere to the CoC-wide anti-discrimination policy or their project-level policies. This process will emphasize communication, education, and support to bring providers into compliance. We are committed to promoting a culture of inclusivity and non-discrimination within our CoC.

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?
Sacramento Housing and Redevelopment Agency (SHRA)	77%	Yes-Both	Yes

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. In our CoC, we have partnered with the Sacramento Housing & Redevelopment Agency (SHRA) to implement a homeless admission preference designed to effectively address homelessness in our community. We developed a collaborative relationship with SHRA, involving regular meetings & strategic planning to align our goals & responses to homelessness. This partnership is crucial for ensuring effective implementation of housing solutions. Homeless Admission Preferences & Dedicated Vouchers: Limited Homeless Allocation (LHA): This preference prioritizes homeless individuals & families who are actively receiving services from partner organizations. Referrals are made by these agencies, which verify homelessness & assist families in locating rental properties once vouchers are issued. This initiative includes ongoing housing stabilization services to support families during their transition into permanent housing. Move On Allocation: This preference supports formerly homeless families ready to transition from supportive housing to the Housing Choice Voucher (HCV) program. Service providers refer eligible families, allowing them to access permanent housing while simultaneously freeing up supportive housing units for new homeless families in need. SHRA has committed to an annual evaluation of these preferences to measure their effectiveness. This process allows for necessary adjustments based on performance data & community feedback, ensuring that the programs remain responsive to changing needs.

2. Dependent on available funding, SHRA has dedicated tenant-based vouchers specifically for these initiatives. This includes resources under both the LHA & the Move On Allocation, along with project-based vouchers tied to supportive services. To maximize awareness of these preferences, our CoC has conducted outreach to service providers & potential beneficiaries. Informational sessions & materials have been distributed to ensure families understand how to access these critical supports. The implementation of these admission preferences has begun to yield positive outcomes, enabling us to prioritize housing for homeless families while managing the waiting list effectively. We plan to enhance data-sharing practices with SHRA to better track progress & outcomes, ensuring our collaborative efforts adapt to the evolving needs of our most vulnerable populations. This partnership positions us to create lasting change in our community's approach to homelessness.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	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)	Yes
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	No
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)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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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?	No
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.	35
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.	35
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)

Programs are required to certify that they follow a Housing First approach when submitting their new or renewal applications by checking a box. Along with this certification, applicants must upload agency policies that support and align with Housing First principles, such as prioritizing housing over other services, not requiring treatment or sobriety as conditions for housing, and a focus on low-barrier access to services. The CoC reviews these policies during the evaluation process to ensure compliance.

Housing First is a threshold criteria for the Sacramento CoC, meaning that applicants must meet the minimum standard to be eligible for funding. Projects are evaluated based on several factors, including their policy alignment with Housing First principles, their ability to demonstrate low-barrier access, and their success in quickly housing individuals without preconditions.

The CoC uses a multi-pronged approach to ensure that projects maintain a Housing First model beyond the annual competition. This includes monitoring through the CoC Coordinated Entry System, which actively evaluates CoC Program projects for barriers to entry. The system advocates for clients by ensuring reasonable accommodations are provided, and any barriers to housing access are identified and removed. Additionally, the CoC's Community Standards state in section 2.I.6 "Programs adhere to and use a Housing First model, working to efficaciously prevent literal homelessness or place people experiencing homelessness in housing without preconditions on housing assistance and with the supports people want and need to remain safe and stably housed."

As the CoC lead agency, SSF is committed to providing fidelity, guidance, and leadership for system performance monitoring efforts as well as ongoing training and technical assistance to help programs align with the Community Standards. Training opportunities may include, for example, orientations to the Community Standards, overviews of the forthcoming reporting and monitoring processes, program-specific competency-building (e.g., Housing Problem Solving), and topical training (e.g., Housing First, trauma-informed care). As part of Standards implementation, activities have been planned for needs assessment and development of a comprehensive training curriculum to support alignment and adherence with respective service and performance standards.

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)

Our CoC has implemented an effective street outreach strategy specifically designed to engage people experiencing homelessness who are least likely to seek assistance. Recognizing that traditional outreach methods may not reach this population, we have developed a collaborative approach that leverages partnerships across sectors. One key element of our strategy involves forming multidisciplinary outreach teams. Teams consist of community health workers, social workers, and case managers who have received training in trauma-informed care. This training equips them to engage individuals with empathy & understanding, addressing potential barriers to seeking help. Our teams include individuals with lived experience of homelessness, who provide invaluable insights & help build trust within the community. We actively collaborate with food bank staff & human services organizations to create a comprehensive resource network. By establishing regular outreach at food distribution sites, we can connect with individuals in a non-threatening environment, offering not only food but also information about available services & support. We partner with culturally informed organizations to ensure our outreach methods are sensitive to the diverse backgrounds of the populations we serve. This includes working with faith-based organizations that can help bridge gaps & provide spiritual support. We recognize the importance of informal networks. Engaging public library staff allows us to reach individuals who may not engage with traditional service providers. Libraries serve as safe havens & staff members are often aware of those who are experiencing homelessness. To further enhance our outreach efforts, we employ a "warm hand-off" approach. This involves gradually transitioning individuals from the outreach phase to housing or service engagement, ensuring they feel supported throughout the process. This method has proven effective in reducing anxiety associated with seeking help. In collaboration with public transit authorities & sanitation departments, we coordinate efforts to identify & engage individuals in areas where they frequently gather. This targeted outreach ensures that we are reaching those who may be hesitant to seek assistance through conventional means. Through these tailored strategies, our CoC aims to create an inclusive & supportive environment that encourages individuals experiencing homelessness to connect with the resources they need.

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?	No	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?	No	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.i.	

		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	933	930

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	No
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	No
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	No
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. The CoC utilized several spaces for convening and communicating with program staff to promote available or updated services, cross-referrals, and participant uptake of mainstream resources and other assistance including the CoC Board and Committee meetings (~15-50 attendees), CoC Provider Meeting (~10-20 attendees), Frontline Learning Collaborative (FLC) (~30-40 attendees), Housing Families First Collaborative (HFFC) (~5-20 attendees), Housing Problem Solving (HPS) Quarterly Trainings, monthly newsletters (~10,000 contacts), tailored eblasts (~20-10,000 contacts), and social media channels (~1,800-3,500 followers). These meetings invite and create space for partners to discuss their program offerings, participant eligibility and how participants can access; share their experiences; and encourage participants to connect on where they might be able to fill gaps for one another. Partners (i.e., managed care plans, county, and community organization representatives) have presented at the CoC and FLC meetings about Medi-Cal and other health supports (i.e., healthcare, mental health, and substance use) via the CalAIM Community Supports and Enhanced Care Management services. The CoC's Coordinated Entry Committee has also leveraged its co-chairs and agenda to bring cross-engagement on client connection for substance use disorders, mental health treatment, and other behavioral health services. FLC meetings have encouraged discourse around housing and shelter assistance; eviction prevention; legal; immigration; survivor services; veteran employment; behavioral and mental health supports; and other case management services. Through HFFC efforts, the CoC is also organizing community sessions on the TANF/CalWorks Housing Supports Program and Homeless Assistance; SSI/SSDI; SOAR; and CalAIM services in Fall 2024. These sessions will offer information on how staff can describe these available resources, determine participant eligibility, and how to access additional assistance. The CoC also drives attention towards these mainstream benefits through social posts and newsletter and eblast features.

2. The CoC also takes advantage of the FLC's informal, format to discuss SSI/SSDI resources, and SOAR Certification and its benefits. The CoC will also be featuring SOAR at an HFFC session in Fall 2024 as part of its regular provider engagement effort on this topic.

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)

Our CoC collaborates with state and local public health agencies to develop policies addressing and preventing infectious disease outbreaks among people experiencing homelessness, including COVID-19, Hepatitis A, Tuberculosis, and Measles.

1. Response to Infectious Disease Outbreaks

We partner with Sacramento County Public Health, Sacramento City, and the Sacramento Housing and Redevelopment Agency (SHRA) to monitor and respond to infectious disease risks through key actions:

Monitoring COVID-19 Inquiries: We respond to COVID-19-related questions via email, phone, and case conferencing, directing clients and staff to the latest resources.

People-Centered Response: We developed the Extremely Vulnerable Household (EVH) Policy, addressing medical vulnerabilities and needs related to COVID-19, including shelter placements.

Information Distribution: We coordinate community awareness around COVID-19 resources, distributing updates through CoC meetings, email lists, and social media.

2. Preventing Infectious Disease Outbreaks

To reduce future outbreak risks, our CoC emphasizes proactive prevention through:

Community Education & Resource Distribution: We distribute disaster preparedness backpacks containing COVID-19 testing kits, sanitizers, and educational materials, partnering with local health agencies and clinics to reach high-impact areas.

Ongoing Communication & Coordination: We support vaccination programs for COVID-19, flu, monkeypox, and other illnesses, connecting local providers with Public Health to bring services to facilities and encampments.

COVID-19 Coordination for 2024 PIT Count: We collaborate with Public Health through the PIT Committee to ensure safety for volunteers and clients during surveys.

Oversight Responsibility

The former COVID-19 Homeless Response Team continues to work with Sacramento County Public Health, SHRA, and city partners to maintain these policies, prioritizing the health of people experiencing homelessness.

Through these coordinated efforts, our CoC is prepared to respond to infectious disease outbreaks and proactively prevent future health risks, focusing on the well-being of vulnerable populations.

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)

Our CoC collaborates with public health agencies to communicate critical health information and support infectious disease prevention for individuals experiencing homelessness.

1. Sharing Public Health Information

The CoC uses multiple channels to share health information:

CoC Meetings and Sessions: Regular CoC meetings (15–300 attendees) and targeted sessions address disease prevention, policy updates, and health guidance. These are held with CA Department of Public Health and Sacramento County Public Health to discuss strategies and service updates relevant to homeless providers.

Digital Outreach: Health updates are shared through the CoC website (285,000+ views), newsletters, e-blasts to 6,440 contacts, and social media. This ensures that providers receive timely updates on health risks, safety measures, and emergency preparedness.

Community Messaging by Volunteers/Interns: Our volunteer network and interns act as trusted messengers, promoting COVID-19 resources and public health measures, especially in underserved areas.

Digital Resource Repository: The CoC provides a digital library with fact sheets and graphics, allowing providers to widely share accurate health information.

2. Facilitating Communication with Public Health Agencies

The CoC supports direct communication between health agencies and service providers to prevent disease outbreaks:

Training and Q&A Sessions: The CoC hosts training on health protocols and COVID-19 prevention, guiding providers on policy updates and effective safety practices, and allowing discussions on emerging issues with tailored guidance.

Promoting Collaborations: Partnerships are encouraged between health agencies and service providers, improving access to resources for homeless populations.

Structured and Ad Hoc Information Exchange: Ongoing communication is facilitated through meetings, follow-up calls, and emails, keeping providers informed on health risks and resources.

These coordinated efforts equip service providers and partners with up-to-date information and guidance to protect individuals experiencing homelessness from infectious diseases.

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)

1. Our CoC developed a comprehensive Coordinated Entry designed to ensure equitable access to housing and services for all individuals experiencing homelessness, regardless of their location within our geographic area. We've published a 211 hotline that offers a source of information on available housing/services and serves as a CE access point. This access point is accessible to individuals across our CoC, including those in remote areas/encampments. We've partnered with local organizations to ensure that info about the hotline and resources is disseminated through channels (community events, social media, and printed materials in 7 different languages). Street outreach teams regularly visit encampments to provide assistance and facilitate access to CE resources for those who may be unaware of available services.

2. Our CoC utilizes a standardized assessment process to ensure fair and equitable access to housing/services. This assessment is designed to identify individual vulnerabilities, ensuring that all clients receive appropriate support. We regularly review and update the assessment tools to incorporate feedback from participating projects/households, ensuring that the process remains trauma informed and responsive to the needs of diverse populations. Subpopulations: we tailor assessment criteria to reflect clients' unique circumstances by including specialized questions for families, youth, and individuals with mental health challenges. This approach allows us to effectively prioritize resources and interventions based on specific needs. Assessment info is utilized in case conference meetings, enabling us to determine prioritization for housing resources. This approach ensures that we're addressing the most pressing needs in our community while maintaining transparency/accountability in the prioritization process.

3. We're committed to collecting personal info in a trauma-informed manner, recognizing the sensitivity of the data we handle. Our assessors receive training on trauma-informed practices to ensure that clients feel safe and respected throughout the assessment process.

4. By continuously updating CE based on community feedback and best practices, we strive to enhance our effectiveness in serving everyone experiencing homelessness within our CoC.

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. Our CoC established a CE that effectively reaches individuals who are least likely to apply for homeless assistance without targeted outreach. We deploy dedicated outreach teams that engage in proactive strategies, visiting encampments & other high-need areas to connect with those experiencing homelessness. This outreach is informed by individuals with lived experience, ensuring we build trust & communicate effectively with hard-to-reach populations. Additionally, the CoC convenes monthly Front-Line Learning Collaborative meetings to share resources and best practices.

2. To prioritize those most in need, our CoC employs the Extremely Vulnerable Households (EVH) policy, which immediately prioritizes households for the next available & appropriate shelter unit. Individuals or families scoring in the top ~10% on the housing or crisis assessment tool are classified as EVH. This scoring system allows us to identify & address the most vulnerable households quickly, ensuring they receive timely assistance.

3. The EVH policy not only prioritizes clients for immediate shelter supports but also aligns shelter & housing prioritization. This means that clients prioritized for shelter are also prioritized for housing, creating a streamlined process for transitioning individuals into permanent housing. During the first engagement, EVH clients are escalated for immediate supports, including case management, ensuring that their needs are met right away. To ensure timely access to permanent housing, our CoC has implemented procedures that facilitate quick transitions for those identified as EVH. We assist clients with completing & uploading document-ready requirements as part of our coordinated entry process. This support helps expedite their access to housing resources while minimizing delays.

4. Recognizing the need to reduce burdens on households seeking assistance, we have made significant efforts to streamline our assessment process. We avoid asking invasive questions or collecting unnecessary information that could deter individuals from seeking help. Our staff is trained to approach assessments in a trauma-informed manner, focusing on building rapport & understanding the immediate needs of the clients rather than overwhelming them with excessive inquiries. Front-line staff are trained to understand implicit bias and engage homeless households with human-centered approaches designed to reduce barriers and facilitate effective linkages to services.

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 affirmatively markets housing and services to ensure that all individuals experiencing homelessness have access to essential resources and information about their rights. Our CoC employs a multifaceted approach to marketing housing and supportive services, utilizing diverse channels to reach all eligible individuals. This includes collaborations with local agencies, outreach through community events, and targeted social media campaigns. We ensure that all communications are inclusive, promoting services regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability.

2. Program participants are informed of their rights under federal, state, and local fair housing and civil rights laws through comprehensive training sessions, informational materials, and individual consultations. We distribute brochures and host workshops that explain participants' rights and available remedies, fostering a better understanding of fair housing protections.

3. Our CoC has established a clear process for reporting conditions that impede fair housing choice. Any observed violations or barriers are documented and communicated to the relevant jurisdiction responsible for ensuring compliance with the Consolidated Plan. This includes participation in regular meetings with local housing authorities to discuss identified issues and suggest corrective actions. We actively participate in the consolidated planning process, ensuring that impediments to fair housing are highlighted and addressed. Our CoC collaborates with local governments to provide input on housing policies and advocate for the removal of barriers that affect individuals experiencing homelessness. We regularly assess our outreach and reporting strategies to identify areas for improvement. Feedback from program participants and community partners is integral to this process, allowing us to refine our efforts and ensure equitable access to housing and services. Through these initiatives, the Sacramento CoC is committed to promoting fair housing and ensuring that all individuals experiencing homelessness have access to necessary resources and information. Our proactive approach to marketing, education, and reporting underscores our dedication to upholding the rights of all community members while addressing barriers to housing choice.

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.	06/05/2024

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. Our CoC primarily uses data from HMIS, the American Community Survey, and the Point-In-Time (PIT) Count to measure racial disparities. We submit HMIS data to California state each quarter and then gain access to the state's system performance measures dashboard where we can review the results.

2. We also receive an annual Excel spreadsheet from the state that calculates each of the state system performance measures for each racial group tracked in HMIS, along with helpful change metrics comparing each year. These measures are then benchmarked against other sources (e.g. ACS) to determine if a particular racial group's metric is higher or lower than the benchmark. We bring the results of these analyses to our Core Equity Team meetings and the CoC Racial Equity Subcommittee to discuss the findings and make plans to address disparities.

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)

As part of the Sacramento CoC's Racial Equity Action Plan and commitment to Continuous Quality Improvement there is a goal for the ongoing evaluation of system-level processes, policies, and procedures to ensure racial equity in the CoC. This plan is guided by the CoC's Racial Equity Committee and supported by the Racial Equity Manager at SSF, who plays a key role in helping the CoC with these actions. The goal is to continuously identify, address, and eliminate racial disparities across the CoC's operations and service delivery.

The Racial Equity Committee, which includes individuals with lived experience, service providers, and equity experts, conducts regular assessments to evaluate whether CoC policies—such as coordinated entry, program eligibility, and service prioritization—are equitably applied across all racial groups. Any identified disparities are discussed, and recommendations for adjustments are made to reduce inequities. These evaluations, facilitated by the Racial Equity Manager, are incorporated into the CoC's broader system performance evaluations.

In addition to reviewing existing policies, the CoC engages in community outreach by holding public meetings, listening sessions, and focus groups with racial and ethnic minority groups disproportionately affected by homelessness. Input from these sessions informs policy revisions to ensure that the CoC's processes are inclusive and responsive.

The Racial Equity Committee adopted the Racial Equity Action Plan in July of 2021, which provided recommendations to reduce and eliminate disparities in the homeless services system. In its third year of activity, the Racial Equity Action Plan is due for an evaluation for an evaluation and refresh, which will be conducted by the Racial Equity Manager in partnership with the Racial Equity Committee. Evaluation for relevance, emerging disparities, and best practices will be conducted in 2025.

The CoC also commits to transparency, with evaluation results and any policy changes publicly shared through the SSF website and community forums. This process is continually monitored, with the Racial Equity Manager overseeing periodic reviews to assess the effectiveness of implemented changes and guiding adjustments to further promote racial equity across the system.

By embedding racial equity in its system-level processes and engaging in ongoing evaluation, the Sacramento CoC is working to create a more inclusive and equitable homeless response sy

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)

Our CoC submits quarterly Homeless Management Information System (HMIS) data to California State for state-specific system performance measures (SPM). We track these SPMs and benchmark them against sources like Census data. The SPMs and benchmarks we use measure:

1a: The number of people accessing services who are experiencing homelessness, benchmarked against residential population data from the American Community Survey. We calculate service access rates for each racial group, identifying those with the highest rates for targeted prevention/diversion efforts.

1b: The estimated number of people experiencing unsheltered homelessness on the PIT, benchmarked against the overall homeless population. Groups with the highest unsheltered homelessness rates are targeted for outreach.

2: The number of people experiencing homelessness for the first time, benchmarked against the overall homeless rate. Racial groups with the lowest rates are targeted for PSH and integrated service solutions.

3: The number of people exiting homelessness into permanent housing, benchmarked against service access rates. Groups with the lowest exit rates receive targeted RRH assistance per new HUD standards.

4: Average length of time spent in street outreach, shelter, transitional housing, and prior to move-in for RRH and permanent housing projects. Groups with significantly longer times are targeted for RRH assistance.

5: Percentage of people returning to homelessness within 6 months of exiting to permanent housing. Groups with the highest return rates are targeted for RRH assistance.

6: The number of people served in street outreach who exit to shelter, transitional, or permanent housing. Groups with the lowest rates receive targeted RRH assistance.

We present these data to our CoC Racial Equity Committee, informing strategies to address disparities and guiding our Racial Equity Action Plan.

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)

The Sacramento CoC is deeply committed to engaging individuals with lived experience of homelessness in leadership roles and decision-making processes. To facilitate this, the CoC employs both broad outreach methods and targeted engagement strategies.

The Youth Action Board (YAB) serves as a key leadership body within the CoC, comprised of young people with lived experience of homelessness. The YAB plays an active role in shaping policies, informing project design, and advising on funding decisions, particularly those focused on youth homelessness. The YAB self-recruits, interviews, and onboards new members they find through targeted outreach to youth serving organizations. The outreach is also YAB led.

The Persons with Lived Expertise Committee (PWLEC) plays a parallel role for individuals with lived experience across all age groups. PWLEC members are integral to the CoC's efforts in shaping system-level strategies, providing feedback on service delivery, and participating in funding application processes. PWLEC members are provided opportunities for skill building, including on governance, advocacy, and public speaking to prepare them for active participation in CoC Board meetings and committees.

Both YAB and PWLEC members are actively involved in CoC decision-making processes, participating on review panels, working groups, and in the development of community plans. Their lived expertise ensures that the CoC's approach remains responsive to the needs of people experiencing homelessness, fostering an inclusive and equitable system.

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.	10	4
2.	Participate on CoC committees, subcommittees, or workgroups.	10	4
3.	Included in the development or revision of your CoC's local competition rating factors.	2	4
4.	Included in the development or revision of your CoC's coordinated entry process.	2	4

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 Sacramento CoC and SSF is committed to providing professional development and employment opportunities to individuals with lived experience of homelessness. Through various training programs and leadership development initiatives, the CoC ensures that individuals are empowered to build valuable skills and contribute meaningfully to the homelessness response system. Training opportunities include the Review and Rank process for the CoC Program NOFO, where participants gain critical evaluation and decision-making skills, as well as Housing Problem Solving and Coordinated Entry trainings, which equip individuals with tools to help those at risk of or experiencing homelessness navigate housing options. Additionally, ongoing Continuous Quality Improvement (CQI) training helps participants develop the ability to assess and improve program performance.

Beyond training, the CoC has seen significant success in promoting individuals with lived experience into leadership and employment roles. A member of the PWLEC was recently promoted to a leadership position as the CoC Board Secretary, demonstrating the CoC's commitment to advancing PWLEC individuals into key decision-making roles. This year, both a YAB member and a PWLEC member secured employment by leveraging their lived experience and the professional development opportunities provided by the CoC. Furthermore, individuals with lived experience are actively involved in the Point in Time (PIT) count, receiving training in data collection, outreach, and engagement. Through these initiatives, the CoC fosters pathways to employment and leadership for individuals with lived experience, helping to build an inclusive and responsive system.

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)

Our CoC gathers feedback from people experiencing homelessness through multiple channels:

PWLEC in CoC Meetings: The Persons with Lived Expertise Committee (PWLEC) provides direct feedback, with members also collecting insights from the homeless community.

Racial Equity Committee (REQC): REQC sessions address challenges specific to marginalized groups, helping us tackle systemic barriers.

Youth Advisory Board (YAB) and TAY Listening Circles: These groups provide feedback from younger individuals for the Coordinated Community Plan (CCP), highlighting transitional age youth needs.

Housing Problem Solving (HPS) and PIT Count Engagements: Feedback from HPS conversations and Point-in-Time (PIT) Count events helps shape strategies and service priorities.

Housing Families First Collaborative (HFFC): Provides ongoing feedback from families with children who have experienced homelessness, revealing systemic challenges.

Frequency of Feedback Collection:

Quarterly Meetings with PWLEC, REQC, YAB, and TAY, plus ad-hoc sessions when needed.

Assessment Feedback through the VISPDAT and Housing Conversation Tool (HCT) captures experiences during engagements.

Program Participant Feedback Collection:

Exit Surveys and Interviews at program completion identify areas for service improvement.

Case Management Check-Ins gather regular insights, with structured feedback in quarterly reviews.

Frequency for Program Participant Feedback:

Feedback is collected at program exit, six-month post-exit follow-ups, and quarterly case management check-ins.

Steps Taken to Address Challenges:

Increasing Accessibility: Streamlined referral processes and improved outreach in underserved areas.

Trauma-Informed Practices: Feedback on discomfort led to the integration of trauma-informed approaches across services, creating welcoming environments.

Service Flexibility: Extended housing options and adjusted timelines were implemented in response to feedback on transitional housing needs.

Our CoC uses aggregated feedback to inform policy advocacy, addressing structural issues impacting housing access and stability.

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)

Over the past 12 months, our CoC has taken strategic steps to engage local government in efforts to increase the affordable housing supply by participating in the development and implementation of the Regionally Coordinated Homelessness Action Plan (RCHAP), which prioritizes the increase the affordable housing Supply. Additionally, our CoC provides direct input into our local Affordable Housing Plan.

Development and Implementation of the RCHAP: Our CoC actively participated in the development of and is currently implementing the RCHAP with City, County, and PHA partners. The RCHAP was officially adopted and will be implemented from April 2024– March 2027. We prioritized increasing affordable housing opportunities and improving access for low-income and homeless populations. Through this process, we advocated for policies that support expanded multifamily zoning and streamlined approval processes, which directly align with our goal to create a more inclusive housing landscape in Sacramento.

Collaboration with the Sacramento Housing and Redevelopment Agency (SHRA): The Sacramento Housing and Redevelopment Agency developed an Affordable Housing Plan as part of their Partnership Agreement between the City and County of Sacramento. Our CoC has contributed to this effort by attending planning meetings and offering insights to address critical housing needs. In particular, we have emphasized the importance of easing restrictions on accessory dwelling units (ADUs), reducing permit costs, and encouraging mixed-income housing developments. By reducing regulatory barriers and promoting diverse housing types, we aim to make more affordable housing options available to underserved populations.

Through these initiatives, our CoC has worked closely with local government to advocate for essential zoning reforms and regulatory changes, setting the stage for expanded affordable housing development across the region. These partnerships underscore our commitment to long-term, sustainable solutions to housing access.

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
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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)?	108
2.	How many renewal projects did your CoC submit?	31
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)

Our CoC's Local Project Review and Ranking Process incorporates considerations for severe barriers, prioritizing projects that serve vulnerable populations who may have lower performance metrics but are essential to meeting community housing needs. This approach ensures projects assisting the hardest-to-serve populations—those with histories of trauma, criminal records, chronic homelessness, substance abuse, or low/no income—are not disadvantaged due to standard performance metrics alone.

1. Data Analysis on Housing Outcomes

To evaluate housing placement success, our CoC uses data from the HMIS. RRH and TH-RRH projects, Scoring Factor 2B assesses the rate of exits to permanent housing, indicating the project's effectiveness in achieving housing stability. Scoring Factor 8A further measures the percentage of exits to permanent housing destinations, ensuring our ranking process highlights projects that support long-term stability for participants.

2. Data Analysis on Time to House Individuals

Scoring Factor 4A evaluates bed and unit utilization rates, indicating the time taken to house individuals in each project by comparing the number of participants served over the year to available beds. This factor captures how projects address the needs of individuals facing complex barriers who may require additional time to secure permanent housing while maintaining high occupancy rates.

3. Consideration of Needs Severity and Vulnerabilities

In ranking projects, our CoC emphasizes the severity of participants' needs, recognizing that vulnerabilities like long-term homelessness and substance abuse may impact housing stability. Projects serving individuals facing severe barriers—such as survivors of domestic violence, those with health risks, or individuals with criminal backgrounds—receive additional consideration to ensure critical services remain accessible. Scoring Factor 5A awards up to 10 points to projects that prioritize or are dedicated to serving chronically homeless individuals, seniors, or households who do not qualify for other assistance, underscoring our commitment to these essential services.

4. Ranking Adjustments for Severe Barriers

Our CoC scoring framework allows applicants to include narratives explaining lower performance metrics due to serving high-barrier populations, which permits the Review and Rank Panel to adjust scores accordingly. This flexibility enables projects that serve harder-to-serve populations to remain competitive.

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)

Our CoC prioritizes racial equity by incorporating input from racially and ethnically diverse groups, especially those disproportionately affected by homelessness, into our Local Competition Review and Ranking Process.

1. Input from Over-Represented Populations on Rating Factors

Black and Indigenous populations are over-represented in homelessness in our region. The Project Review Committee (PRC) collects feedback from CoC-funded providers, including staff and individuals identifying as Black and Indigenous. The Racial Equity Committee (REQC), composed largely of BIPOC members with lived experience, works with PRC to review project scoring tools and has introduced a racial equity scoring factor based on community feedback.

2. Inclusion of Over-Represented Populations in the Review and Ranking Process

The PRC updated recruitment strategies to prioritize racial diversity by targeting culturally representative organizations and collecting demographic information. Two PRC seats are designated for BIPOC individuals, and non-conflicted BIPOC members participate directly in the ranking panel, integrating lived experiences with professional expertise. REQC members, especially BIPOC liaisons, lead equity-focused discussions to align scoring tools with the needs of populations facing racial disparities.

3. Rating Projects Based on Barriers for Over-Represented Groups

Projects are rated on how they address barriers faced by racially and ethnically diverse populations, especially Black and Indigenous groups. For renewals, Scoring Factor 9C awards up to 5 points for identifying barriers (e.g., lack of outreach) and implementing solutions to improve access for over-represented populations. For new projects, Scoring Factor 4D incentivizes initiatives that address racial disparities proactively. Our Coordinated Entry (CE) system further supports equity with new assessment tools and dashboards that track and report referral data daily to address service access gaps.

Renewal projects also receive points under Severity of Needs & Special Considerations (5B), with up to 12 points awarded for addressing the severe needs of BIPOC individuals, transgender people, and those with criminal records, ensuring that the most vulnerable populations are prioritized.

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.
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(limit 2,500 characters)

Our CoC has a defined reallocation process, updated and approved by the CoC Board in 2024. This process prioritizes reallocating funds from non- or under-performing projects to new, higher-performing projects that address urgent community needs, aligning with HUD goals to reduce homelessness. The guiding principle is to reallocate when doing so enhances housing stability outcomes, with a focus on new permanent supportive housing (PSH) projects serving chronically homeless individuals and families, RRH for individuals and families in immediate need, new HMIS projects, and SSO projects for CE.

1. Determining Reallocation Candidates

Each project is evaluated annually on performance metrics and alignment with community needs. Projects are assessed based on Annual Performance Reports (APRs), utilization rates, housing outcomes, and participant stability. Lower-performing projects are reviewed against threshold performance criteria, including housing retention, exit to permanent housing, and cost effectiveness. Projects that consistently fail to meet these criteria or are misaligned with current needs, such as the community's emphasis on permanent housing with support services for high-risk groups (youth, seniors, etc.), are prioritized for reallocation. To promote voluntary reallocation, projects that choose to convert to new eligible types aligned with CoC priorities are given priority access to reallocated funds.

2. Identification of Low-Performing or Less Needed Projects

During this year's local competition, our CoC identified no low-performing or less-needed projects that reapplied for funding and met the reallocation criteria. All projects that participated in the local competition met the required performance thresholds.

3. Reallocation of Projects in This Year's Competition

Our CoC did not reallocate any low-performing or less-needed projects in this year's competition. While a project sponsor who previously managed a funded project closed its project operations, they did not reapply, and thus no reallocation of funds was necessary.

4. Reasons for No Reallocation

This year, all projects met the threshold performance standards set by the CoC's Review and Rank Policies. No projects demonstrated significantly lower performance or were deemed less needed based on application narratives or APR data. Consequently, reallocation was unnecessary as each project contributed meaningfully to addressing local homelessness needs.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
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	NOFO Section V.B.2.f.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
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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?	No
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.	10/14/2024

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.	10/14/2024
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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
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	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.	10/25/2024
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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.	10/25/2024
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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.	Bitfocus Clarity Human Services HMIS Software
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024
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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. In the past, our CoC provisioned Apricot for storing VSP data in a manner that was comparable to our HMIS instance. However, there were significant limitations to using the software, so our CoC has since been actively working towards transitioning the VSPs to a separate instance of Clarity Human Services that is physically and logically distinct from our traditional Clarity HMIS instance.

2. Over several months, we've discussed best practices for establishing a VSP database with HUD representatives, Bitfocus staff, VSP staff, our own legal counsel, and other CoCs who are making a similar transition. While we continue to grapple with the right way to balance the data security needs outlined by HUD and VAWA, we've made significant progress this year and are looking forward to having a new VSP database that is truly comparable to our HMIS instance.

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	2,595	0	2,496	96.20%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	771	0	715	92.70%
4. Rapid Re-Housing (RRH) beds	984	39	984	100.00%
5. Permanent Supportive Housing (PSH) beds	4,368	0	3,539	81.00%
6. Other Permanent Housing (OPH) beds	97	0	97	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) For PSH (our only inventory type below 85%), most of our beds not currently captured in HMIS are from the Department of Veteran Affairs.

2) The VA is willing to work with us to upload HOMES data within the HMIS. We plan to:

- engage the VA to develop a process for regularly sending us HOMES data
- develop a process for extracting data from the HOMES extracts and uploading it within HMIS
- use the data to get closer to real-time VA PSH insights.

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
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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.	01/24/2024
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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.	05/09/2024
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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)The CoC engaged homeless youth-serving organizations, including partners from the Homeless Youth Task Force (HYTF) and Youth Advisory Board (YAB) to set intentions for the Youth Supplemental Survey and vet questions for final inclusion. The CoC also worked with the Sacramento County Office of Education McKinney Vento Liaisons and Sacramento LGBT Center Staff to ensure that the Youth Survey used trauma-informed language to encourage honest participant response. Youth with lived experience of homelessness, additional youth providers, and behavioral health system representatives were present at these meetings.

2)The CoC utilized widely submitted known location surveys and advisory from the PIT Committee's TAY representatives for survey outreach. This supported comprehensive PIT planning and sampling for high to low density/probability areas for finding youth experiencing homelessness during the unsheltered PIT.

3)Based on the pre-PIT data collected, the CoC coordinated with HYTF and YAB members to tailor and designate their unsheltered PIT counting and surveying efforts towards increasing the likelihood they would identify and interact with youth experiencing homelessness.

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)

A)Sac CoC's unsheltered PIT utilized census tract-based sampling, used new survey and volunteer management system, updated the general and youth survey tool, and adjusted volunteer recruitment and training. See details below.
B)CoC did not report a merger in FY2023/24 CoC Program Registration processes. There were no impacts to 2024 PIT.

1)CoC followed review and vetting like 2023 and did not implement a new sheltered PIT process.

2)SAC CoC implemented several changes since 2022: a)Completed RFP process to select Simtech Solutions as its new PIT research consultant—an industry-leading provider that offered a survey instrument and volunteer management tool—capturing all known location mapping, PIT counts, and surveys within one platform, b)Shifted to US census tracts as the sampling unit and maintained use of geographic sampling and enumeration, compared to custom zone sampling methodology from 2022. CoC also achieved higher PIT coverage of Sacramento County in 2024, c)Captured and/or revised question framing for the general survey: if/how they paid for hotel/motel, last remembered address, if called into active duty member of National Guard or as Reservist, mobility related issues due to physical disability, number of forced moves by police or similar entity; and for the youth supplemental survey: school enrollment status, highest grade completed, provide personal solution to help with return to school if desired, d)Strategic community events were attended to enhance volunteer recruitment. An additional 100 PIT counters were recruited in 2024 versus 2022, since the CoC faced fewer volunteer limitations per local COVID-19 guidance and requirements. The 2024 counters also collected a higher volume of surveys, e)Tailored trainings were offered to volunteers completing surveys with special subpopulations (e.g., veterans, youth) in addition to multiple training slots and office hours for general volunteers. A complete walkthrough of the new survey tools was provided live online and a survey roleplay video recording was made available to all volunteers.

3)The CoC watched for natural disaster and extreme weather alerts and was not impacted by a natural disaster.

C) The CoC was not impacted by a natural disaster; no impacts to PIT Count.

4)Listed changes resulted in improved insight on census-level counts, increased counting coverage across Sacramento County, and increased volume of unsheltered surveys submitted.

5)See above for changes

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) Our CoC developed a comprehensive strategy to reduce the # of individuals/families experiencing homelessness for the 1st time. Our approach is informed by data analysis & collaboration w/ community partners.

2) To id risk factors associated with 1st time homelessness, our CoC conducted an extensive review of data submitted through the HMIS & local service provider reports. Risk factors identified: Economic Instability: Job loss, low income, & lack of affordable housing opts, Housing Instability: History of evictions, unstable living situations, & housing discrimination, Health Issues: Mental health challenges, substance use, & lack of access to healthcare services, and Family Dynamics: Domestic violence, fam. conflict, & inadequate support networks. We engaged in community surveys/focus groups to gather qualitative insights from those at risk, ensuring that our understanding of risk factors reflects lived experiences. Our CoC employs several targeted strategies to address the needs of individuals/families at risk of becoming homeless: Prevention Programs: We provide financial assistance for rent & utility payments, helping families remain in their homes during crisis situations. We offer mediation services for families facing eviction. Comprehensive Support Services: Collaborate w/ local agencies, we connect at-risk individuals w/ supportive services: mental health counseling, job training programs, & healthcare access. These resources aim to address underlying issues contributing to housing instability. Education & Outreach: outreach to raise awareness about available resources & the signs of impending homelessness. Educational workshops focus on financial literacy & tenant rights, empowering individuals to make informed decisions. Data-Driven Interventions: we utilize predictive analytics to id individuals & families at higher risk, allowing us to intervene proactively before they enter the homeless system.

3) The strategy to reduce 1st time homelessness is overseen by the Strategy/Planning Director, who collaborates w/ a network of local service providers & stakeholders. This position is responsible for coordinating prevention efforts, ensuring data collection & analysis, & facilitating partnerships that enhance our community's response to homelessness. Our CoC aims to effectively reduce the # of individuals/families experiencing homelessness for the 1st time, creating a more stable & supportive environment for our community.

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)

Our CoC is committed to increasing the rate at which individuals and families in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations. A key element of our strategy is the Extremely Vulnerable Household (EVH) policy, which prioritizes the top 10% of vulnerable clients for immediate shelter and permanent housing placement. We also employ a variety of methods to ensure clients receive rapid placement and are supported in retaining their housing.

1. Increasing Exits to Permanent Housing:

Housing Problem-Solving and Rapid Placement: We focus on resolving housing barriers quickly, prioritizing market-rate housing and leveraging landlord relationships to secure housing options. This reduces the time spent in shelters or transitional housing and speeds up exits to permanent housing.

Case Management and Supportive Services: Clients receive housing-focused case management from the beginning of their stay. Case managers assist in developing housing plans, connecting clients to resources like financial assistance, employment, and tenant support.

Coordinated Entry and EVH Prioritization: The EVH policy ensures the most vulnerable clients are prioritized for housing placements through our Coordinated Entry System (CES). CES assessors work to get clients "doc-ready" for permanent housing quickly, ensuring a smooth transition to long-term stability.

2. Increasing Housing Retention:

Ongoing Support in Permanent Housing: Individuals and families in permanent housing programs receive ongoing case management, including mental health support, financial counseling, and access to resources that ensure housing stability.

Landlord Mediation and Retention Services: We engage landlords to address issues early, offering mediation and tenant support to prevent evictions. Follow-up services after clients transition out of rapid rehousing help ensure housing stability over time.

3. Organization Responsible for Oversight: The CoC Lead Agency, Sacramento Steps Forward (SSF), oversees strategies to increase exits to and retention of permanent housing. SSF coordinates with CAS assessors, case managers, and housing providers to ensure housing stability for all clients.

Through the EVH policy, rapid placements, and targeted retention efforts, our CoC ensures individuals and families are not only housed but remain housed, reducing returns to homelessness.

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)

Our CoC is dedicated to increasing the rate at which individuals and families exit emergency shelter, safe havens, transitional housing, and rapid rehousing to permanent housing, while improving retention for those in permanent housing. This is achieved through housing-focused interventions, tailored case management, and supportive services that help individuals secure and maintain stability.

1. Increasing Exits to Permanent Housing:

Housing-Focused Case Management: Clients in shelters and transitional housing receive intensive case management focused on quick transitions to permanent housing. Individualized housing plans and early goal-setting are key.

Housing Problem-Solving and Rapid Placement: Rapid placement in market-rate housing or PSH is prioritized using landlord mediation, creative housing options, and rental assistance.

Landlord Engagement and Incentives: Partnerships with landlords, offering risk mitigation funds and retention support, encourage them to lease to those experiencing homelessness.

EVH Prioritization: Our EVH policy prioritizes the top 10% of vulnerable clients for immediate shelter, accelerating their transition to permanent housing.

Coordinated Entry and Matching: The Coordinated Entry (CE) system matches individuals to permanent housing based on need. CAS assessors ensure clients are “doc-ready” to prevent placement delays.

2. Increasing Retention in Permanent Housing:

Ongoing Case Management: Clients in permanent housing receive ongoing support such as mental health, substance use counseling, and employment assistance, which helps them maintain housing stability.

Housing Retention Services: Services include mediation for landlord-tenant issues, financial counseling, and problem-solving for housing stability challenges.

Follow-Up Support: For those exiting programs like rapid rehousing, follow-up support helps them stay housed post-subsidy and connect to long-term community resources.

3. Oversight Responsibility:

Sacramento Steps Forward (SSF), the CoC Lead Agency, oversees these strategies to increase permanent housing exits and retention. SSF, alongside CAS and service providers, ensures clients receive housing-focused interventions and support for long-term stability.

By prioritizing rapid placement, leveraging the EVH policy, and providing continued support, our CoC aims to boost permanent housing exits and improve retention.

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)

Our CoC's strategy to reduce returns to homelessness includes identifying at-risk individuals and families and implementing targeted interventions for housing stability.

1. Identifying Individuals and Families Who Return to Homelessness

We use data tracking, case management, and analytics to identify returns to homelessness. HMIS, the Coordinated Access System, and case records monitor housing outcomes and risk factors. Tools like STELLA analyze data to highlight trends, enabling providers to refine interventions. When returns occur, factors such as income instability, health, or eviction risk are addressed through individualized plans to prevent recurrence.

2. Strategies to Reduce the Rate of Returns

Our CoC emphasizes rapid support and comprehensive resources:

Housing First Model: Required for all CoC providers, ensuring immediate housing placement without barriers, followed by tailored support.

Rapid Access to Problem-Solving Funds: Coordinated Access deploys funds quickly to prevent evictions or displacement.

Healthcare and Support Services through CalAIM: Enhanced care and community health supports address behavioral and medical needs impacting housing stability.

System Flow and Rehousing Resources: The Local Homelessness Action Plan, funded by HHAP, allocates rehousing resources, promoting efficient exits and reducing recurrence.

Landlord Engagement and Incentives: A Landlord Incentive Program supports landlords renting to Housing Choice Voucher (HCV) holders, maintaining tenancies. The County Board of Supervisors also allocated \$10 million in ARPA funds for landlord engagement and rehousing support.

Mainstream Resource Connections and Emergency Transfers: CoC programs are incentivized to improve access to mainstream resources, while emergency transfers support those in permanent housing at risk of eviction.

Case Conferencing for Specific Populations: Focused sessions for groups like Transitional Age Youth (TAY) and Veterans provide targeted support to reduce returns.

3. Oversight Responsibility

The CoC System Performance Committee (SPC), led by CEO Lisa Bates, oversees this strategy, ensuring alignment with community needs and system goals.

This multifaceted approach stabilizes housing for vulnerable households, reducing returns to homelessness across the region.

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. Strategy to Access Employment Cash Sources

Aligned with the Regionally Coordinated Homelessness Action Plan and Sub-Solution 8.b, our CoC aims to build an inclusive workforce supporting diverse hiring. Key Year One actions include:

Staffing Needs Assessment: Based on the Gaps Analysis, identifying staffing needs in outreach, shelter, housing, and system management roles.

Labor Market Analysis: Conducting vacancy assessments and employer interviews with support from the California Employment Development Department (EDD).

Engagement of Individuals with Lived Expertise: Including input from under-resourced communities to inform recruitment and retention strategies.

Pay Equity Analysis: Ensuring competitive, livable wages to improve recruitment and workforce sustainability.

These efforts aim to develop a workforce capable of connecting clients to employment and vocational resources, boosting economic stability.

2. Collaboration with Mainstream Employment Organizations

Our CoC partners with Sacramento Employment Training Agency (SETA) and CalWORKS to link clients to mainstream employment resources, training, and vocational programs. With SETA on the CoC Board, we ensure employment services meet the specific needs of individuals experiencing homelessness. Collaborations with Lutheran Social Services, Hope Cooperative, Volunteers of America, and Goodwill further support clients in increasing employment income.

The Frontline Learning Collaborative provides training on Housing Problem-Solving and workforce engagement strategies, emphasizing racial equity and inclusion. Our "People's Guide" offers job search guidance, emergency resources, and strategies for overcoming employment barriers.

3. Oversight Responsibility

The Deputy CEO, Rachel Bereza, oversees the CoC's employment income strategy, coordinating partnerships, initiatives, and aligning employment strategies with the goal of increasing economic stability for those experiencing homelessness.

Through these partnerships and initiatives, our CoC works to increase employment income, improve housing stability, and support the workforce essential to addressing homelessness, fostering long-term outcomes for those we serve.

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.	
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(limit 2,500 characters)

Our CoC's strategy to increase non-employment cash income for individuals and families experiencing homelessness centers on coordinated access to benefits, emergency financial support, and cross-system partnerships.

1. Strategy to Access Non-Employment Cash Income

Aligned with the Regionally Coordinated Homelessness Action Plan, our CoC connects clients to public benefits and essential resources for stability:

Coordinated Access to Public Benefits: Our Coordinated Access System (CAS), in partnership with MediCal Managed Care Plans, the County Department of Human Assistance, and social service agencies, facilitates access to SSI, SSDI, TANF, SNAP, and MediCal. These partnerships ensure clients receive timely benefit enrollment and ongoing support.

Behavioral Health and Healthcare Support: In collaboration with the County of Sacramento and SSF, our CoC enhances behavioral health services in shelters and service locations, with a new CAS assessment tool to prioritize Medicaid and related benefits for those with complex health needs.

Emergency Financial Assistance and Problem-Solving Funds: CoC providers offer financial support for food, transportation, and urgent needs. A Problem-Solving Specialist provides cash assistance for rent, utilities, and emergencies to help clients maintain housing stability.

Cross-Systems Support for Vulnerable Populations: A pilot project under Sub-Solution 7.b focuses on individuals frequently served across public systems, aligning resources and prioritizing benefits access.

Coordinated Discharge Planning: In Sub-Solution 7.c, our CoC works with healthcare and justice systems to prevent homelessness upon discharge, using data-sharing agreements and planning to ensure Medicaid and financial aid are available upon release.

Employment and Benefits Integration: Sub-Solution 7.e strengthens partnerships with the Sacramento Employment and Training Agency (SETA) to integrate employment support with disability benefits, promoting long-term income stability.

2. Oversight Responsibility

The Deputy CEO leads this strategy, coordinating with County, City, and CoC partners to improve access to non-employment cash income, supporting stability, and reducing homelessness risk.

Through these collaborative efforts, our CoC ensures clients access the public benefits and financial support needed for stability, reducing reliance on emergency services.

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?	Yes
--	--	-----

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

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

Project Name	Project Type	Rank Number	Leverage Type
440 Arden Way	PH-PSH	8	Both

3A-3. List of Projects.

1. What is the name of the new project? 440 Arden Way

2. Enter the Unique Entity Identifier (UEI): 221316

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 8

5. Select the type of leverage: Both

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:	6,612
2.	Enter the number of survivors your CoC is currently serving:	2,595
3.	Unmet Need:	4,017

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 number of DV survivors needing housing or services was calculated based on the number of clients enrolled in HMIS with self-reported DV experience, as well as survivor coordinated access referrals and severity of need reports from 13 DV providers in the CoC. Severity of need was determined through vulnerability assessments conducted by these providers, tracking immediate safety concerns, housing instability risk, and shared through regular coordination meetings.

2. The number of DV survivors being served by our CoC was calculated using data from HMIS and comparable databases maintained by our DV service provider partners. These comparable databases include specialized victim services systems, ensuring that data on survivors not recorded in HMIS is included in our calculations for housing and service needs.

3. Despite these efforts, significant unmet needs remain in our community. Barriers such as lack of resources, affordable housing, and specialized services; privacy and confidentiality concerns; limited coordination among providers; cultural competency gaps; trauma-informed care needs; legal constraints; and stigma create a persistent gap between the number of survivors needing housing and available housing options.

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
Shelter Inc.
Bridging Initiati...

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	Shelter Inc.
2.	Rate of Housing Placement of DV Survivors—Percentage	72%
3.	Rate of Housing Retention of DV Survivors—Percentage	80%

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. SHELTER Inc. currently operates DV-Specific programs in Contra Costa, as well as other housing programs in Sacramento and other counties, where data is tracked through confidential, secure databases. Rate of 72% housing placement and retention were based off two of their Contra Costa County programs.

2. Placement was calculated through the total number of participants that entered housing over the total amount that were served in the program.

3. Rate of 80% retention was calculated through the number of clients that responded to follow up over the total that remained housed. Follow ups are performed for the first three months, at six months, and at 1 year after the participant completes the program to review their housing retention status. Rates account for exits to safe housing destinations. SHELTER Inc. adopts a Housing First model, where housing navigators work with participants to identify and secure housing units where participants will report feeling safe and secure. Their safety in housing placement is also assessed during follow-up surveys after the participant has exited the program.

4. SHELTER, Inc. utilizes a separate, secure, and confidential comparable database to store and track participant data. That database was the source for the information utilized to calculate rate of housing placement and rate of housing retention for DV survivors served by this program.

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. SHELTER Inc. (SI) has decades of experience helping DV survivors quickly move into safe, affordable housing. After addressing immediate needs, housing navigators locate units that meet the survivor's preferences, using landlord relationships to expedite connections and assist with move-ins, including financial support. Services are tailored to household needs, with follow-up support to ensure permanent housing (PH).

2. DV survivors are referred to SI through Coordinated Entry (CE) processes and prioritized based on "most severe needs" as per CAS protocols. VAWA Emergency Transfer Plans are prioritized for both internal and external transfers.

3. Case managers (CMs) develop Housing Stabilization and Individual Safety Plans for each survivor, focusing on building independence. SI's trauma-informed, strengths-based model emphasizes safety and empowerment for survivors to regain control over their lives.

4. SI provides wrap-around case management, assessing participant needs and connecting them to internal or external services for stable housing and self-sufficiency. Survivors seeking employment or education are linked to SI's employment program, and an Eligibility Specialist assists with public benefits. CMs help connect participants to external agencies for services SI cannot directly provide.

5. SI's Rapid Re-Housing (RRH) program uses progressive engagement to move participants toward independent housing with flexible, time-limited rental assistance. Support is gradually reduced as participants gain stability. CMs check in with participants post-program at 3, 6, and 12 months to ensure stability, with additional support offered if homelessness risks arise.

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 confidentiality 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. At Shelter Inc, case managers (CMs) ensure interactions with survivors are trauma-informed and confidential. Participants choose comfortable interview locations, either in offices or staff can travel to meet them. At domestic violence (DV) centers, private spaces are arranged for intakes. No other household members are allowed during interviews unless the participant requests it.

2. Shelter Inc has decades of experience helping survivors find safe housing. After addressing immediate needs, housing navigators work with survivors to identify safe areas. Navigators use landlord relationships to find available units and assist with move-ins.

3. Shelter Inc's DV protocols ensure confidentiality. A secure database, separate from HMIS, is used to store information and track outcomes. Policies are adjusted to meet survivor needs, and information is shared only with survivor consent. Operational agreements between agencies are established to maintain safety and confidentiality. Housing units include personal safety features, and case managers work intensively with households to keep locations confidential.

4. Shelter Inc staff earn DV certification through a 40-hour course covering safety and confidentiality policies. CMs also undergo regular county and community training. The employee handbook covers confidentiality and safety protocols, and monthly meetings help advance case managers' knowledge in serving survivors.

5. CMs assist survivors in developing Individual Safety Plans to increase household safety. Staff find housing that meets survivors' safety criteria and keep locations confidential, sharing information only with survivor consent. Additional safety measures can be implemented in units. Shelter Inc also connects households to the Safe at Home program to protect address confidentiality. Survivors may use phone apps that block location tracking and help them contact someone in a crisis.

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)

SHELTER Inc. ensures participant confidentiality and safety by implementing an Individual Safety Plan (ISP) for participants and their families. The ISP addresses various safety needs, including strategies to prevent and escape violence, build a support network, teach children about safety, secure protective orders, and ensure internet safety. Survivors can now access these plans via a secure app, offering quick, confidential access. Further, additional safety measures like security cameras and panic buttons were introduced, backed by secured funding. Case managers (CMs) use a secure DV database to track trends and modify client behaviors during meetings. Staff routinely review client data and meet to assess the best responses to challenges. Feedback is collected via surveys at 3, 6, and 12-month intervals post-program to evaluate and improve services. Program leadership reviews survey results to identify areas needing improvement.

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. SHELTER Inc. uses trauma-informed, victim-centered approaches to empower survivors by offering choices in housing, services, and referrals. During assessments, participants guide the pace, and navigators provide options based on their preferences. The program is low-barrier, non-punitive, and respects cultural and service preferences. Participant feedback is regularly sought and shared through feedback loops to ensure accountability. Case managers (CMs) build rapport and trust with participants, prioritizing their physical, psychological, and emotional safety.

2. Shelter Inc has successfully placed survivors in a variety of permanent housing options, leveraging both HUD-funded and non-HUD-funded programs. Shelter Inc case managers and housing navigators work with landlords, SHRA, other RRH programs and housing programs to match clients to units based on their needs and preferences. For clients with disabilities, case managers connect them to PSH opportunities through the coordinated entry system. Shelter Inc currently operates an RRH program for survivors where they provide survivors access to housing location, supporting services and financial assistance to rebuild their lives.

3. Shelter Inc staff has experience ensuring that survivors' preferences and needs are honored throughout the placement process. Survivors are given the opportunity to select their preferred housing situation, whether it be individual apartments, shared housing, or other housing arrangements. The applicant's team provides support in navigating the housing process, maintaining a survivor's sense of control over their life.

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)

During the past year, Shelter Inc. provided the following services to survivors:

Housing navigators assist participants in overcoming barriers like credit repair and rental history to find housing. They also provide moving assistance and furniture.

Participants receive help with public benefits and financial literacy, including budgeting and opening bank accounts.

An employment specialist supports resume writing, interviews, job placement, and connects participants to GED or further education.

SOAR-certified specialists help with applications for benefits like Cal-Fresh, Medi-Cal, EDD, and SSI/SSDI.

Trauma-informed support includes safety planning, emergency shelter, providing access to education and long-term housing plans.

A mental health specialist offers therapy and counseling to survivors, including Cognitive Behavioral Therapy and support groups.

Workshops and childcare are provided to support parents.

Post-exit follow-ups ensure housing stability, with additional support if needed.

Referrals for legal needs, including immigration and child custody, are offered.

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)

1. SHELTER Inc. will implement trauma-informed, victim-centered, and evidence-based models that respect cultural competency and empower individuals recovering from trauma. Through the scattered-site rapid re-housing program, survivors will receive rental assistance, safe housing, and wraparound support to achieve permanent stability. Housing preferences and safety needs will be assessed, with navigators identifying and securing safe housing quickly through coordinated entry. Survivors will also receive supportive services to maintain stability and work towards self-sufficiency.

2. The program will take a low-barrier, respectful approach, free from punitive interventions, engaging survivors by building trust and rapport. All staff will be trained in trauma-informed, client-centered methods, with case managers (CMs) certified in domestic violence care, safety planning, and motivational interviewing. Participant feedback will guide ongoing improvements. CMs will offer psychoeducation on trauma, including concepts like the power and control wheel, helping survivors understand and address their experiences. Participants will have access to mental health support, including in-house specialists trained in evidence-based therapeutic methods.

4. A strength-based approach will ensure survivors rebuild physical, psychological, and emotional safety. CMs will help participants define goals and connect them with appropriate resources to achieve self-sufficiency. SHELTER Inc. staff will participate in regular diversity, equity, inclusion, and cultural competency training, ensuring services are responsive to all backgrounds and circumstances. Staff diversity will reflect the client base, and services will be offered in multiple languages.

5. SHELTER Inc.'s service plans will address a wide range of needs, with access to resources like support groups and affinity programs. Staff will assess participants' children's needs, providing counseling, parenting classes, and childcare, and referring families to external services such as legal aid for custody issues.

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. At Shelter Inc, we will use the Survivor Coordinated Entry systems to streamline the process of prioritization, ensuring equitable access and prioritization for all participants based on client needs. The project will prioritize the placement and stabilization of participants by implementing a Housing First approach, which emphasizes removing barriers to housing access and stabilizing participants quickly. By conducting comprehensive assessments of participants' vulnerabilities, needs, and preferences during the intake process, the project will ensure that the most vulnerable are rapidly connected to services and housing.

2. Arrive Together is a Housing First, rapid re-housing (RRH) program by SHELTER Inc. that serves homeless families and individuals in Sacramento County who are survivors of domestic violence (DV). This project will prioritize the connection to permanent housing resources such as; PSH opportunities, housing choice vouchers and other HUD and non-HUD housing programs.

3. The project recognizes the importance of participant choice in housing stability. We will ensure that each participant's housing preference, whether location, type of unit, or proximity to essential services such as schools or healthcare, are considered and honored. Units will be 1 or 2 bedrooms, with ADA-accessible housing for disabled households, including features like support bars and adaptive equipment. Income limitations are not a requirement for assistance. Safety measures will include cameras, security systems, and secure doors and windows. Disclosure of unit locations that could compromise safety is strictly prohibited.

4. Clients will enter the program with a one-year lease to ensure household safety. Housing navigators will help locate safe housing when referrals are received. Once immediate safety needs are addressed by DV-certified case managers, the housing team will find units with safety features like well-lit areas, secure doors, bars on windows, and ADA-certified options with ramps, non-slip floors, and sensor lights. The housing pool includes affordable units for families of all sizes, including shared housing or in-law units.

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

(limit 5,000 characters)

1. SHELTER Inc. will implement trauma-informed, victim-centered, and evidence-based models to support survivors in achieving stable housing. Through a scattered-site rapid re-housing program, survivors will receive rental assistance, safe housing options, and wrap-around services. Housing navigators will ensure participants' preferences are met and provide geographically diverse housing options through coordinated entry. Survivors will also receive supportive services to maintain housing stability and work towards self-sufficiency.
2. The program operates with a low-barrier, non-punitive approach, respectful of participants' experiences, culture, and needs. Staff will build trust and rapport with survivors using trauma-informed and client-centered interventions. Case Managers (CMs) will receive training and certifications in trauma-informed care, safety planning, and motivational interviewing. Program improvements will be made based on participant feedback.
3. CMs will offer psychoeducation to survivors about trauma, including topics like the power and control wheel, and provide access to mental health care, with in-house support from specialists trained in evidence-based interventions. A strength-based approach will emphasize physical, psychological, and emotional safety, enabling participants to regain control and empowerment. Case planning will be goal-driven, with CMs connecting participants to resources for self-sufficiency.
4. SHELTER Inc. will ensure that staff receive regular training in diversity, equity, inclusion, and cultural competency, and services will be offered in multiple languages. Hiring strategies will focus on ensuring staff reflect the cultural diversity of the clients they serve. Additionally, staff will provide access to support groups, including affinity and spiritual groups.
5. Participants' children's needs will also be assessed. Mental health services, parenting classes, and childcare will be available for families, and CMs will connect participants to external resources such as legal services for custody matters.

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| 4A-3j. | Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s). | |
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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. SHELTER Inc. gathers feedback from program participants through suggestion forms and surveys to enhance communication and adjust program procedures for better participant experiences. The Participant Advisory Council (PAC), consisting of formerly homeless individuals and survivors, also contributes feedback. Domestic violence survivors are invited to participate in PAC but are not required to disclose personal information. SHELTER Inc. integrates feedback from PAC, surveys, and advisory meetings to evaluate and update policies and services. Program adjustments are made based on leadership reviews of this feedback. The agency also works with Persons with Lived Experience (PLE) and Survivor-Led VSPs (Victim Service Providers), who bring their direct experience with homelessness, domestic violence, human trafficking, and sexual assault to guide policy changes and system improvements.

2. Through Frontline Learning Collaboratives, PLEs and VSPs collaborate to develop training, build cultural competency, and foster trauma-informed care for staff. They provide feedback to ensure that the voices and experiences of survivor's shape policy development and evaluation. SHELTER Inc. aims to expand its PLE program to include more domestic violence survivors and build connections between PLEs and VSPs. Additionally, a Survivor Advisory Committee within the PLE cohort is in development.

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	Bridging Initiatives International
2.	Rate of Housing Placement of DV Survivors—Percentage	72%
3.	Rate of Housing Retention of DV Survivors—Percentage	80%

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)

BII Joint TH/RRH project has not onboarded with coordinated entry yet and are unable to provide rates of housing placement and housing retention for DV survivors at this time as this project was funded in 2023 and just received their first contract from HUD. We anticipate this project will launch in November 2024.

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. At BII, we use Rapid Re-Housing alongside Continuum of Care (CoC) resources to quickly move DV survivors into safe, affordable housing.

2. We actively participate in the Coordinated Entry System (CES), ensuring survivors are prioritized according to CoC's list and emergency transfer plans. Additionally, we align with the CoC's emergency transfer plan to provide timely support to survivors, ensuring that their needs are addressed swiftly and in accordance with established protocols

3. Our client-centered approach prioritizes survivors' needs and strengths. Each client undergoes a comprehensive needs assessment, followed by a personalized support plan that includes referrals to job training, mainstream benefits, and other services. These services, combined with trauma-informed case management, help survivors transition toward stability and independence.

4. Within 72 hours of intake, case workers create tailored support plans, providing resources, safety planning, and addressing immediate needs. Survivors receive ongoing supportive services, such as DV support groups, legal assistance from partners, and counseling programs. These individualized care plans help survivors rebuild their lives and transition to sustainable housing, with continued support even after housing subsidies end, through additional programs or tailored resources.

5. To move clients from assisted housing to housing they can sustain, we implement a progressive engagement model that allows the client to gradually get to a place where they are paying for their rent independently without RRH financial assistance.

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 confidentiality 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. At BII, experienced staff follow strict confidentiality protocols when working with survivors. Intake and interviews are conducted privately to ensure safety and prevent coercion. Staff communicate in a trauma-informed manner, sharing only necessary information.

2. Safety planning is integrated into the intake process, helping survivors understand how their information will be protected.

3. We provide secure housing solutions, either within our facilities or through partners, prioritizing survivor safety.

4. Policies keep safe house locations undisclosed. Each client receives a personalized safety plan, and we coordinate with trusted partners to meet immediate needs safely. Survivor information and location details are stored securely.

5. Access to sensitive information is restricted to authorized personnel only.

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)

BII prioritizes survivor safety and confidentiality. Staff conduct private intakes and interviews, follow strict confidentiality protocols, and communicate in a trauma-informed way. Personalized safety plans are developed for each survivor, and housing solutions are offered through BII's facilities or trusted partners. The locations of these safe houses are undisclosed to protect survivors. Survivor information is stored securely and only accessed by authorized personnel under strict confidentiality agreements and data protection protocols. BII staff, experienced in dealing with domestic violence, sexual assault, and human trafficking, undergo regular training to stay updated on best practices and legal requirements for maintaining confidentiality and safety.

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. At BII, our trauma-informed approach, combined with training from Sacramento Steps Forward, has helped us support survivors of domestic violence, sexual assault, and human trafficking. Many of our team members have extensive experience in housing and victim services. This expertise, along with trauma-informed care training, helps us stabilize survivors, ensuring their safety, confidentiality, and well-being.

2. We have a strong track record of managing housing search and placement services, relocating clients, and providing comprehensive support. By collaborating with partners and leveraging our Rapid Re-Housing (RRH) program, we ensure survivors are placed in stable, permanent housing according to their needs. Our focus on individualized care plans and partnerships helps survivors achieve long-term housing stability.

3. Our approach prioritizes collaboration with partner agencies, using housing-first principles and comprehensive services to ensure survivors achieve and maintain housing stability. Our team's dedication ensures that survivors not only find housing but also receive ongoing support to keep it.

4. We are confident the proposed project will build on proven strategies, strong partnerships, and our commitment to the families we serve. Our focus on long-term housing sustainability positions us to continue serving households experiencing homelessness with the same high level of effectiveness.

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)

At BII, our organization operates with a trauma-informed case management policy that emphasizes agency, respect, and equality in all interactions with survivors. At BII, we emphasize the following approach:

Staff prioritize agency and respect, offering non-punitive, empowerment-focused support. A grievance process ensures survivors feel heard.

We offer trauma-informed support groups, art classes, and self-care workshops to provide healing and a sense of community.

Survivors work with case managers to set goals and rebuild their lives based on their strengths and preferences.

Staff are trained in cultural competence, and services are accessible to diverse communities, including immigrants and minorities.

Survivors receive job readiness training, parenting classes, legal connections, and access to community services and trauma informed education and resources.

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)

1. BII offers trauma-informed care and ensures safety and confidentiality for survivors of abuse. Staff work with each survivor to develop individualized safety plans and provide resources like legal assistance, security measures, and emotional support. Monthly domestic violence support groups offer healing and empowerment, and self-care sessions help survivors reclaim their well-being. The proposed project expansion will add support groups and skills training to empower survivors further.

2. BII partners with local schools to ensure children fleeing with their parents can continue their education, providing transportation and school materials. Staff assist survivors in securing safe, affordable housing by liaising with landlords and advocating for survivors' housing applications. BII also offers job readiness support, credit repair resources, and financial counseling to help survivors achieve long-term stability.

3. Staff are available 24/7 for trauma-informed support, including safety planning, emergency shelter, legal assistance, and housing advocacy. Survivors receive comprehensive long-term housing safety plans, incorporating job training, legal support, and community resources, ensuring stability as they transition to independence.

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. At BII, the new project takes a trauma-informed, survivor-centered approach to prioritize the placement and stabilization of participants. A team of professionals, including counselors and case managers, will offer services like group therapy, individualized counseling, and trauma-informed case management in a safe, supportive environment. Private counseling rooms and communal areas will help survivors feel supported during recovery.

2. The Rapid Re-Housing program will provide rental assistance for 8 housing units, accommodating up to 17 individuals in 1 to 3-bedroom units. This project will connect client to permeant housing opportunities by building connections with landlords and making PH referrals and connecting clients to permanent housing opportunities through the coordinated entry system. Our housing navigators will build relationships with landlords and housing programs to reduce barriers to accessing permanent housing opportunities.

3. Survivors will choose housing based on their preferences, ensuring their safety and proximity to public transportation, healthcare, and employment. Ongoing support includes financial literacy, employment services, and access to legal and healthcare resources.¿¿

4. Our goal for this project is to ensure that the housing selected for each participant not only meets their immediate needs but also supports long-term stability. We will ensure this by completing assessments during the intake to assess for needs that support long term housing stabilization. Comprehensive case management and supportive services will be provided as well to evaluate needs overtime.”

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. BII's New Project prioritizes equality in staff-participant interactions, minimizing power imbalances and fostering empowerment. Upon entry, participants will receive welcome letters outlining their rights and the grievance process. Trauma-informed case management will center on survivors' participation in decision-making about their care. Weekly staff meetings will ensure best practices are upheld, and issues are addressed quickly.

2. Participants will have access to trauma-informed support groups and weekly case management sessions focused on strength-based assessments. These sessions will support survivors in setting and achieving their goals. Staff, many of whom have lived experiences and represent minority groups, will provide culturally responsive and inclusive care. Multilingual staff will break down language barriers, and regular training will ensure cultural competency.

3. BII's collaboration with Sacramento Steps Forward and the Continuum of Care (CoC) network will keep staff updated on trauma-informed approaches. Participants will be connected to tailored services and resources that respect their cultural and ethnic backgrounds. Home visits will help track participants' progress toward housing stability, and the project will expand to offer more comprehensive support groups, skills training, and job readiness programs.

4. The project will also provide peer-to-peer groups, mentorship, and holistic support. Partnerships with agencies like Heartland will offer on-site counseling, fostering resilience and community-building. Trauma-informed parenting classes and childcare during support groups will enable survivors to engage in services fully. Legal services and family counseling will be available to support parent-child relationships and custody matters.

5. As the project expands, comprehensive family-centered programming will address the needs of both survivors and their children, supporting recovery and resilience for the entire family.

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)

At BII, we prioritize staff and leadership with lived expertise, including those who have faced homelessness, domestic violence, sexual assault, and addiction. Many staff members offer compassionate, practical guidance based on their own experiences. These individuals hold leadership roles, including positions on the board of directors, ensuring that survivors' perspectives are represented in decision-making processes.

BII actively involves survivors in shaping policies through regular feedback mechanisms like focus groups and surveys. Survivors help determine which services are most effective and identify areas for improvement. This survivor-centered approach allows BII to evolve in response to real-life experiences, making programs more effective and responsive. By engaging survivors in program design and leadership, their voices continuously influence the project's direction.

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	1C-7. PHA Homeles...	10/25/2024
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	10/25/2024
1D-10a. Lived Experience Support Letter	Yes	1D-10a. Lived Exp...	10/28/2024
1D-2a. Housing First Evaluation	Yes	1D-2a. Housing Fi...	10/25/2024
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Compe...	10/25/2024
1E-2a. Scored Forms for One Project	Yes	1E-2a. Scored For...	10/25/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5. Notificatio...	10/25/2024
1E-5a. Notification of Projects Accepted	Yes	1E-5a. Notificati...	10/25/2024
1E-5b. Local Competition Selection Results	Yes	1E-5b. Local Comp...	10/28/2024
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	2A-6. HUD's Homel...	10/25/2024
3A-1a. Housing Leveraging Commitments	No	3A-1a. Housing Le...	10/25/2024
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: 1D-10a. Lived Experience Support Letter

Attachment Details

Document Description: 1D-2a. Housing First Evaluation

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Forms for One Project

Attachment Details

Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2A-6. HUD's Homeless Data Exchange (HDX)
Competition Report

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/21/2024
1B. Inclusive Structure	10/28/2024
1C. Coordination and Engagement	10/28/2024
1D. Coordination and Engagement Cont'd	10/28/2024
1E. Project Review/Ranking	10/25/2024
2A. HMIS Implementation	10/25/2024
2B. Point-in-Time (PIT) Count	10/25/2024
2C. System Performance	10/28/2024
3A. Coordination with Housing and Healthcare	10/25/2024
3B. Rehabilitation/New Construction Costs	10/25/2024
3C. Serving Homeless Under Other Federal Statutes	10/25/2024

4A. DV Bonus Project Applicants	10/28/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

1C-7. PHA Homeless Preference

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Document Satisfying Requirement	Page Number
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1C-7. PHA Homeless Preference	2

- 5) (1 point) Rent Burden preference is given to applicants who pay more than 50% of their gross income for rent and utilities. The applicant family must provide copies of one of the following:
 - a) A lease or rental agreement in the applicant's name including the rent amount and utility responsibility. Must also have proof of actually paying rent within the last 30 days such as money order, canceled checks or rent ledger or a written statement from the Landlord or person from whom the applicant is renting or sharing a rental, including the amount of rent and utilities received.
- 6) (1 point) Homeless preference to a currently homeless household. A family or individual must meet the definition of "homeless" as defined in the Glossary. The PHA will accept documentation as provided by the applicant or the applicant can self-certify homelessness. Applicants can be homeless or rent-burdened, but not both.

The PHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in this Administrative Plan. For families with the same preferences, families will be pulled from the waiting list based on lottery number assigned at the time of the pre-application.

HOMELESS INITIATIVES

Contingent on funding, the PHA will allocate vouchers to serve homeless families utilizing tenant-based vouchers (the Limited Homeless Allocation and the Move On Allocation), the Performance Partnership Pilots Initiative Program (P3) program (described in Chapter 23) and project-based vouchers tied to supportive services (described in Chapter 21). The PHA is prioritizing housing homeless families, while continuing to serve families on the current waiting list.

The PHA will utilize the following additional preferences:

- 1) Limited Homeless Allocation. This preference is available to homeless individuals/families currently receiving services and who are referred by a partnering homeless services organization, another coordinated system, or consortia of homeless service providers. The referring agency will verify homelessness and will assist the family with finding a suitable rental property once the voucher is issued. Ongoing housing stabilization services will continue to be provided to the family. At its discretion, the PHA will annually evaluate whether to renew this preference.
- 2) Move On Allocation. This preference is available to formerly homeless individuals/families who are ready to transition from supportive housing to the HCV tenant based voucher program while simultaneously transitioning from receiving intensive to less intensive/no services. Families will be referred to the PHA by their service provider if they meet programmatic guidelines. Final approval (for the families to be referred to the HCV Intake staff) will be conducted by the PHA. Transitioning formerly homeless families to the voucher program will create vacancies in supportive housing programs, allowing additional homeless families in need of services to be housed. At its discretion, the PHA will annually evaluate whether to renew this preference.

C. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION **(24 CFR §982.207)**

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the local preference and will be notified in writing of the determination.

1C-7. PHA Moving On Preference

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1C-7. PHA Moving On Preference	2

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1D-11a. Lived Experience Support Letter

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October 23, 2024

To the U.S. Department of Housing and Urban Development,

We, the Persons with Lived Expertise Committee (PWLEC), write in support of Sacramento Steps Forward and the Sacramento CoC's proposal to the FY24-25 Housing and Urban Development Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO). This funding is critical to effectively addressing and reducing unsheltered homelessness in Sacramento City and County.

The PWLEC was formed from our Racial Equity Action Plan and established in January 2022 with four initial members. Through evaluation of our CoC Membership, peer-to-peer outreach, and extensive community engagement, we have grown to ten individuals, all of whom are actively participating in the decision-making spaces within the Sacramento CoC.

Who we are:

The PWLEC is composed of ten individuals who have lived experience with homelessness and come from racially and ethnically diverse backgrounds. Our members have faced multiple intersectional barriers to housing, and we stand together as a bridge between the homeless response system and those currently experiencing homelessness. By sharing our experiences, we aim to build relationships and inspire equitable, transformative changes throughout the system. We understand the personal toll this work takes, given the systemic trauma around race, gender, socioeconomic status, and other factors, and as such, we provide support to one another through this work.

We are dedicated to:

1. Ensuring better access to housing resources and services for all, regardless of race, color, sex, age, sexual orientation, gender identity, religion, national origin, disability, veteran status, parental status, housing status, or other protected classes.
2. Increasing the number of unsheltered persons receiving permanent housing and supportive services that address trauma, mental and physical health, and life skills to maintain stable housing.
3. Amplifying the voices of persons with lived expertise, ensuring they are heard, seen, acknowledged, and uplifted to positions of influence where they can enact change.

4. Advocating for organic, lasting, and transformative change, particularly for historically excluded and exploited communities, and advancing the work of homelessness response.
5. Dismantling structural and institutional discrimination within the local homelessness response system and beyond.
6. Honoring and building upon the contributions of past members whose work has shaped and strengthened our mission.

On behalf of the PWLEC, we thank you for your consideration of our application and your support in our efforts to create a more equitable homelessness response system in Sacramento.

Sincerely

Dawn Basciano

10/24/24

Marjorie Beazer

Marjorie Beazer (Oct 24, 2024 16:23 PDT)

10/24/24

Kristy L. Smith

10/26/24

ML

Mercedes Lott (Oct 24, 2024 11:54 PDT)

10/24/24

O. Cedej

Onesimo Cendejas (Oct 28, 2024 12:10 PDT)

10/28/24

YBuckner

Yvette Buckner (Oct 26, 2024 20:38 PDT)

10/26/24

1D-2a. Housing First Evaluation

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Document Satisfying Requirement	Page Number
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Renewal Project Scoring Tool (Housing First Criteria Highlighted)	2-18
New Project Scoring Tool (Housing First Criteria Highlighted)	19-34

2024 Renewal Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing Performance	18 points
3. Income Performance	14 points
4. Utilization Performance	22 points
5. Severity of Need and Service Quality	20 points
6. Compliance	12 points
7. Community	11 points
8. Enhancing Capacity	3 points
9. BONUS Factors	8 points
TOTAL	100 points (+ 8 bonus)

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures are consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type, as demonstrated by its policies and procedures.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Successful Drawdown	If the project is under contract with HUD, then the project has made at least one successful drawdown of federal funds as of the time of this application was submitted.	Met/Not Met
Client Participation in Project Design and Policymaking	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically via membership on the agency board or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Equal Access	The project provides equal access to housing and services without regard to sexual orientation, gender identity, local residency status, or any other protected category.	Met/Not Met
Match	Agency demonstrates 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency actively prevents discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual expenditures of \$750,000 or more in federal funds, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual expenditures of less than \$750,000 in federal funds, provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met
<i>Required but not scored</i>		

[Scored Factors Begin on Next Page]

2. HOUSING PERFORMANCE (18 pts.)

Name	Description	Sources	Score
Permanent Supportive Housing (PSH)			
2A. Housing Retention	<p>Successes in Housing Retention for PSH projects are measured by the percentage of individual project participants that remain in permanent housing or exit as “living-leavers” to permanent housing during the evaluation period.</p> <p>For projects that serve families or small projects that experience an outsized impact on program performance for this factor, projects are invited to discuss the number of households that left the project and how long each household had been in the program prior to leaving the program unsuccessfully under the <i>exceptional circumstances</i> supplemental question for consideration by the panel. In an exception to the Review and Rank Policy, at section IV. Review and Rank Process, paragraph J:</p> <ul style="list-style-type: none"> • If one household left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 15 points to the project, and • If two households left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 9 points. 	APR Q5 APR Q23	≥ 99% = 18
			98% - 98.9% = 15
			96% - 97.9% = 12
			90% - 95.9% = 9
			85% - 89.5% = 6
			80% - 84.9% = 3
			< 79.9% = 0

Rapid Re-Housing (RRH) and Joint Transitional Housing and Rapid Re-Housing (TH-RRH)			
2B. Housing Placement	<p>Successes in Housing Placement for RRH and TH-RRH projects are measured by the number of participants who exited to a Permanent Housing destination as a percentage of all “living-leaver” participants who exited the project during the evaluation period.</p> <p>For projects that serve families, that experience an outsized impact on program performance, projects are invited to discuss under the <i>exceptional circumstances</i> supplemental question for consideration by the panel.</p>	APR Q5 APR Q23	≥ 90% = 18
			85-89.9% = 16
			80% - 84.9% = 12
			75% - 79.9% = 9
			70% - 74.9% = 5
			< 70% = 0

3. INCOME PERFORMANCE (14 pts.)

Name	Description	Sources	PSH Scale	RRH and TH-RRH Scale	Score
3A. Increase or Maintain Income	<p>Successes in increasing or maintaining participant income are measured by the percent of adult participants in the project who maintained a non-zero income, or increased income, from project entry to exit or Annual Assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q19	≥ 85%	≥ 75%	6
			70% - 84.9%	60% - 74.9%	4
			55% - 69.9%	45% - 59.9%	3
			40% - 54.9%	30% - 44.9%	2
			< 40%	< 30%	0
3B. Non-Cash Mainstream Benefits	<p>Successes in connecting participants with non-cash mainstream benefits are measured by the percentage of adult stayers/leavers with non-cash benefit sources, excluding all stayers not yet required to have an annual assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q20	≥ 95% = 6		
			90% - 94.9% = 4		
			80% - 89.9% = 3		
			75% - 79.9% = 2		
			< 75% = 0		

SACRAMENTO CONTINUUM OF CARE

3C. Health Insurance	<p>Successes in connecting participants with health insurance are measured by the percentage of stayers/leavers with health insurance, excluding all stayers not yet required to have an annual assessment.</p> <p>Participants that passed away during the measurement period do not impact the project's performance</p>	APR Q5 APR Q21	$\geq 95\% = 2$
			$90\% - 94.9\% = 1$
			$< 90\% = 0$

4. UTILIZATION PERFORMANCE (22 pts.)

Name	Description	Sources	Score
4A. Bed and/or Unit Utilization	<p>For PSH projects, utilization will be measured based on units utilized (per APR data).</p> <p>For RRH projects, utilization will be measured using units (per APR data) plus the number of households enrolled but not yet housed.</p> <p>For TH-RRH projects, utilization will be measured using units (per APR data), plus the number of households enrolled in only RRH but not yet housed.</p> <p>A project may request utilization be measured based on beds instead of units by providing a written explanation of why beds is a more accurate measure.</p> <p>Request consideration in advance of review and rank- SSF will request this information as part of the APR review process.</p> <p>SSF will review all submissions and make recommendations on scoring this factor to the review and rank panel.</p>	APR Q7b APR Q8b E-Snaps	$\geq 95\% = 12$
			$90\% - 94.9\% = 9$
			$85\% - 89.9\% = 6$
			$80\% - 84.9\% = 3$
			$< 80\% = 0$

SACRAMENTO CONTINUUM OF CARE

	<p>Grounds for consideration include but are not limited to:</p> <p>Multiple households sharing one unit of housing;</p> <p>Build units not available due to circumstances outside of provider control;</p> <p>Leased up units not available due to circumstances outside of provider control.</p> <p>Other circumstances will also be considered and evaluated based on merit.</p>		
4B. Grant Spenddown	<p>Successes in Grant Spenddown are measured by dividing the amount of money drawn down from e-LOCCs during the project's most recently completed contract by the amount on the corresponding GIW.</p>	e-LOCCs E-Snaps	$\geq 95\% = 8$
			$85\% - 94.9\% = 5$
			$75\% - 84.9\% = 3$
			$< 75\% = 0$
4C. Quarterly Drawdowns	<p>Successes in Grant Spenddown are also measured by the number of drawdowns made by projects, and depend on projects drawing down quarterly (i.e., occurring at least once in each three-month period during the year).</p> <p>Award 0.5 points for each successful quarterly drawdown over the competition period.</p>	RFI	Up to 2 points

5. SEVERITY OF NEED AND SERVICE QUALITY (20 pts.)

Name	Description	Sources	Score
5A. Severity of Needs & Special Considerations	<p>Full points will be awarded for projects that fully meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Dedicated to or targeting chronically homeless families and/or individuals • Dedicated to or target under-served populations, including: seniors, people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria), and households who do not qualify for other federal, state or locally funded PSH or RRH assistance. • Projects that do not meet the criteria provided in either of the two bullet points above but include a compelling explanation about the quantifiable gap their project fills in the community may also be awarded up to full points. 	RFI APR Q5a Q13a1, Q14a, Q27a	Up to 10 Points

SACRAMENTO CONTINUUM OF CARE

5B. Quality of Services	<p>Award up to 7 of the 10 points possible for 5B for Successes in Quality of Services as measured based on the project's narrative explanation and detail on the extent to which the project provides services that:</p> <ul style="list-style-type: none"> • Offer ongoing support to stay housed, • Are comprehensive and well-coordinated, • Are thoughtfully matched to the needs of the target population <p>Award up to 3 of the 10 points possible for 5B for Adherence to new CoC Standards as follows: Renewal projects must review the CoC Standards adopted in December 2023 for current adherence by project type and commit to establish a plan of action to work towards greater fidelity to those standards specific to service accessibility, quality, staffing, etc. Please include the project's current ratio of on-site direct service staff (e.g. case manager) to residents, the number of additional staff and/or volunteers support direct service staff and a brief description of the rationale and/or circumstances contributing to this approach to case management.</p> <p>Successes for projects provided by Victim Service Providers are also measured based on the project's narrative explaining the extent to which the project provides services that improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>Full points will be available to domestic violence projects that provide objective data on how they improved participant safety.</p>	<p>RFI</p>	<p>Up to 10 points</p>
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6. COMPLIANCE (12 pts.)

Name	Description	Sources	Score
6A. Monitoring Findings	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>6A2. Monitoring (4 points) Award full points (4 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. 	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 3 calendar years.</p> <p>RFI</p>	Up to 8 points

	<p>Award up to full points (4 points) for the project if:</p> <ul style="list-style-type: none">• If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel.• If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 2 points if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

6B. Accurate Data	Successes in Accurate Data are measured using the percent of data recorded as either missing, don't know, client refused to answer, and/or unable to calculate, where the lower percentage the better. Projects with less than 5% data inaccuracy should receive full points.	APR Q6	< 5% error = 2
			5% - 10% error = 1
			> 10% error = 0
6C. Timely Data	Successes in Timely Data are measured using the average length of time (in days) between when a client enters or exits the project, and when the project records the entry or exit in HMIS. Projects that entered client entries/exits into HMIS in under 5 days received full points	APR Q6e	< 5 days = 2
			5 days – 8 days = 1
			> 8 days = 0

7. COMMUNITY (11 pts.)

Name	Description	Sources	Score
7A. Participation in CoC Activities	Successes in Participation in CoC Activities are measured based on the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFO. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 4 points
7B. Mandatory Training	Successes in Mandatory Training are based on whether the agency demonstrated regular attendance at mandatory training events by attending at least one such event per quarter.	RFI SSF Staff Report	Up to 2 points

SACRAMENTO CONTINUUM OF CARE

7C. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <p>Deduct <u>up to 5 points</u> if project was late in finalizing APRs without valid reason.</p> <p>Deduct 2 points if any portion of the local application was turned in <u>up to</u> 24 hours late.</p> <p>Deduct 5 points if any mandatory portion of the local application was <u>more than</u> 24 hours late.</p> <p>If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.</p>	Analysis	Up to 5 points
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8. ENHANCING CAPACITY (3 pts.)

Name	Description	Sources	Score
8A. Transitions to Permanent Housing	Success is measured by PSH programs that effectively facilitate successful flow from PSH to other permanent housing (including housing with rental subsidy), evidenced by percent of individuals served that exit to other permanent housing.	APR Q23	Up to 3 points

9. BONUS FACTORS (11 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

<p>9B. BONUS Unique Funding</p>	<p>Award full points to housing projects that leverage a source of one-time or on-going funding that may not be used to serve individuals experiencing homelessness if this project is defunded. The funding can be in any amount to meet this criterion.</p> <p>One example of funding meeting these criteria is project-based Housing Choice Vouchers because this funding is not limited to individuals experiencing homelessness. If the project loses CoC funding, the project-based vouchers may not be used to serve individuals experiencing homelessness.</p>	<p>RFI</p>	<p>Up to 3 points</p>
	<p><u>Identifying and Addressing Barriers:</u> Based on the degree to which the organization:</p> <p>1) Award up to one point if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals as identified in the All In Sacramento Plan appendix, or through project level data provided by the organization; and</p>		

SACRAMENTO CONTINUUM OF CARE

<p>9C. BONUS Organizational Commitment to Racial Equity</p>	<p>2) Award up to one point if the organization has taken concrete steps to address the identified barriers in (1) above and lessen their impact on BIPOC individuals. Steps described should be designed to address the specific experiences of BIPOC individuals.</p> <p><u>BIPOC Representation in Leadership:</u></p> <p>Award up to three points for the organization's explanation of its commitment to serving Black, Indigenous, and other People of Color (BIPOC) since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.</p> <p>Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:</p> <ul style="list-style-type: none"> • Award up to one point if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color. • Award up to two points to the extent that the organization describes concrete steps that have been taken to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness. <ul style="list-style-type: none"> ○ These may include but are not limited to: <ul style="list-style-type: none"> ▪ Opportunities for cultural competency and implicit bias trainings; 	<p>RFI</p>	<p>Up to 5 points</p>
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SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> ▪ Policies related to language accessibility; and ▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves. <ul style="list-style-type: none"> ○ The applicant must also describe the impact or results of their strategies. 		
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2024 New Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing	25 points
3. Services	20 points
4. Agency Capacity	25 points
5. Prioritization, option of: a. Prioritization for New Projects Except for DV Bonus b. Prioritization for DV Bonus	25 points
6. Community	10 points
TOTAL	105 points

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures will be consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or comparable database for domestic violence services).	Met/Not Met
Formerly Homeless Input	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically board of directors membership or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met
Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Eligible Applicant	Neither the applicant nor the sub-recipients (if any) are for-profit entities.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Equal Access	The project will provide equal access to housing and services without regard to sexual orientation, gender identity, or local residency status.	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual federal expenditures over \$750,000, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual federal expenditures under \$750,000 provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met

Match	Agency will be able to provide 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency will actively prevent discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Budget	Agency has made a good faith effort to complete the budget template provided, showing both CoC and non-CoC funding sources for the project.	Met/Not Met
For DV Bonus Projects Only: Serving DV	Project is 100% dedicated to serving victims who are fleeing or attempting to flee domestic violence, including dating violence, sexual assault, stalking, and/or human trafficking who came from sheltered or unsheltered situations. The project must follow a Housing First model and utilize trauma-informed and client-centered approaches.	Met/Not Met

2. HOUSING (25 pts.)

Name	Description	Sources	Score
2.A. Fully Described and Appropriate Housing	<p>Award points for a housing design that:</p> <ul style="list-style-type: none"> • is clearly and fully described • has a layout or features that are thoughtfully matched to the target population • is strategically located to meet the needs of the target population • is physically accessible to persons with disabilities • will help maximize client choice in the CoC (e.g. by including a plan to evaluate each client's needs, strengths, and preferences in order to determine which mainstream benefits and/or jobs the client could qualify for) • is designed to protect the safety of the population they serve 	RFI	Up to 10 points
2.B. Ready to Start	<p>Award points if the project will be ready to begin housing clients within 3 months of receiving HUD funding. Consider:</p> <ul style="list-style-type: none"> • Whether the agency has adequately described how the project will acquire the necessary housing for the project type. For RRH, this should include landlord engagement strategies, whether proposed to be conducted directly by the project or by a partner entity; • Whether the project site faces regulatory obstacles such as tenant displacement, environmental issues, or zoning issues; • Whether the agency's current staff has the capacity to begin preparing for this project; • Whether the agency already has policies and procedures that can be used as-is or easily adapted for use in a CoC-funded project 	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

2.C. Program Outcomes	<p>Award points if:</p> <ul style="list-style-type: none"> • The project's goals are realistic and sufficiently challenging given the scale of the project. • Outcomes are measurable and appropriate to the population being served, and must meet minimum CoC- adopted targets, including: <ul style="list-style-type: none"> ○ At least 85% of clients experience positive housing outcomes ○ At least 55% of adult clients maintain or increase their income from all sources • Prospective outcomes reflect actual performance outcomes from other projects administered by the applicant (as appropriate). 	RFI	Up to 10 points
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3. SERVICES (20 pts.)

Name	Description	Sources	Score
3.A. Appropriate Supportive Services	<p>Award points for services that:</p> <ul style="list-style-type: none"> • are consistent with CoC Standards adopted in December 2023 for the applicable project type, including proposed client to staff ratios offer ongoing support to stay housed, • are comprehensive and well- coordinated, • include culturally-relevant services and supports, and • are thoughtfully matched to the target population. 	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

	<p>Award points based on the project's plans for supportive services to be provided directly through HUD CoC funding, by the agency through another funding source, or through referral to another community partner. For projects that will be referring specific types of clients to specific outside services, award points if the project explains a concrete plan for referrals, giving examples of:</p> <ul style="list-style-type: none"> ● Who will be referred; ● The agencies that will accept referrals; ● The types of services to be provided; and ● The logic behind the agency's referral scheme <p>For RRH projects, award points if the project proposes to offer all three components of RRH (housing search/placement, time-limited financial assistance, and housing-focused case management and stabilization), whether alone or in partnership with other providers.</p> <p>For Victim Service Providers award points for services that are consistent with evidence-based practices and improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>For projects serving unique sub-populations (e.g., transition age youth), award points if the project proposes services consistent with evidence-based practices for the target population (e.g., Positive Youth Development).</p>		
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SACRAMENTO CONTINUUM OF CARE

3.B. Relevant Experience	<p>Award points if the agency submitting this application has demonstrated, through past performance, the ability to successfully carry out the work proposed and has successfully served homeless people as a particular group.</p> <p>Consider the experience of the agency in handling a similar project (e.g. if the project will involve relocation of tenants, what experience does the agency have with relocation).</p> <p>For PSH projects, award points if the project proposes to leverage existing landlord relationships to increase scattered site PSH placement opportunities and efficiencies.</p>	RFI	Up to 10 points
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4. AGENCY CAPACITY (20 pts.)

Name	Description	Sources	Score
4.A. Budget	<p>Award points based on the bullet points below:</p> <ul style="list-style-type: none"> • Project has submitted a budget that is clear, complete, and easy to read. • The budget shows that the project will have enough resources to provide high-quality, reliable services to the target population. • The budget shows that the project will leverage significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds. Award points for projects proposing more than 25% cash or in-kind match. • The budget shows that the project is taking appropriate measures to contain costs. 	Budget RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

<p>4.B. Agency Capacity</p>	<p>Award points if agency: Has successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC (or can otherwise demonstrate that it can successfully manage complex reporting requirements).</p> <ul style="list-style-type: none"> Has sufficient fiscal capacity to manage the grant, including: <ul style="list-style-type: none"> internal financial controls grant match tracking well-maintained records oversight by a board of directors a strategy for documenting eligible costs a strategy for ensuring adequate grant drawdowns Is large enough to handle the expected client case load; Is familiar with innovative or evidence-based practices; Includes at least one person with formal training and/or education in a relevant social services field 	<p>e-LOCCs E-Snaps</p>	<p>Up to 10 points</p>
<p>4.C. Monitoring Findings</p>	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and</p>	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 2 years.</p> <p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

	<p>(2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>4C1. Monitoring (2.5 points) Award full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. <p>Award up to full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel. • If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 1 point if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

Factor 4D. Organizational Commitment to Racial Equity

Identification of Barriers: Based on the degree to which the organization:

- 1) Award **up to one point** if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and other People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals; specifically referring to the All In Sacramento racial disparities appendix or program level data(1 point) and
- 2) Award **up to one point** if the organization has taken concrete steps to address the identified barriers in the All In Sacramento appendix or data provided in part 1 and lessen their impact on BIPOC individuals. Strategies described should be designed to address the specific experiences of BIPOC individuals.

BIPOC Representation in Leadership:

Award **up to three points** for the organization's explanation of its commitment to serving BIPOC since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.

Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:

- Award **up to one point** if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color.
- Award **up to two points** to the extent that the organization describes concrete steps that have been taken

RFI

Up to 5
points

SACRAMENTO CONTINUUM OF CARE

	<p>to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness.</p> <ul style="list-style-type: none">○ These may include but are not limited to:<ul style="list-style-type: none">▪ Opportunities for cultural competency and implicit bias trainings;▪ Policies related to language accessibility; and▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves.○ The applicant must also describe the impact or results of their strategies.		
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5A. PRIORITIZATION FOR NEW PROJECTS EXCEPT DV BONUS (25 pts.)

If this application is for a DV Bonus-funded new project, please skip this section and move to the next.

Name	Description	Sources	Score
5.A.1. Community Priority	<p>Award points if the project addresses the priorities established by the CoC for 2024:.</p> <ul style="list-style-type: none"> PSH for chronically homeless families and individuals, with priority for projects targeting under-served populations, including seniors and people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria). PSH scattered site projects that leverage existing scattered site PSH relationships and service model with higher performing renewal agencies (with definition for “high performing” projects, as defined in the Review and Ranking section, above. RRH for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter or fleeing domestic violence, with priority for those who do not qualify for other federal, state or locally funded rapid rehousing assistance. <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E- snaps RFI</p>	<p>Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

5.A.2. HUD Priority	<p>Award points if the project addresses the priority needs identified by HUD in 2024:</p> <ul style="list-style-type: none"> • TBD <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E- snaps</p> <p>RFI</p>	<p>Up to 5 points</p>
5.A.3. Severity of Needs & Special Considerations	<p>Award points to projects that will serve population(s) with severe needs and vulnerabilities and who meet local EVH criteria.</p> <p>Applicants should specifically address how the unique healthcare and support needs are met, including specific service partnerships that increase access to onsite or home-based services.</p>	<p>RFI</p> <p>APR</p>	<p>Up to 10 points</p>

5B. PRIORITIZATION FOR DV BONUS HOUSING (25 pts.)

Use this section instead of the previous page if the project is applying for DV Bonus funding. For all scoring purposes, “domestic violence” also includes dating violence, sexual assault, stalking, and/or trafficking.

Name	Description	Source	Score
5.B.1. How Project will Address Need	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • Project provides data describing the CoC’s population of domestic violence survivors • Project explains how it proposes to meet the unmet needs of domestic violence survivors, especially with survivors who come from unsheltered situations. • The project will have housing that is specifically designed to accommodate the needs of survivors. • The project’s staff has skills that are specifically needed to identify and locate survivors, or to persuade survivors to accept and enter housing. • The project’s staff utilize trauma-informed and client-centered approaches. • The project meets a priority need identified by HUD in 2024: <ul style="list-style-type: none"> ○ TBD, pending NOFO release. 	RFI	Up to 5 points
5.B.2. Previous Performance	Award points if the agency has experience serving, or demonstrates a plan to serve, victims who are fleeing, or attempting to flee, domestic violence, which includes dating violence, sexual assault, stalking, and/or human trafficking, and that experience, or plan, specifically shows that they can serve victims who come from unsheltered situations.	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

5.B.3. Ability to Meet Safety Outcome s	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • The project articulates a specific plan incorporating evidence-based approaches and services for ensuring that its residents will be safe from further domestic violence. • The project sets quantitative safety targets that are appropriate and realistic. • The project explains why it is likely to be able to achieve the targeted safety outcomes. 	<p>RFI</p>	<p>Up to 10 points</p>
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6. COMMUNITY (10 pts.)

Name	Description	Sources	Score
6.A. Participation in CoC Activities	<p>Award points for the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.</p> <p>For organizations new to the CoC: points may be awarded for organizations that have not previously engaged in CoC activities, but have demonstrated interest and commitment via attending CoC NOFO trainings and technical assistance sessions.</p>	<p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

6.B. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <ul style="list-style-type: none"> • Award 3 points if any portion of the local application was turned in <u>up to</u> 24 hours late. • Award no points if any mandatory portion of the local application was <u>more than</u> 24 hours late. • If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel. 	<p>Analysis</p>	<p>Up to 5 points</p>
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1E-2. Local Competition Scoring Tool

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2024 Renewal Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing Performance	18 points
3. Income Performance	14 points
4. Utilization Performance	22 points
5. Severity of Need and Service Quality	20 points
6. Compliance	12 points
7. Community	11 points
8. Enhancing Capacity	3 points
9. BONUS Factors	8 points
TOTAL	100 points (+ 8 bonus)

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures are consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type, as demonstrated by its policies and procedures.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or parallel database for domestic violence services).	Met/Not Met
Successful Drawdown	If the project is under contract with HUD, then the project has made at least one successful drawdown of federal funds as of the time of this application was submitted.	Met/Not Met
Client Participation in Project Design and Policymaking	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically via membership on the agency board or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Equal Access	The project provides equal access to housing and services without regard to sexual orientation, gender identity, local residency status, or any other protected category.	Met/Not Met
Match	Agency demonstrates 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency actively prevents discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual expenditures of \$750,000 or more in federal funds, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual expenditures of less than \$750,000 in federal funds, provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met
<i>Required but not scored</i>		

[Scored Factors Begin on Next Page]

2. HOUSING PERFORMANCE (18 pts.)

Name	Description	Sources	Score
Permanent Supportive Housing (PSH)			
2A. Housing Retention	<p>Successes in Housing Retention for PSH projects are measured by the percentage of individual project participants that remain in permanent housing or exit as “living-leavers” to permanent housing during the evaluation period.</p> <p>For projects that serve families or small projects that experience an outsized impact on program performance for this factor, projects are invited to discuss the number of households that left the project and how long each household had been in the program prior to leaving the program unsuccessfully under the <i>exceptional circumstances</i> supplemental question for consideration by the panel. In an exception to the Review and Rank Policy, at section IV. Review and Rank Process, paragraph J:</p> <ul style="list-style-type: none"> • If one household left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 15 points to the project, and • If two households left the program unsuccessfully, the panel may elect to increase a project’s scaled score and award up to 9 points. 	APR Q5 APR Q23	≥ 99% = 18
			98% - 98.9% = 15
			96% - 97.9% = 12
			90% - 95.9% = 9
			85% - 89.5% = 6
			80% - 84.9% = 3
			< 79.9% = 0

Rapid Re-Housing (RRH) and Joint Transitional Housing and Rapid Re-Housing (TH-RRH)			
2B. Housing Placement	<p>Successes in Housing Placement for RRH and TH-RRH projects are measured by the number of participants who exited to a Permanent Housing destination as a percentage of all “living-leaver” participants who exited the project during the evaluation period.</p> <p>For projects that serve families, that experience an outsized impact on program performance, projects are invited to discuss under the <i>exceptional circumstances</i> supplemental question for consideration by the panel.</p>	APR Q5 APR Q23	≥ 90% = 18
			85-89.9% = 16
			80% - 84.9% = 12
			75% - 79.9% = 9
			70% - 74.9% = 5
			< 70% = 0

3. INCOME PERFORMANCE (14 pts.)

Name	Description	Sources	PSH Scale	RRH and TH-RRH Scale	Score
3A. Increase or Maintain Income	<p>Successes in increasing or maintaining participant income are measured by the percent of adult participants in the project who maintained a non-zero income, or increased income, from project entry to exit or Annual Assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q19	≥ 85%	≥ 75%	6
			70% - 84.9%	60% - 74.9%	4
			55% - 69.9%	45% - 59.9%	3
			40% - 54.9%	30% - 44.9%	2
			< 40%	< 30%	0
3B. Non-Cash Mainstream Benefits	<p>Successes in connecting participants with non-cash mainstream benefits are measured by the percentage of adult stayers/leavers with non-cash benefit sources, excluding all stayers not yet required to have an annual assessment.</p> <p>Adult participants that passed away during the measurement period do not impact the project's performance.</p>	APR Q5 APR Q20	≥ 95% = 6		
			90% - 94.9% = 4		
			80% - 89.9% = 3		
			75% - 79.9% = 2		
			< 75% = 0		

SACRAMENTO CONTINUUM OF CARE

3C. Health Insurance	<p>Successes in connecting participants with health insurance are measured by the percentage of stayers/leavers with health insurance, excluding all stayers not yet required to have an annual assessment.</p> <p>Participants that passed away during the measurement period do not impact the project's performance</p>	APR Q5 APR Q21	$\geq 95\% = 2$
			$90\% - 94.9\% = 1$
			$< 90\% = 0$

4. UTILIZATION PERFORMANCE (22 pts.)

Name	Description	Sources	Score
4A. Bed and/or Unit Utilization	<p>For PSH projects, utilization will be measured based on units utilized (per APR data).</p> <p>For RRH projects, utilization will be measured using units (per APR data) plus the number of households enrolled but not yet housed.</p> <p>For TH-RRH projects, utilization will be measured using units (per APR data), plus the number of households enrolled in only RRH but not yet housed.</p> <p>A project may request utilization be measured based on beds instead of units by providing a written explanation of why beds is a more accurate measure.</p> <p>Request consideration in advance of review and rank- SSF will request this information as part of the APR review process.</p> <p>SSF will review all submissions and make recommendations on scoring this factor to the review and rank panel.</p>	APR Q7b APR Q8b E-Snaps	$\geq 95\% = 12$
			$90\% - 94.9\% = 9$
			$85\% - 89.9\% = 6$
			$80\% - 84.9\% = 3$
			$< 80\% = 0$

SACRAMENTO CONTINUUM OF CARE

	<p>Grounds for consideration include but are not limited to:</p> <p>Multiple households sharing one unit of housing;</p> <p>Build units not available due to circumstances outside of provider control;</p> <p>Leased up units not available due to circumstances outside of provider control.</p> <p>Other circumstances will also be considered and evaluated based on merit.</p>		
4B. Grant Spenddown	<p>Successes in Grant Spenddown are measured by dividing the amount of money drawn down from e-LOCCs during the project's most recently completed contract by the amount on the corresponding GIW.</p>	e-LOCCs E-Snaps	$\geq 95\% = 8$
			85% - 94.9% = 5
			75% - 84.9% = 3
			< 75% = 0
4C. Quarterly Drawdowns	<p>Successes in Grant Spenddown are also measured by the number of drawdowns made by projects, and depend on projects drawing down quarterly (i.e., occurring at least once in each three-month period during the year).</p> <p>Award 0.5 points for each successful quarterly drawdown over the competition period.</p>	RFI	Up to 2 points

5. SEVERITY OF NEED AND SERVICE QUALITY (20 pts.)

Name	Description	Sources	Score
5A. Severity of Needs & Special Considerations	<p>Full points will be awarded for projects that fully meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Dedicated to or targeting chronically homeless families and/or individuals • Dedicated to or target under-served populations, including: seniors, people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria), and households who do not qualify for other federal, state or locally funded PSH or RRH assistance. • Projects that do not meet the criteria provided in either of the two bullet points above but include a compelling explanation about the quantifiable gap their project fills in the community may also be awarded up to full points. 	RFI APR Q5a Q13a1, Q14a, Q27a	Up to 10 Points

SACRAMENTO CONTINUUM OF CARE

5B. Quality of Services	<p>Award up to 7 of the 10 points possible for 5B for Successes in Quality of Services as measured based on the project's narrative explanation and detail on the extent to which the project provides services that:</p> <ul style="list-style-type: none"> • Offer ongoing support to stay housed, • Are comprehensive and well-coordinated, • Are thoughtfully matched to the needs of the target population <p>Award up to 3 of the 10 points possible for 5B for Adherence to new CoC Standards as follows: Renewal projects must review the CoC Standards adopted in December 2023 for current adherence by project type and commit to establish a plan of action to work towards greater fidelity to those standards specific to service accessibility, quality, staffing, etc. Please include the project's current ratio of on-site direct service staff (e.g. case manager) to residents, the number of additional staff and/or volunteers support direct service staff and a brief description of the rationale and/or circumstances contributing to this approach to case management.</p> <p>Successes for projects provided by Victim Service Providers are also measured based on the project's narrative explaining the extent to which the project provides services that improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>Full points will be available to domestic violence projects that provide objective data on how they improved participant safety.</p>	<p>RFI</p>	<p>Up to 10 points</p>
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6. COMPLIANCE (12 pts.)

Name	Description	Sources	Score
6A. Monitoring Findings	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and (2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>6A2. Monitoring (4 points) Award full points (4 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. 	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 3 calendar years.</p> <p>RFI</p>	Up to 8 points

	<p>Award up to full points (4 points) for the project if:</p> <ul style="list-style-type: none">• If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel.• If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 2 points if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

6B. Accurate Data	Successes in Accurate Data are measured using the percent of data recorded as either missing, don't know, client refused to answer, and/or unable to calculate, where the lower percentage the better. Projects with less than 5% data inaccuracy should receive full points.	APR Q6	< 5% error = 2
			5% - 10% error = 1
			> 10% error = 0
6C. Timely Data	Successes in Timely Data are measured using the average length of time (in days) between when a client enters or exits the project, and when the project records the entry or exit in HMIS. Projects that entered client entries/exits into HMIS in under 5 days received full points	APR Q6e	< 5 days = 2
			5 days – 8 days = 1
			> 8 days = 0

7. COMMUNITY (11 pts.)

Name	Description	Sources	Score
7A. Participation in CoC Activities	Successes in Participation in CoC Activities are measured based on the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFO. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.	RFI	Up to 4 points
7B. Mandatory Training	Successes in Mandatory Training are based on whether the agency demonstrated regular attendance at mandatory training events by attending at least one such event per quarter.	RFI SSF Staff Report	Up to 2 points

SACRAMENTO CONTINUUM OF CARE

7C. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <p>Deduct <u>up to 5 points</u> if project was late in finalizing APRs without valid reason.</p> <p>Deduct 2 points if any portion of the local application was turned in <u>up to</u> 24 hours late.</p> <p>Deduct 5 points if any mandatory portion of the local application was <u>more than</u> 24 hours late.</p> <p>If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel.</p>	Analysis	Up to 5 points
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8. ENHANCING CAPACITY (3 pts.)

Name	Description	Sources	Score
8A. Transitions to Permanent Housing	Success is measured by PSH programs that effectively facilitate successful flow from PSH to other permanent housing (including housing with rental subsidy), evidenced by percent of individuals served that exit to other permanent housing.	APR Q23	Up to 3 points

9. BONUS FACTORS (11 pts.)

Name	Description	Sources	Score
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SACRAMENTO CONTINUUM OF CARE

<p>9B. BONUS Unique Funding</p>	<p>Award full points to housing projects that leverage a source of one-time or on-going funding that may not be used to serve individuals experiencing homelessness if this project is defunded. The funding can be in any amount to meet this criterion.</p> <p>One example of funding meeting these criteria is project-based Housing Choice Vouchers because this funding is not limited to individuals experiencing homelessness. If the project loses CoC funding, the project-based vouchers may not be used to serve individuals experiencing homelessness.</p>	<p>RFI</p>	<p>Up to 3 points</p>
	<p><u>Identifying and Addressing Barriers:</u> Based on the degree to which the organization:</p> <p>1) Award up to one point if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals as identified in the All In Sacramento Plan appendix, or through project level data provided by the organization; and</p>		

SACRAMENTO CONTINUUM OF CARE

<p>9C. BONUS Organizational Commitment to Racial Equity</p>	<p>2) Award up to one point if the organization has taken concrete steps to address the identified barriers in (1) above and lessen their impact on BIPOC individuals. Steps described should be designed to address the specific experiences of BIPOC individuals.</p> <p><u>BIPOC Representation in Leadership:</u></p> <p>Award up to three points for the organization's explanation of its commitment to serving Black, Indigenous, and other People of Color (BIPOC) since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.</p> <p>Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:</p> <ul style="list-style-type: none"> • Award up to one point if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color. • Award up to two points to the extent that the organization describes concrete steps that have been taken to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness. <ul style="list-style-type: none"> ○ These may include but are not limited to: <ul style="list-style-type: none"> ▪ Opportunities for cultural competency and implicit bias trainings; 	<p>RFI</p>	<p>Up to 5 points</p>
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SACRAMENTO CONTINUUM OF CARE

	<ul style="list-style-type: none"> ▪ Policies related to language accessibility; and ▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves. <ul style="list-style-type: none"> ○ The applicant must also describe the impact or results of their strategies. 		
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2024 New Project Scoring Tool

Summary of Factors & Point Allocations	
1. Threshold Factors	N/A
2. Housing	25 points
3. Services	20 points
4. Agency Capacity	25 points
5. Prioritization, option of: a. Prioritization for New Projects Except for DV Bonus b. Prioritization for DV Bonus	25 points
6. Community	10 points
TOTAL	105 points

1. THRESHOLD FACTORS

Name	Description	Met/Not Met
Housing First	The project's policies and procedures will be consistent with a Housing First approach as described by HUD.	Met/Not Met
Coordinated Entry	The project will participate in coordinated entry in a manner consistent with the project type.	Met/Not Met
HMIS	The project will enter data for all CoC-funded beds into HMIS (or comparable database for domestic violence services).	Met/Not Met
Formerly Homeless Input	The agency includes homeless or formerly homeless individual in feedback and decision-making processes, specifically board of directors membership or other policy decision-making body.	Met/Not Met
Basic Compliance with HUD Policies	The agency has adequate internal financial controls, adequate record maintenance and management, and adequate policies regarding termination of assistance, client appeals, Americans with Disabilities Act (ADA), Violence Against Women Act (VAWA), and confidentiality.	Met/Not Met
Eligible Participants	The project will only accept new participants if they can be documented as eligible for this project's program type based on their housing and disability status.	Met/Not Met
Eligible Applicant	Neither the applicant nor the sub-recipients (if any) are for-profit entities.	Met/Not Met

SACRAMENTO CONTINUUM OF CARE

Equal Access	The project will provide equal access to housing and services without regard to sexual orientation, gender identity, or local residency status.	Met/Not Met
Financial Audit	<p>Either A or B:</p> <p>A) For agencies with annual federal expenditures over \$750,000, submit your most recent federal Single Audit. If older than 2023, provide an explanation of the delay. If any findings, provide a description of actions to date to remedy.</p> <p>B) For agencies with annual federal expenditures under \$750,000 provide an organizational budget that confirms exemption from this requirement.</p>	Met/Not Met

Match	Agency will be able to provide 25% match per grant.	Met/Not Met
Affirmatively Furthering Fair Housing	Agency will actively prevent discrimination by affirmatively accommodating people based on differences in: race, color, ancestry, or national origin; religion; mental or physical disability; sex, gender, or sexual orientation; marital or familial status, including pregnancy, children, and custody arrangements; genetic information; source of income; other arbitrary characteristics not relevant to a person's need or suitability for housing	Met/Not Met
Budget	Agency has made a good faith effort to complete the budget template provided, showing both CoC and non-CoC funding sources for the project.	Met/Not Met
For DV Bonus Projects Only: Serving DV	Project is 100% dedicated to serving victims who are fleeing or attempting to flee domestic violence, including dating violence, sexual assault, stalking, and/or human trafficking who came from sheltered or unsheltered situations. The project must follow a Housing First model and utilize trauma-informed and client-centered approaches.	Met/Not Met

2. HOUSING (25 pts.)

Name	Description	Sources	Score
2.A. Fully Described and Appropriate Housing	<p>Award points for a housing design that:</p> <ul style="list-style-type: none"> • is clearly and fully described • has a layout or features that are thoughtfully matched to the target population • is strategically located to meet the needs of the target population • is physically accessible to persons with disabilities • will help maximize client choice in the CoC (e.g. by including a plan to evaluate each client's needs, strengths, and preferences in order to determine which mainstream benefits and/or jobs the client could qualify for) • is designed to protect the safety of the population they serve 	RFI	Up to 10 points
2.B. Ready to Start	<p>Award points if the project will be ready to begin housing clients within 3 months of receiving HUD funding. Consider:</p> <ul style="list-style-type: none"> • Whether the agency has adequately described how the project will acquire the necessary housing for the project type. For RRH, this should include landlord engagement strategies, whether proposed to be conducted directly by the project or by a partner entity; • Whether the project site faces regulatory obstacles such as tenant displacement, environmental issues, or zoning issues; • Whether the agency's current staff has the capacity to begin preparing for this project; • Whether the agency already has policies and procedures that can be used as-is or easily adapted for use in a CoC-funded project 	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

2.C. Program Outcomes	<p>Award points if:</p> <ul style="list-style-type: none"> • The project's goals are realistic and sufficiently challenging given the scale of the project. • Outcomes are measurable and appropriate to the population being served, and must meet minimum CoC- adopted targets, including: <ul style="list-style-type: none"> ○ At least 85% of clients experience positive housing outcomes ○ At least 55% of adult clients maintain or increase their income from all sources • Prospective outcomes reflect actual performance outcomes from other projects administered by the applicant (as appropriate). 	RFI	Up to 10 points
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3. SERVICES (20 pts.)

Name	Description	Sources	Score
3.A. Appropriate Supportive Services	<p>Award points for services that:</p> <ul style="list-style-type: none"> • are consistent with CoC Standards adopted in December 2023 for the applicable project type, including proposed client to staff ratios offer ongoing support to stay housed, • are comprehensive and well- coordinated, • include culturally-relevant services and supports, and • are thoughtfully matched to the target population. 	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

	<p>Award points based on the project's plans for supportive services to be provided directly through HUD CoC funding, by the agency through another funding source, or through referral to another community partner. For projects that will be referring specific types of clients to specific outside services, award points if the project explains a concrete plan for referrals, giving examples of:</p> <ul style="list-style-type: none"> ● Who will be referred; ● The agencies that will accept referrals; ● The types of services to be provided; and ● The logic behind the agency's referral scheme <p>For RRH projects, award points if the project proposes to offer all three components of RRH (housing search/placement, time-limited financial assistance, and housing-focused case management and stabilization), whether alone or in partnership with other providers.</p> <p>For Victim Service Providers award points for services that are consistent with evidence-based practices and improve the safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking.</p> <p>For projects serving unique sub-populations (e.g., transition age youth), award points if the project proposes services consistent with evidence-based practices for the target population (e.g., Positive Youth Development).</p>		
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SACRAMENTO CONTINUUM OF CARE

3.B. Relevant Experience	<p>Award points if the agency submitting this application has demonstrated, through past performance, the ability to successfully carry out the work proposed and has successfully served homeless people as a particular group.</p> <p>Consider the experience of the agency in handling a similar project (e.g. if the project will involve relocation of tenants, what experience does the agency have with relocation).</p> <p>For PSH projects, award points if the project proposes to leverage existing landlord relationships to increase scattered site PSH placement opportunities and efficiencies.</p>	RFI	Up to 10 points
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4. AGENCY CAPACITY (20 pts.)

Name	Description	Sources	Score
4.A. Budget	<p>Award points based on the bullet points below:</p> <ul style="list-style-type: none"> • Project has submitted a budget that is clear, complete, and easy to read. • The budget shows that the project will have enough resources to provide high-quality, reliable services to the target population. • The budget shows that the project will leverage significant outside resources (funding, staff, building space, volunteers, etc.) rather than rely entirely on CoC funds. Award points for projects proposing more than 25% cash or in-kind match. • The budget shows that the project is taking appropriate measures to contain costs. 	Budget RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

<p>4.B. Agency Capacity</p>	<p>Award points if agency: Has successfully handled at least one other federal grant or other major grant of this size and complexity, either in or out of the CoC (or can otherwise demonstrate that it can successfully manage complex reporting requirements).</p> <ul style="list-style-type: none"> Has sufficient fiscal capacity to manage the grant, including: <ul style="list-style-type: none"> internal financial controls grant match tracking well-maintained records oversight by a board of directors a strategy for documenting eligible costs a strategy for ensuring adequate grant drawdowns Is large enough to handle the expected client case load; Is familiar with innovative or evidence-based practices; Includes at least one person with formal training and/or education in a relevant social services field 	<p>e-LOCCs E-Snaps</p>	<p>Up to 10 points</p>
<p>4.C. Monitoring Findings</p>	<p>The agency must report all irregularities resolved or unresolved (e.g., a concern or finding from HUD, a recommendation or finding from SSF (sub-recipients only), a significant deficiency or material weakness from a financial audit, or any type of finding from another funding entity ex. City or County) revealed by any audits or monitoring for the agency (including shared common spaces for projects co-located with non-CoC-funded units) in Sacramento County.</p> <p>Upon request, agencies that have irregularities must provide (1) relevant documentation identifying those irregularities (e.g., highlighted sections of a financial report), and</p>	<p>All HUD, SSF, financial audits, or audits/ monitoring from other funding entities from the last 2 years.</p> <p>RFI</p>	<p>Up to 5 points</p>

SACRAMENTO CONTINUUM OF CARE

	<p>(2) the project's plan to rectify program irregularities. If irregularities have been rectified, projects should include any available confirmation letters from relevant oversight entities (e.g. SSF, HUD, Financial entity, Local Jurisdiction);</p> <p>4C1. Monitoring (2.5 points) Award full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • The agency was not monitored; or • If no irregularities have been revealed by any monitoring for this agency's projects in Sacramento County. <p>Award up to full points (2.5 points) for the project if:</p> <ul style="list-style-type: none"> • If the agency has any monitoring findings or irregularities, the agency provides an adequate explanation to show how these have been or will be addressed. An adequate explanation includes (1) a brief explanation of the steps the project will take to address the irregularities, (2) the timeline these steps will be completed on, and (3) how the project will avoid similar findings in the future AND provides relevant documentation if requested by the review panel. • If a project is currently disputing findings from a and submits (1) a brief explanation of the irregularities, and (2) the most updated timeline available for disputing the irregularities. <p>Award up to 1 point if monitoring findings or irregularities were found for this agency but the project does not provide an adequate explanation.</p> <p>Award no points if the project does not provide any information regarding monitoring OR if the project does not submit relevant documentation of reported monitoring findings upon request of the review panel.</p>		
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SACRAMENTO CONTINUUM OF CARE

Factor 4D. Organizational Commitment to Racial Equity

Identification of Barriers: Based on the degree to which the organization:

- 1) Award **up to one point** if the organization has identified barriers to housing and services that are specifically faced by Black, Indigenous, and other People of Color (BIPOC) individuals or that disproportionately affect BIPOC individuals; specifically referring to the All In Sacramento racial disparities appendix or program level data(1 point) and
- 2) Award **up to one point** if the organization has taken concrete steps to address the identified barriers in the All In Sacramento appendix or data provided in part 1 and lessen their impact on BIPOC individuals. Strategies described should be designed to address the specific experiences of BIPOC individuals.

BIPOC Representation in Leadership:

Award **up to three points** for the organization's explanation of its commitment to serving BIPOC since its founding, as indicated by its original mission statement (or equivalent guiding statement) and the racial and ethnic demographics of its original leadership team.

Absent a commitment to serving BIPOC individuals since the organization's start, awards points based on the extent to which the agency demonstrates a commitment to measuring and improving its response to racial disparities and biases. Specifically:

- Award **up to one point** if at least 25% of salaried leadership team and board of directors members identify as Black, Indigenous, or other people of color.
- Award **up to two points** to the extent that the organization describes concrete steps that have been taken

RFI

Up to 5
points

SACRAMENTO CONTINUUM OF CARE

	<p>to build commitment to racial equity practices within the organization's approach serving individuals experiencing homelessness.</p> <ul style="list-style-type: none">○ These may include but are not limited to:<ul style="list-style-type: none">▪ Opportunities for cultural competency and implicit bias trainings;▪ Policies related to language accessibility; and▪ Strategies to ensure that the salaried leadership team is representative of the racial and ethnic populations that the organization serves.○ The applicant must also describe the impact or results of their strategies.		
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5A. PRIORITIZATION FOR NEW PROJECTS EXCEPT DV BONUS (25 pts.)

If this application is for a DV Bonus-funded new project, please skip this section and move to the next.

Name	Description	Sources	Score
5.A.1. Community Priority	<p>Award points if the project addresses the priorities established by the CoC for 2024:.</p> <ul style="list-style-type: none"> PSH for chronically homeless families and individuals, with priority for projects targeting under-served populations, including seniors and people greater vulnerabilities (consistent with CAS Extremely Vulnerable Household (EVH) criteria). PSH scattered site projects that leverage existing scattered site PSH relationships and service model with higher performing renewal agencies (with definition for “high performing” projects, as defined in the Review and Ranking section, above. RRH for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter or fleeing domestic violence, with priority for those who do not qualify for other federal, state or locally funded rapid rehousing assistance. <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E-snap RFI</p>	<p>Up to 10 points</p>

SACRAMENTO CONTINUUM OF CARE

5.A.2. HUD Priority	<p>Award points if the project addresses the priority needs identified by HUD in 2024:</p> <ul style="list-style-type: none"> • TBD <p>Please note, projects can receive points for both the Community Priority (5.A.1) and HUD Priority (5.A.2) factors if they meet the criteria.</p>	<p>E- snaps</p> <p>RFI</p>	<p>Up to 5 points</p>
5.A.3. Severity of Needs & Special Considerations	<p>Award points to projects that will serve population(s) with severe needs and vulnerabilities and who meet local EVH criteria.</p> <p>Applicants should specifically address how the unique healthcare and support needs are met, including specific service partnerships that increase access to onsite or home-based services.</p>	<p>RFI</p> <p>APR</p>	<p>Up to 10 points</p>

5B. PRIORITIZATION FOR DV BONUS HOUSING (25 pts.)

Use this section instead of the previous page if the project is applying for DV Bonus funding. For all scoring purposes, “domestic violence” also includes dating violence, sexual assault, stalking, and/or trafficking.

Name	Description	Source	Score
5.B.1. How Project will Address Need	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • Project provides data describing the CoC’s population of domestic violence survivors • Project explains how it proposes to meet the unmet needs of domestic violence survivors, especially with survivors who come from unsheltered situations. • The project will have housing that is specifically designed to accommodate the needs of survivors. • The project’s staff has skills that are specifically needed to identify and locate survivors, or to persuade survivors to accept and enter housing. • The project’s staff utilize trauma-informed and client-centered approaches. • The project meets a priority need identified by HUD in 2024: <ul style="list-style-type: none"> ○ TBD, pending NOFO release. 	RFI	Up to 5 points
5.B.2. Previous Performance	Award points if the agency has experience serving, or demonstrates a plan to serve, victims who are fleeing, or attempting to flee, domestic violence, which includes dating violence, sexual assault, stalking, and/or human trafficking, and that experience, or plan, specifically shows that they can serve victims who come from unsheltered situations.	RFI	Up to 10 points

SACRAMENTO CONTINUUM OF CARE

5.B.3. Ability to Meet Safety Outcome s	<p>Award points for each of the following items:</p> <ul style="list-style-type: none"> • The project articulates a specific plan incorporating evidence-based approaches and services for ensuring that its residents will be safe from further domestic violence. • The project sets quantitative safety targets that are appropriate and realistic. • The project explains why it is likely to be able to achieve the targeted safety outcomes. 	RFI	Up to 10 points
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6. COMMUNITY (10 pts.)

Name	Description	Sources	Score
6.A. Participation in CoC Activities	<p>Award points for the agency's attendance, participation, and leadership at CoC events, meetings, committees, forums, and projects, with a focus on activities that took place since the last NOFA. Typically, full points should be awarded if the agency meaningfully participated in at least 4 voluntary events over the course of the year, or if the agency led at least 1 successful event, training, or initiative over the course of the year.</p> <p>For organizations new to the CoC: points may be awarded for organizations that have not previously engaged in CoC activities, but have demonstrated interest and commitment via attending CoC NOFO trainings and technical assistance sessions.</p>	RFI	Up to 5 points

SACRAMENTO CONTINUUM OF CARE

6.B. Local Competition Deadlines	<p>Award full points if the project met all local competition deadlines, including deadlines for turning in supporting documents and attachments.</p> <ul style="list-style-type: none"> • Award 3 points if any portion of the local application was turned in <u>up to</u> 24 hours late. • Award no points if any mandatory portion of the local application was <u>more than</u> 24 hours late. • If any mandatory portion of the local application was more than 72 hours late, the project may be disqualified at the discretion of the Panel. 	<p>Analysis</p>	<p>Up to 5 points</p>
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1E-2a. Scored Forms for One Project

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Name of Project																				
	<u>2A.</u>	<u>2B.</u>	<u>3A.</u>	<u>3B.</u>	<u>3C.</u>	<u>4A.</u>	<u>4B.</u>	<u>4C.</u>	<u>5A.</u>	<u>5B.</u>	<u>6A.</u>	<u>6B.</u>	<u>6C.</u>	<u>7A.</u>	<u>7B.</u>	<u>7C.</u>	<u>8A.</u>	<u>9B.</u>	<u>9C.</u>	<u>Total</u>
Panel Member 1	18	0	6	6	2	9	8	2	10	8	8	2	2	4	2	5	2	0	0	94
Panel Member 2	18	0	6	6	2	12	8	2	10	7	8	2	2	4	2	5	2	0	0	96
Panel Member 3	18	0	6	6	2	9	8	2	10	7	7	2	2	4	2	5	1	0	0	91
Panel Member 4	18	0	6	6	2	9	8	2	10	8	8	2	2	4	2	5	2	0	0	94
Panel Member 5	18	0	6	6	2	12	8	2	10	6.5	8	2	2	3	2	5	1.5	0	0	94
																				93.8
Average Score	18	0	6	6	2	10.2	8	2	10	7.3	7.8	2	2	3.8	2	5	1.7	0	0	

1E-5. Notification of Projects Rejected-Reduced

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Jesse Archer

From: Sacramento Steps Forward <no-reply@sacramentostepsforward.ccsend.com>
Sent: Monday, October 14, 2024 10:44 AM
To: Jesse Archer
Subject: FY2024-2025 CoC Program NOFO Competition Update | Approved Priority Listing by the CoC Board **Notification of the final priority list 15 days before HUD CoC Program Competition deadline.**

CoC Program Competition: Notice of Funding Opportunity

FY 2024-2025 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) Competition Updates

Sacramento City & County Continuum of Care Priority Listing

Dear FY2024-2025 CoC NOFO Competition Applicant,

The U.S. Department of Housing and Urban Development (HUD) released the FY 2024 & 2025 Notice of Funding Opportunity (NOFO) on July 31, 2024. Applications are due to HUD by October 30, 2024. Learn more and visit the CoC's NOFO [webpage](#) for more information.

Last week on Wednesday, October 9, 2024, on behalf of the Sacramento City & County CoC, the CoC Board [approved the CoC Program Priority Listing](#) for inclusion in the 2024-2025 Sacramento City & County CoC Consolidated Application (New & Renewal Applications) (see the [October 9, 2024 Meeting Minutes](#)).

[Link to the final ranked listed posted online](#)

Approved Final Priority Listing

In accordance with and as a result of the [2024 CoC Project Review & Ranking Policies](#), the following determinations for new and renewal projects were made by the Review & Rank Panel and Appeals Panel (*note: funding is conditional on HUD award*):

Renewal Projects:

- **No Renewal Projects were involuntarily reallocated.**
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- **3 Renewal Projects were accepted and ranked for inclusion in Tier 2** of the 2024-2025 CoC Program NOFO Sacramento City & County Continuum of Care (CA-503) FINAL Priority Listing.
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- 1 Planning Project was not ranked per NOFO guidelines.

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Next Steps

- Sacramento Steps Forward will finalize the Sacramento City & County CoC Consolidated Application, including all attachments, for submission to HUD on October 29, 2024 (one day before HUD's submission deadline on October 30, 2024).
- It is expected that HUD will announce funding awards in early 2025. SSF will notify the Sacramento City & County CoC of the results via email upon HUD's announcement.



Sacramento Steps Forward | 2150 River Plaza Drive Suite 385 | Sacramento, CA 95833
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About the FY 2024-2025 CoC Program Competition

Details & Dates What's New Materials & Resources Office Hours Get Help Previous NOFO Competitions

Local Applicants:

- Monday, August 20, 1:00 pm to 4:00 pm: **Mandatory Applicants Workshop** | Zoom registration now closed.
- Tuesday, August 21, 2024: Applicants receive [renewal](#) and [new](#) application forms.
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 - Approved 2024-2025 CoC Program NOFO Sacramento CoC Priority Listing by the Sacramento CoC Board on Wed. Oct. 9, 2024
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Final ranked posted online
15 days before CoC Program
Competition deadline.

Updates + Articles

2024-2025 CoC Program NOFO Sacramento City & County Continuum of Care (CA-503) FINAL Priority Listing								
Estimated Annual Renewal Demand		\$34,292,898						
CoC Bonus Funding Available		\$4,115,148						
DV Bonus Funding Available		\$2,066,324						
Total Ranked Funding Available		\$40,474,370		Tier 1 Available		\$28,183,613		
CoC Planning (Not Ranked)		\$1,500,000		Tier 2 Available		\$10,224,433		
Total Funding Available (Including Planning)		\$41,974,370		Tier 1 + Tier 2 Total		\$38,408,046		
Tier 1 Recommended List = \$28,183,613								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
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2	No	Auto	Lavender Courtyard**	Lutheran Social Services	PSH Renewal	24	24	\$313,417
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13	No	87.29	Survivors of Human Trafficking (DV)	Opening Doors, Inc.	TH-RRH Renewal	33	20	\$698,024
14	No	86	Shelter Plus Care Boulevard Court	SHRA	PSH Renewal	14	14	\$232,514
15	No	84.27	My Sister's House (MSH) - RRH (DV)	My Sister's House	RRH	17	10	\$297,373
16	No	83.3	Hope RA	Hope Cooperative (TLCS)	PSH Renewal	235	180	\$3,180,373
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20	No	Auto	New Chance*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	38	\$1,243,861
21	No	Auto	Esperanza Sacramento Rising*	SHELTER, Inc.	RRH TH-RRH Renewal	40	15	\$755,812
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24	No	Auto	New Transitional and Rapid Rehousing Project*	Bridging Initiatives International	Renewal RRH-TH	27	6	\$393,056
25	No	Auto	Northview Pointe*	Hope Cooperative	PSH Renewal	66	66	\$300,000
26	No	Auto	Sacramento HMIS*	Sacramento Steps Forward	HMIS	N/A	N/A	\$273,194
27	No	Auto	SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$300,000
28	No	Auto	SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$325,658
29	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$5,552,573
Tier 2 Recommended List = \$10,224,433								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
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32	Yes	76.4	Arrive Together (DV)	SHELTER, Inc.	RRH New (DV Bonus)	100	66	\$2,066,324
33	Yes	76.3	New Destiny	SHELTER, Inc.	PSH New	202	133	\$4,115,148
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37	Yes	69.3	Pathways Fairview & Bravado Project	Turning Point Community Programs	PSH Renewal	42	12	\$232,628
38	Yes	60.8	Esperanza Sacramento - DV	SHELTER, Inc.	RRH TH-RRH Renewal	24	9	\$748,737
Renewing Noncompetitively - YHDP - \$2,977,772								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
N/A	No	Not Scored	Waking the Village Youth-Led Outreach	Waking the Village	SSO-Street Outreach	N/A	N/A	\$212,269
N/A	No	Not Scored	Waking the Village TH-RRH	Waking the Village	Joint TH-RRH	36	12	\$1,054,132
N/A	No	Not Scored	College Initiative	Lutheran Social Services	SSO	N/A	N/A	\$450,000
N/A	No	Not Scored	Inspiring Youth Voices	Lutheran Social Services	RRH	22	16	\$753,872
N/A	No	Not Scored	HMIS - YHDP	Sacramento Steps Forward	HMIS	N/A	N/A	\$110,000
N/A	No	Not Scored	Coordinated Entry - YHDP	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$110,000
N/A	No	Not Scored	Systems Navigation and Supportive Services	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$287,500
Not Ranked Per NOFO Guidelines - Planning Grant - \$1,500,000								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
Not Ranked Per NOFO Guidelines	No	Auto	Planning Project	Sacramento Steps Forward	Planning Project	N/A	N/A	\$1,500,000
Received & Not Ranked - Ineligible Project Types								
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***High performing projects automatically ranked at the top of Tier 1 due to performance metrics on housing retention/placement, income, bed/unit utilization, and grant spenddown, per the Review and Rank Policies.								

1E-5a. Notification of Projects Accepted

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Jesse Archer

From: Sacramento Steps Forward <no-reply@sacramentostepsforward.ccsend.com>
Sent: Monday, October 14, 2024 10:44 AM
To: Jesse Archer
Subject: FY2024-2025 CoC Program NOFO Competition Update | Approved Priority Listing by the CoC Board **Notification of the final priority list 15 days before HUD CoC Program Competition deadline.**

CoC Program Competition: Notice of Funding Opportunity

FY 2024-2025 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) Competition Updates

Sacramento City & County Continuum of Care Priority Listing

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1E-5b. Local Competition Selection Results

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11	No	90	Senior Connect	Lutheran Social Services	PSH Renewal	35	25	\$644,404
12	No	89.7	Achieving Change Together (ACT)	Lutheran Social Services	PSH Renewal	50	50	\$1,116,892
13	No	87.29	Survivors of Human Trafficking (DV)	Opening Doors, Inc.	TH-RRH Renewal	33	20	\$698,024
14	No	86	Shelter Plus Care Boulevard Court	SHRA	PSH Renewal	14	14	\$232,514
15	No	84.27	My Sister's House (MSH) - RRH (DV)	My Sister's House	RRH	17	10	\$297,373
16	No	83.3	Hope RA	Hope Cooperative (TLCS)	PSH Renewal	235	180	\$3,180,373
17	No	82.4	Step Up Sacramento	Next Move Homeless Services	PSH Renewal	196	130	\$3,275,215
18	No	81.2	Omega	Next Move Homeless Services	PSH Renewal	80	37	\$452,641
19	No	Auto	New Vision (Friendship)*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	130	\$3,809,573
20	No	Auto	New Chance*	SHELTER, Inc.	Renewal PSH-TH-RRH	N/A	38	\$1,243,861
21	No	Auto	Esperanza Sacramento Rising*	SHELTER, Inc.	RRH TH-RRH Renewal	40	15	\$755,812
22	No	Auto	CARE Campus*	Lao Family Community Development	Renewal PSH-TH-RRH	40	40	\$824,307
23	No	Auto	Cornerstone Boulevard*	Lutheran Social Services	PSH Renewal	33	33	\$333,980
24	No	Auto	New Transitional and Rapid Rehousing Project*	Bridging Initiatives International	Renewal RRH-TH	27	6	\$393,056
25	No	Auto	Northview Pointe*	Hope Cooperative	PSH Renewal	66	66	\$300,000
26	No	Auto	Sacramento HMIS*	Sacramento Steps Forward	HMIS	N/A	N/A	\$273,194
27	No	Auto	SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$300,000
28	No	Auto	SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	N/A	N/A	\$325,658
29	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$5,552,573
Tier 2 Recommended List = \$10,224,433								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
30	Yes	76.8	Shelter Plus Care TRA	SHRA	PSH Renewal	699	349	\$1,578,142
31	Yes	76.7	Step Up on Second Sacramento PSH	Step Up on Second Street	PSH New	110	50	\$1,199,907
32	Yes	76.4	Arrive Together (DV)	SHELTER, Inc.	RRH New (DV Bonus)	100	66	\$2,066,324
33	Yes	76.3	New Destiny	SHELTER, Inc.	PSH New	202	133	\$4,115,148
34	Yes	73.75	Joy of Living (DV)	Lao Family Community Development	TH-RRH Renewal	60	15	\$490,969
35	Yes	70.4	Bridging Joint RRH Project (DV)	Bridging Initiatives International	RRH New (DV Bonus)	17	8	\$550,000
36	Yes	65.3	Next Chapter Housing	Wind Youth Services	Joint TH-RRH New	8 - TH 6 - RRH	N/A	\$701,916
37	Yes	69.3	Pathways Fairview & Bravado Project	Turning Point Community Programs	PSH Renewal	42	12	\$232,628
38	Yes	60.8	Esperanza Sacramento - DV	SHELTER, Inc.	RRH TH-RRH Renewal	24	9	\$748,737
Renewing Noncompetitively - YHDP - \$2,977,772								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
N/A	No	Not Scored	Waking the Village Youth-Led Outreach	Waking the Village	SSO-Street Outreach	N/A	N/A	\$212,269
N/A	No	Not Scored	Waking the Village TH-RRH	Waking the Village	Joint TH-RRH	36	12	\$1,054,132
N/A	No	Not Scored	College Initiative	Lutheran Social Services	SSO	N/A	N/A	\$450,000
N/A	No	Not Scored	Inspiring Youth Voices	Lutheran Social Services	RRH	22	16	\$753,872
N/A	No	Not Scored	HMIS - YHDP	Sacramento Steps Forward	HMIS	N/A	N/A	\$110,000
N/A	No	Not Scored	Coordinated Entry - YHDP	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$110,000
N/A	No	Not Scored	Systems Navigation and Supportive Services	Sacramento Steps Forward	SSO-CE	N/A	N/A	\$287,500
Not Ranked Per NOFO Guidelines - Planning Grant - \$1,500,000								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
Not Ranked Per NOFO Guidelines	No	Auto	Planning Project	Sacramento Steps Forward	Planning Project	N/A	N/A	\$1,500,000
Received & Not Ranked - Ineligible Project Types								
Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount
N/A	No	Not Scored	Care Campus - Rancho	Lao Family Community Development	Joint TH-RRH	24	22	\$740,390
N/A	No	Not Scored	Sacramento Supportive Housing	Sacramento Supportive Housing	SSO	0	0	\$30,250

*Projects automatically placed in Tier 1 because they have less than 18 months of operations data, have a HMIS project type, or a Coordinated Entry project type, per the CoC NOFO Review and Rank policies.

**High performing projects automatically ranked at the top of Tier 1 due to performance metrics on housing retention/placement, income, bed/unit utilization, and grant spenddown, per the Review and Rank Policies.

*Projects automatically placed in Tier 1 because they have less than 18 months of operations data, have a HMIS project type, or a Coordinated Entry project type, per the CoC NOFO Review and Rank policies.

**High performing projects automatically ranked at the top of Tier 1 due to performance metrics on housing retention/placement, income, bed/unit utilization, and grant spenddown, per the Review and Rank Policies.

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report

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2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2024 HDX Competition Report

2024 Competition Report - Summary

CA-503 - Sacramento City & County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year

2) *This considers all extensions where they were provided.

2) **"Met Deadline" in this context refers to FY23 SPM submissions. Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily and are not required.

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Partially Usable									
Not Usable									

EST

Category	2021	2022	2023
Total Sheltered Count	5,826	6,553	7,245
AO	4,284	4,767	4,868
AC	1,426	1,719	2,346
CO	40	76	73

RRH

Category	2021	2022	2023
Total Sheltered Count	4,424	4,724	5,272
AO	2,034	1,788	1,557
AC	2,391	2,920	3,712
CO	0	4	4

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	3,068	2,993	3,105
AO	2,024	1,957	1,891
AC	1,037	1,024	1,205
CO	1	3	1

- 1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
- 2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type. Therefore, the sum of the number of people by household type may be greater than the unique count of people.
- 3) Total Sheltered count only includes those served in HMIS participating projects reported by your CoC.
- 4) For CoCs that experienced mergers during any of these reporting periods, historical data will include only the original CoCs.

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	6,234	159.9	96.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	7,212	181.8	110.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	8,670	748.1	379.5
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	9,669	742.8	395.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns ⁴	Count	% of Returns ⁶	Count	% of Returns ⁸
Exit was from SO	187	22	11.8%	10	5.4%	11	5.9%	43	23.0%
Exit was from ES	933	116	12.4%	61	6.5%	81	8.7%	258	27.7%
Exit was from TH	257	23	9.0%	11	4.3%	14	5.5%	48	18.7%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	1,602	105	6.6%	80	5.0%	206	12.9%	391	24.4%
TOTAL Returns to Homelessness	2,979	266	8.9%	162	5.4%	312	10.5%	740	24.8%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	7,360
Emergency Shelter Total	6,361
Safe Haven Total	0
Transitional Housing Total	1,234

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased earned income	59
Percentage of adults who increased earned income	5.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased non-employment cash income	492
Percentage of adults who increased non-employment cash income	41.3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased total income	523
Percentage of adults who increased total income	43.9%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased earned income	19
Percentage of adults who increased earned income	6.5%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased non-employment cash income	126
Percentage of adults who increased non-employment cash income	43.2%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased total income	140
Percentage of adults who increased total income	48.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	5,782
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2,142
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3,640

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	9,378
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3,078
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	6,300

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	3,549
Of persons above, those who exited to temporary & some institutional destinations	447
Of the persons above, those who exited to permanent housing destinations	331
% Successful exits	21.9%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	6,887
Of the persons above, those who exited to permanent housing destinations	2,421
% Successful exits	35.2%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	3,329
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	3,164
% Successful exits/retention	95.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	6,361	1,234	3,684	5,510	4,036
Total Leavers (HMIS)	4,612	789	541	3,503	3,270
Destination of Don't Know, Refused, or Missing (HMIS)	727	147	129	883	2,031
Destination Error Rate (Calculated)	15.8%	18.6%	23.8%	25.2%	62.1%

2024 HDX Competition Report

2024 Competition Report - SPM Notes

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate notes with lots of text.

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2024 HDX Competition Report

2024 Competition Report - HIC Summary

CA-503 - Sacramento City & County CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	2,490	2,391	2,490	0	2,490	96.0%
SH	0	0	0	0	0	NA
TH	771	715	771	0	771	92.7%
RRH	930	891	891	0	891	100.0%
PSH	4,323	3,494	4,323	0	4,323	80.8%
OPH	657	657	657	0	657	100.0%
Total	9,171	8,148	9,132	0	9,132	89.2%

2024 HDX Competition Report

2024 Competition Report

CA-503 - Sacramento City & Co

For HIC conducted in January/1

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster**	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	2,490	0	0	0	0	NA
SH	0	0	0	0	0	NA
TH	771	0	0	0	0	NA
RRH	930	39	39	0	39	100.00%
PSH	4,323	0	0	0	0	NA
OPH	657	0	0	0	0	NA
Total	9,171	39	39	0	39	100.00%

2024 HDX Competition Report

2024 Competition Report

CA-503 - Sacramento City & Co

For HIC conducted in January/1

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	2,490	2,391	2,490	96.02%
SH	0	0	0	NA
TH	771	715	771	92.74%
RRH	930	930	930	100.00%
PSH	4,323	3,494	4,323	80.82%
OPH	657	657	657	100.00%
Total	9,171	8,187	9,171	89.27%

2024 HDX Competition Report

2024 Competition Report - HIC Summary

CA-503 - Sacramento City & County CoC

For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	772	819	764	933	984

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) Data included in these tables reflect what was entered into HDX 2.0.

5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

7) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

CA-503 - Sacramento City & County CoC

For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/24/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered-Only Count	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Emergency Shelter Total	1,130	1,125	1,348	1,979	1,986	2,174
Safe Haven Total	0	0	0	0	0	0
Transitional Housing Total	531	486	537	635	631	497
Total Sheltered Count	1,661	1,611	1,885	2,614	2,617	2,671
Total Unsheltered Count	3,900	0	0	6,664	0	3,944
Total Sheltered and Unsheltered Count*	5,561	1,611	1,885	9,278	2,617	6,615

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

3) In 2021, for CoCs that conducted a "Sheltered and partial unsheltered count", only aggregate and not demographic data were

2024 HDX Competition Report

2024 Competition Report - PIT Summary

CA-503 - Sacramento City & County CoC

For PIT conducted in January/February of 2024

collected.

Memorandum of Understanding between Arden Armory Affordable LP (the “Owner”) and Lutheran Social Services (“LSS”)

Site-Wide Resident Services

Background

This Memorandum of Understanding is a partnership agreement (“Agreement”) by and between Arden Armory Affordable LP and Lutheran Social Services (LSS) for the site-wide residential services at 440 Arden Way (“Project”).

Arden Armory Affordable LP is in the process of developing an apartment building for low-income families, of which 25% of the units will be reserved for formerly homeless families, located at 440 Arden Way, Sacramento, CA 95815. The Project consists of 124 units including 123 residential units (“Residents”) and 1 manager’s unit.

Lutheran Social Services is a nonprofit organization that have been providing housing and support services to low-income families and homeless adults, families, transition-aged youths and college students. LSS operates programs in San Francisco, Contra Costa, San Joaquin, Sacramento, Shasta, and Yolo counties. Services include stabilization in the transition from homelessness to being housed, benefits acquisition, independent living skills, and planning and skill building for a future move to independent living.

LSS agrees to provide the following services, on a regular and ongoing basis, at no cost to residents: A minimum of .5 FTE Service Coordination Staff, including Education and Community Building Activities of fered throughout the year. Services will be available within 6 months of the placed-in-service date f or a minimum of 15 years, and be scoped to meet minimum f unding obligations. Services will be conducted in the of f ice, community room or other available community space onsite at 440 Arden Way, Sacramento, CA. 95815.

Lutheran Social Services agrees to:

1. LSS agrees to do a formal intake of all Residents within the first 60 days of residency and regularly outreach to all residents, with a special focus on regularly reaching out to engage families who exhibit the highest level of need.
2. LSS agrees to facilitate the provision of support groups or workshops issues that are relevant to Residents to provide residents with an opportunity to socialize, address individual and/or family issues, and improve interpersonal skills.
3. LSS agrees to meet weekly with on-site Property Management staff to review any notices of lease violations and/or community concerns to resolve issues that arise in an effort to be proactive in supporting Residents.
4. LSS agrees to participate in monthly attendance reporting, utilizing BRIDGE’s Saleforce attendance portal, f or all programs and services under this contract.
5. LSS agrees that it will provide a certificate of general liability insurance. The Insurance of Certificate should name Arden Armory Affordable LP, BRIDGE Property Management Company, BRIDGE Housing Corporation and their respective directors, officers, employees and agents as additional insured.

Arden Armory Affordable LP Agrees to:

1. The Owner agrees that it will work closely with LSS to: Maintain timely and ongoing communication regarding scheduling space, evaluation, and Resident participation.
2. The Owner agrees that it will be responsible for communicating needs and scheduling information regarding the use of the Project space.
3. The Owner agrees that it will promote the potential participants in the community through community newsletter and flyers.
4. The Owner agrees that it will serve as liaison between LSS and Residents, surrounding businesses and community.
5. The Owner agrees that it will provide access for LSS's team members and their clients to the facility, e.g. community rooms, computer lab, etc.
6. The Owner agrees that it will provide a staff member (Programs Coordinator) to assist, and support the program execution.
7. The Owner shall compensate to LSS through the Project's operating budget an amount equal to \$85,000.00 for the first year of operations and escalating a 3% per annum thereafter.

I have read and agree to comply with all the terms and conditions outlined in the above Agreement. I understand that my use of the community may require the use of the program from the community.


Caro Robert CEO

General Manager


Date

AR ER

By: Arden Armory Affordable LLC, a California limited liability company, its managing general partner and BRIDGE Housing Corporation, a California nonprofit public benefit corporation, its sole member and manager



Susan Neufeld-Paul

of Community Services

6/4/2024 | 11:26 AM PDT

Date

Before Starting the Project Listings for the CoC Priority Listing

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

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:
 - New;
 - Renewal;
 - UFA Costs;
 - CoC Planning;
 - YHDP Renewal; and
 - YHDP Replacement and Reallocation.
 - Attachment Requirement

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

Things to Remember:

- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

Collaborative Applicant Name: Sacramento Steps Forward

2. Reallocation

Instructions:

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

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects? No

Continuum of Care (CoC) New Project Listing

Instructions:

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

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

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Reallocation	Rank	PSH/RRH	Expansion
CARE Campus - Rancho	2024-09-30 13:59:...	Joint TH & PH-RRH	Lao Family Commun..	\$740,390	1 Year	CoC Bonus	X		
440 Arden	2024-10-25 19:08:...	PH	Lutheran Social S...	\$428,107	1 Year	CoC Bonus	8	PSH	
New Destiny	2024-10-25 19:55:...	PH	Shelter, Inc.	\$4,115,148	1 Year	CoC Bonus	33	PSH	

Step Up on Second...	2024-10-25 18:40:...	PH	Step Up on Second...	\$1,199,907	1 Year	CoC Bonus	31	PSH	
Arrive Together	2024-10-25 20:04:...	PH	Shelter, Inc.	\$2,066,324	1 Year	DV Bonus	D32	RRH	
Bridging Joint RRH	2024-10-28 11:57:...	PH	Sacramento Steps ...	\$550,000	1 Year	DV Bonus	D35	RRH	
Next Chapter Housing	2024-10-28 18:19:...	Joint TH & PH-RRH	Sacramento Steps ...	\$701,916	1 Year	CoC Bonus	36		

Continuum of Care (CoC) Renewal Project Listing

Instructions:

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

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

https://www.hud.gov/program_offices/comm_planning/coc/competition.

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

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank s	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Home at Last	2024-10-28 20:13:...	1 Year	Sacramento Steps ...	\$437,908	1	PSH	PH		
Quinn Cottages	2024-10-25 20:34:...	1 Year	Sacramento Steps ...	\$318,083	10	PSH	PH		
Senior Connect	2024-10-28 20:37:...	1 Year	Lutheran Social S...	\$649,677	11	PSH	PH		
Achieving Change ...	2024-10-28 20:36:...	1 Year	Lutheran Social S...	\$1,116,892	12	PSH	PH		
Survivors of Huma...	2024-10-28 18:22:...	1 Year	Opening Doors Inc.	\$698,024	13	RRH	PH		
Boulevard Court	2024-10-25 18:22:...	1 Year	Sacramento Housin...	\$232,514	14	PSH	PH		
MSH Rehousing Pro...	2024-10-28 16:15:...	1 Year	Sacramento Steps ...	\$297,373	15	RRH	PH		
HOPE RA	2024-10-25 19:25:...	1 Year	TLCS, Inc.	\$3,180,373	16	PSH	PH		
Step Up Sacramento	2024-10-28 20:10:...	1 Year	Sacramento Steps ...	\$3,275,215	17	PSH	PH		
Omega Permanent S...	2024-10-25 20:29:...	1 Year	Sacramento Steps ...	\$452,641	18	PSH	PH		
New Vision	2024-10-25 19:37:...	1 Year	Shelter, Inc.	\$3,809,573	19	PSH	PH		
Lavender Courtyard	2024-10-25 19:09:...	1 Year	Lutheran Social S...	\$313,417	2	PSH	PH		
New Chance	2024-10-25 19:45:...	1 Year	Shelter, Inc.	\$1,243,861	20	RRH	PH		

Esperanza Sacramento ...	2024-10-25 19:29:...	1 Year	Shelter, Inc.	\$755,812	21	RRH	PH		
Care Campus	2024-10-28 16:21:...	1 Year	Sacramento Steps ...	\$824,307	22		Joint TH & PH-RRH		
Cornerstone Boule...	2024-10-25 17:45:...	1 Year	Lutheran Social S...	\$333,980	23	PSH	PH		
International New...	2024-10-25 12:22:...	1 Year	Sacramento Steps ...	\$393,056	24		Joint TH & PH-RRH		
Northview Pointe	2024-10-25 19:05:...	1 Year	TLCS, Inc.	\$300,000	25	PSH	PH		
Sacramento HMIS	2024-10-28 12:47:...	1 Year	Sacramento Steps ...	\$247,324	26		HMIS		
SSF Sacramento CES	2024-10-28 17:04:...	1 Year	Sacramento Steps ...	\$300,000	27		SSO		
SSF Sacramento Su...	2024-10-28 17:06:...	1 Year	Sacramento Steps ...	\$325,658	28		SSO		
Shelter Plus Care...	2024-10-28 13:59:...	1 Year	Sacramento Housin...	\$7,130,715	29	PSH	PH		
Mather Veterans V...	2024-10-25 11:09:...	1 Year	Mercy Housing Cal...	\$189,508	3	PSH	PH		
Joy of Living	2024-10-25 20:36:...	1 Year	Sacramento Steps ...	\$490,969	34	RRH	PH		
TPCP Pathways Fai...	2024-10-07 14:27:...	1 Year	Turning Point Com...	\$232,628	37	PSH	PH		
Esperanza Sacramento	2024-10-25 19:18:...	1 Year	Shelter, Inc.	\$748,737	38	RRH	PH		
Mutual Housing at...	2024-10-25 17:45:...	1 Year	Lutheran Social S...	\$485,133	4	PSH	PH		
Youth Connect	2024-10-28 20:37:...	1 Year	Lutheran Social S...	\$446,779	5	PSH	PH		
Connections	2024-10-25 17:44:...	1 Year	Lutheran Social S...	\$585,102	6	RRH	PH		
Saybrook	2024-10-25 19:09:...	1 Year	Lutheran Social S...	\$597,941	7	PSH	PH		

Applicant: Sacramento Steps Forward - Collaborative Applicant Profile

UEI#

Project: CA-503 CoC Registration FY2024

COC_REG_2024_215028

Building Bridges	2024-10-25 17:43:...	1 Year	Lutheran Social S...	\$375,626	9		SSO		
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Continuum of Care (CoC) Planning Project Listing

Instructions:

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

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

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
SSF Planning Proj...	2024-10-28 18:48:...	1 Year	Sacramento Steps ...	\$1,500,000	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

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

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

☒

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☒

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
Waking the Villag...	2024-10-15 20:03:...	Waking the Village	\$1,087,732	JOINT TH-RRH	1 Year	Yes		
Waking the Villag...	2024-10-15 20:03:...	Waking the Village	\$212,267	SSO	1 Year	Yes		
HMIS - YHDP	2024-10-28 18:22:...	Sacrament o Steps ...	\$110,000	HMIS	1 Year	Yes		
System Navigation ...	2024-10-28 18:21:...	Sacrament o Steps ...	\$287,500	SSO	1 Year	Yes		
Coordinate d Entry...	2024-10-28 18:23:...	Sacrament o Steps ...	\$110,000	SSO	1 Year	Yes		

Project Applicant Project Details

Project Name: Waking the Village TH-RRH FY2024
Project Number: 220970
Date Submitted: 2024-10-15 20:03:37.559
Applicant Name Waking the Village
Budget Amount \$1,087,732
Project Type JOINT TH-RRH
Program Type JOINT TH-RRH
Component Type JOINT TH-RRH
Grant Term 1 Year
Priority Type JOINT TH-RRH

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: Waking the Village Youth Led Outreach FY2024
Project Number: 220971
Date Submitted: 2024-10-15 20:03:18.197
Applicant Name Waking the Village

Budget Amount \$212,267
Project Type SSO
Program Type SSO
Component Type SSO
Grant Term 1 Year
Priority Type SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: HMIS - YHDP
Project Number: 223396
Date Submitted: 2024-10-28 18:22:24.234
Applicant Name Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount \$110,000
Project Type HMIS
Program Type HMIS
Component Type HMIS
Grant Term 1 Year
Priority Type HMIS

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: System Navigation-YHDP
Project Number: 224827
Date Submitted: 2024-10-28 18:21:12.077
Applicant Name Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount \$287,500
Project Type SSO
Program Type SSO
Component Type SSO
Grant Term 1 Year
Priority Type SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: Coordinated Entry-YHDP
Project Number: 223395
Date Submitted: 2024-10-28 18:23:30.514
Applicant Name: Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount: \$110,000
Project Type: SSO
Program Type: SSO
Component Type: SSO
Grant Term: 1 Year
Priority Type: SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

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

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

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

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$30,788,826
New CoC Bonus and CoC Reallocation Amount	\$6,445,078
New DV Bonus Amount	\$2,616,324
New DV Reallocation Amount	\$0
CoC Planning Amount	\$1,500,000
YHDP Renewal and Replacement Amount	\$1,807,499
YHDP Reallocation Amount	
Rejected Amount	\$740,390
TOTAL CoC REQUEST	\$43,157,727

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	2991 Forms Signed	10/28/2024
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: 2991 Forms Signed

Attachment Details

Document Description:

Attachment Details

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Submission Summary

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

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Page	Last Updated
Before Starting	No Input Required
1A. Identification	10/21/2024
2. Reallocation	10/28/2024
5A. CoC New Project Listing	10/28/2024
5B. CoC Renewal Project Listing	10/28/2024
5D. CoC Planning Project Listing	10/28/2024
5E. YHDP Renewal Project Listing	10/28/2024

**5F. YHDP Replacement and YHDP Reallocation
Project Listing**

No Input Required

Funding Summary

No Input Required

Attachments

10/28/2024

Submission Summary

No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City and County Continuum of Care

Project Name: See attached list

Location of the Project: Unincorporated Areas of Sacramento City, see attached list

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

Name of Certifying Jurisdiction: City of Sacramento Housing Authority

Certifying Official of the Jurisdiction

Name: La Shelle Dozier

Title: Executive Director

Signature:



Date: 10/24/2024

Sacramento Continuum of Care FY2024 CoC Program Competition Projects Priority Listing
Projects in the City of Sacramento |
Approved by CoC Board October 9th, 2024

Project Name	Applicant Name	Type	Address
Lavender Courtyard**	Lutheran Social Services	PSH Renewal	1616 F Street, Sacramento, CA 95814
Youth Connect	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Connections	Lutheran Social Services	RRH Renewal	3200 V Street, Sacramento, CA 95817
Saybrook	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
440 Arden Way	Lutheran Social Services	PSH New	440 Arden Way, Sacramento, CA 95815
Building Bridges	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Quinn Cottages	Cottage Housing	PSH Renewal	1500 N A Street, Sacramento, CA 95811
Senior Connect	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Shelter Plus Care Boulevard Court	SHRA	PSH Renewal	5321 Stockton Blvd, Sacramento, CA 95820
Step Up Sacramento	Next Move Homeless Services	PSH Renewal	8001 Folsom Blvd, Sacramento, CA 95826
Omega	Next Move Homeless Services	PSH Renewal	8001 Folsom Blvd, Sacramento, CA 95826
New Vision (Friendship)*	SHELTER, Inc.	Renewal PSH-TH-RRH	700 North 5th Street, Sacramento, CA 95811
New Chance*	SHELTER, Inc.	Renewal PSH-TH-RRH	1333 Willow Pass Rd, Concord, CA 94520
Esperanza Sacramento Rising*	SHELTER, Inc.	RRH TH-RRH Renewal	700 North 5th Street, Sacramento, CA 95811
Cornerstone Boulevard*	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Northview Pointe*	Hope Cooperative	PSH Renewal	2330 Northview Drive, Sacramento, CA 95833
Sacramento HMIS*	Sacramento Steps Forward	HMIS	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Shelter Plus Care TRA	SHRA	PSH Renewal	630 I Street, Sacramento, CA 95814
Shelter Plus Care TRA	SHRA	PSH Renewal	630 I Street, Sacramento, CA 95814
Next Chapter Housing	Wind Youth Services	Joint TH-RRH New	815 S Street, Sacramento, CA 95811
Esperanza Sacramento - DV	SHELTER, Inc.	RRH TH-RRH Renewal	700 North 5th Street, Sacramento, CA 95811
Waking the Village Youth-Led Outreach	Waking the Village	SSO-Street Outreach	1219 S St, Sacramento, CA 95811
College Initiative	Lutheran Social Services	SSO	3200 V St, Sacramento, CA 95817
Inspiring Youth Voices	Lutheran Social Services	RRH	3200 V St, Sacramento, CA 95817
HMIS - YHDP	Sacramento Steps Forward	HMIS	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Coordinated Entry - YHDP	Sacramento Steps Forward	SSO-CE	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Systems Navigation and Supportive Services	Sacramento Steps Forward	SSO-CE	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City & County of Continuum of Care

Project Name: See attached list

Location of the Project: Unincorporated Areas of Sacramento County, see attached list

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

Name of Certifying Jurisdiction: County of Sacramento Housing Authority

Certifying Official of the Jurisdiction
Name: La Shelle Dozier

Title: Executive Director

Signature:

Date:

10/23/2024

Sacramento Continuum of Care FY2024 CoC Program Competition Projects Priority Listing Projects in the County of Sacramento |
Approved by CoC Board October 9th, 2024

Project Name	Applicant Name	Type	Address
Home At Last**	Next Move Homeless Services	PSH Renewal	4525 Parker Avenue, Sacramento, CA 95820
Mutual Housing at Highlands**	Lutheran Social Services	PSH Renewal	6010 3th Street, North Highlands, CA 95660
Achieving Change Together (ACT)	Lutheran Social Services	PSH Renewal	4215 Palm Avenue, Sacramento, CA 95842
Survivors of Human Trafficking (DV)	Opening Doors, Inc.	TH-RRH Renewal	1111 Howe Avenue #125, Sacramento, CA 95825
My Sister's House (MSH) - RRH (DV)	My Sister's House	RRH	3101 Fulton Avenue, Sacramento, CA 95821
Hope RA	Hope Cooperative (TLCS)	PSH Renewal	650 Howe Avenue Bldg 400-A, Sacramento, CA 95825
CARE Campus*	Lao Family Community Development	Renewal PSH-TH-RRH	3205 Hurley Way, Sacramento, CA 95864
New Transitional and Rapid Rehousing Project*	Bridging Initiatives International	Renewal RRH-TH	5435 Yellow Pine Way, Sacramento, CA 95841
Step Up on Second Sacramento PSH	Step Up on Second Street	PSH New	4600 Northgate Suite 235, Sacramento, CA 95834
Arrive Together (DV)	SHELTER, Inc.	RRH New (DV Bonus)	1333 Willow Pass Rd, Concord, CA 94520
New Destiny	SHELTER, Inc.	PSH New	1333 Willow Pass Rd, Concord, CA 94520
Joy of Living (DV)	Lao Family Community Development	TH-RRH Renewal	3205 Hurley Way, Sacramento, CA 95864
Bridging Joint RRH Project (DV)	Bridging Initiatives International	RRH New (DV Bonus)	5435 Yellow Pine Way, Sacramento, CA 95841
Pathways Fairview & Bravado Project	Turning Point Community Programs	PSH Renewal	3216 Fairview Court, Sacramento, CA 95821

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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Applicant Name: Sacramento City and County Continuum of Care

Project Name: Waking the Village TH-RRH

Location of the Project: 8576 Petunia Way, Elk Grove, CA 95624

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

Waking the Village

Name of Certifying Jurisdiction: City of Elk Grove

Certifying Official of the Jurisdiction

Name: Jason Behrmann

Title: City Manager

Signature:



Date: 10/24/24

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Name: Sacramento City and County Continuum of Care

Project Name: Mather Veterans Village

Location of the Project: 3611 Bleckely, Rancho Cordova, CA 95655

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

Mercy Housing California

Name of Certifying Jurisdiction: City of Rancho Cordova

Certifying Official of the Jurisdiction

Name: Micah Runner

Title: City Manager

Signature:

David W. Kury for: Micah Runner
Assistant City Mgr.

Date: 10/23/24

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report

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2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2024 HDX Competition Report

2024 Competition Report - Summary

CA-503 - Sacramento City & County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year

2) *This considers all extensions where they were provided.

2) **"Met Deadline" in this context refers to FY23 SPM submissions. Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily and are not required.

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Partially Usable									
Not Usable									

EST

Category	2021	2022	2023
Total Sheltered Count	5,826	6,553	7,245
AO	4,284	4,767	4,868
AC	1,426	1,719	2,346
CO	40	76	73

RRH

Category	2021	2022	2023
Total Sheltered Count	4,424	4,724	5,272
AO	2,034	1,788	1,557
AC	2,391	2,920	3,712
CO	0	4	4

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	3,068	2,993	3,105
AO	2,024	1,957	1,891
AC	1,037	1,024	1,205
CO	1	3	1

- 1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
- 2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type. Therefore, the sum of the number of people by household type may be greater than the unique count of people.
- 3) Total Sheltered count only includes those served in HMIS participating projects reported by your CoC.
- 4) For CoCs that experienced mergers during any of these reporting periods, historical data will include only the original CoCs.

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	6,234	159.9	96.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	7,212	181.8	110.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	8,670	748.1	379.5
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	9,669	742.8	395.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns ⁴	Count	% of Returns ⁶	Count	% of Returns ⁸
Exit was from SO	187	22	11.8%	10	5.4%	11	5.9%	43	23.0%
Exit was from ES	933	116	12.4%	61	6.5%	81	8.7%	258	27.7%
Exit was from TH	257	23	9.0%	11	4.3%	14	5.5%	48	18.7%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	1,602	105	6.6%	80	5.0%	206	12.9%	391	24.4%
TOTAL Returns to Homelessness	2,979	266	8.9%	162	5.4%	312	10.5%	740	24.8%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	7,360
Emergency Shelter Total	6,361
Safe Haven Total	0
Transitional Housing Total	1,234

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased earned income	59
Percentage of adults who increased earned income	5.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased non-employment cash income	492
Percentage of adults who increased non-employment cash income	41.3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,192
Number of adults with increased total income	523
Percentage of adults who increased total income	43.9%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased earned income	19
Percentage of adults who increased earned income	6.5%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased non-employment cash income	126
Percentage of adults who increased non-employment cash income	43.2%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	292
Number of adults who exited with increased total income	140
Percentage of adults who increased total income	48.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	5,782
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2,142
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3,640

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	9,378
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3,078
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	6,300

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	3,549
Of persons above, those who exited to temporary & some institutional destinations	447
Of the persons above, those who exited to permanent housing destinations	331
% Successful exits	21.9%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	6,887
Of the persons above, those who exited to permanent housing destinations	2,421
% Successful exits	35.2%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	3,329
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	3,164
% Successful exits/retention	95.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	6,361	1,234	3,684	5,510	4,036
Total Leavers (HMIS)	4,612	789	541	3,503	3,270
Destination of Don't Know, Refused, or Missing (HMIS)	727	147	129	883	2,031
Destination Error Rate (Calculated)	15.8%	18.6%	23.8%	25.2%	62.1%

2024 HDX Competition Report

2024 Competition Report - SPM Notes

CA-503 - Sacramento City & County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate notes with lots of text.

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2024 HDX Competition Report

2024 Competition Report - HIC Summary

CA-503 - Sacramento City & County CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	2,490	2,391	2,490	0	2,490	96.0%
SH	0	0	0	0	0	NA
TH	771	715	771	0	771	92.7%
RRH	930	891	891	0	891	100.0%
PSH	4,323	3,494	4,323	0	4,323	80.8%
OPH	657	657	657	0	657	100.0%
Total	9,171	8,148	9,132	0	9,132	89.2%

2024 HDX Competition Report

2024 Competition Report

CA-503 - Sacramento City & Co

For HIC conducted in January/I

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster**	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	2,490	0	0	0	0	NA
SH	0	0	0	0	0	NA
TH	771	0	0	0	0	NA
RRH	930	39	39	0	39	100.00%
PSH	4,323	0	0	0	0	NA
OPH	657	0	0	0	0	NA
Total	9,171	39	39	0	39	100.00%

2024 HDX Competition Report

2024 Competition Report

CA-503 - Sacramento City & Co

For HIC conducted in January/I

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	2,490	2,391	2,490	96.02%
SH	0	0	0	NA
TH	771	715	771	92.74%
RRH	930	930	930	100.00%
PSH	4,323	3,494	4,323	80.82%
OPH	657	657	657	100.00%
Total	9,171	8,187	9,171	89.27%

2024 HDX Competition Report

2024 Competition Report - HIC Summary

CA-503 - Sacramento City & County CoC

For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	772	819	764	933	984

- 1) † EHV = Emergency Housing Voucher
- 2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) Data included in these tables reflect what was entered into HDX 2.0.
- 5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
- 6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 7) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

CA-503 - Sacramento City & County CoC

For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/24/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered-Only Count	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Emergency Shelter Total	1,130	1,125	1,348	1,979	1,986	2,174
Safe Haven Total	0	0	0	0	0	0
Transitional Housing Total	531	486	537	635	631	497
Total Sheltered Count	1,661	1,611	1,885	2,614	2,617	2,671
Total Unsheltered Count	3,900	0	0	6,664	0	3,944
Total Sheltered and Unsheltered Count*	5,561	1,611	1,885	9,278	2,617	6,615

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

3) In 2021, for CoCs that conducted a "Sheltered and partial unsheltered count", only aggregate and not demographic data were collected.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

CA-503 - Sacramento City & County CoC

For PIT conducted in January/February of 2024

collected.

Memorandum of Understanding between Arden Armory Affordable LP (the “Owner”) and Lutheran Social Services (“LSS”)

Site-Wide Resident Services

Background

This Memorandum of Understanding is a partnership agreement (“Agreement”) by and between Arden Armory Affordable LP and Lutheran Social Services (LSS) for the site-wide residential services at 440 Arden Way (“Project”).

Arden Armory Affordable LP is in the process of developing an apartment building for low-income families, of which 25% of the units will be reserved for formerly homeless families, located at 440 Arden Way, Sacramento, CA 95815. The Project consists of 124 units including 123 residential units (“Residents”) and 1 manager’s unit.

Lutheran Social Services is a nonprofit organization that have been providing housing and support services to low-income families and homeless adults, families, transition-aged youths and college students. LSS operates programs in San Francisco, Contra Costa, San Joaquin, Sacramento, Shasta, and Yolo counties. Services include stabilization in the transition from homelessness to being housed, benefits acquisition, independent living skills, and planning and skill building for a future move to independent living.

LSS agrees to provide the following services, on a regular and ongoing basis, at no cost to residents: A minimum of .5 FTE Service Coordination Staff, including Education and Community Building Activities of fered throughout the year. Services will be available within 6 months of the placed-in-service date f or a minimum of 15 years, and be scoped to meet minimum f unding obligations. Services will be conducted in the of f ice, community room or other available community space onsite at 440 Arden Way, Sacramento, CA. 95815.

Lutheran Social Services agrees to:

1. LSS agrees to do a formal intake of all Residents within the first 60 days of residency and regularly outreach to all residents, with a special focus on regularly reaching out to engage families who exhibit the highest level of need.
2. LSS agrees to facilitate the provision of support groups or workshops issues that are relevant to Residents to provide residents with an opportunity to socialize, address individual and/or family issues, and improve interpersonal skills.
3. LSS agrees to meet weekly with on-site Property Management staff to review any notices of lease violations and/or community concerns to resolve issues that arise in an effort to be proactive in supporting Residents.
4. LSS agrees to participate in monthly attendance reporting, utilizing BRIDGE’s Saleforce attendance portal, f or all programs and services under this contract.
5. LSS agrees that it will provide a certificate of general liability insurance. The Insurance of Certificate should name Arden Armory Affordable LP, BRIDGE Property Management Company, BRIDGE Housing Corporation and their respective directors, officers, employees and agents as additional insured.

Arden Armory Affordable LP Agrees to:

1. The Owner agrees that it will work closely with LSS to: Maintain timely and ongoing communication regarding scheduling space, evaluation, and Resident participation.
2. The Owner agrees that it will be responsible for communicating needs and scheduling information regarding the use of the Project space.
3. The Owner agrees that it will promote the potential participants in the community through community newsletter and flyers.
4. The Owner agrees that it will serve as liaison between LSS and Residents, surrounding businesses and community.
5. The Owner agrees that it will provide access for LSS's team members and their clients to the facility, e.g. community rooms, computer lab, etc.
6. The Owner agrees that it will provide a staff member (Programs Coordinator) to assist, and support the program execution.
7. The Owner shall compensate to LSS through the Project's operating budget an amount equal to \$85,000.00 for the first year of operations and escalating a 3% per annum thereafter.

I have read and agree to comply with all policies and responsibilities outlined in the above Agreement. I understand that failure to comply may result in withdrawal of the services program from this site.



Carol Roberts, CEO
Lutheran Social Services

6/3/24
Date

PARTNERSHIP

By: Arden Armory Affordable LLC, a California limited liability company, its managing general partner and BRIDGE Housing Corporation, a California nonprofit public benefit corporation, its sole member and manager

Susan Neufeld-Paul

Susan Neufeld Paul,
SVP of Community Services

6/4/2024 | 11:26 AM PDT

Date

3A-2a. Healthcare Formal Agreements

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CALAIM COMMUNITY SUPPORTS PROVIDER PARTICIPATION AGREEMENT

This CalAim Community Supports Provider Participation Agreement ("Agreement") is made and entered into by and between the Community Supports (CS) Provider identified on the signature page of this Agreement ("Provider"), and Health Net of California, Inc. on behalf of itself and its subsidiaries and affiliates (collectively, "Health Net"). This Agreement is effective ____ 1/1/2022 ____.

RECITALS

A. Provider has the legal authority to enter into this Agreement, and to deliver or arrange for the delivery of Contracted Services.

B. Health Net has the legal authority to enter into this Agreement, and to perform the obligations of Health Net hereunder with respect to the Benefit Programs.

C. The parties desire to enter into this Agreement to arrange for Provider to participate in one or more of Health Net's networks of Providers that render Contracted Services to Medi-Cal Beneficiaries of various Benefit Programs.

D. Provider's primary consideration shall be the quality of services rendered to Beneficiaries, pursuant to Title 10 CCR 2240.4.

E. Health Net is engaging with community-based providers to provide whole-person approach to care that addresses clinical and non-clinical circumstances of high-need Medi-Cal members as a result of DHCS's Community Supports services.

AGREEMENT

NOW, THEREFORE, in consideration of the above recitals and the covenants contained herein, the parties hereby agree as follows:

I. DEFINITIONS

Many words and terms are capitalized throughout this Agreement to indicate that they are defined as set forth in this Article I.

1.1 Allowable Charges. Allowable Charges is defined as Provider's billed charges for Contracted Services.

1.2 Beneficiary. A person who is properly enrolled in and eligible to receive Covered Services under a Benefit Program at the time Covered Services are rendered. The parties acknowledge that the term 'member' may be used by Health Net in certain related materials, such as Benefit Program documents covering various products, marketing materials, and Health Net Policies. For reference purposes, the term Beneficiary includes the term 'member' wherever used.

1.3 Benefit Program. The group agreement, evidence of coverage, certificate of insurance, summary plan description or similar documents in effect at the time Covered Services are rendered for lines of business offered through Health Net. The Benefit Programs in which Provider participates and terms and conditions such as payment rates relating to such Benefit Programs, are set forth in the Addenda to this Agreement.

1.4 Complete Claim. A Complete Claim means a claim or portion thereof, if separable, including attachments and supplemental information or documentation, which provides reasonably relevant information as defined by applicable State or federal statutes and regulations, and which is submitted to Health Net by Provider for

payment of Contracted Services that may be processed by Health Net without obtaining additional information from Provider or from a third party.

1.5 Contracted Services. Covered Services that are (i) those services which Provider is licensed to provide and which Provider customarily provides, and (ii) to be provided to a Beneficiary under the terms of the applicable Benefit Program in effect at the time such services are rendered or as required by State or federal law, and (iii) compensated in accordance with this Agreement except as otherwise may be required by State or federal law.

1.6 Covered Services. The services, equipment and supplies that are covered as determined by Health Net.

1.7 Dispute. The term "Dispute", as used in this Agreement, including Sections 7.5 and 7.6, shall mean any controversy or disagreement that may arise out of or relate to this Agreement, or the breach thereof, whether involving a claim in tort, contract or other applicable area of law.

1.8 Excluded Services. Those services, equipment and supplies that are determined by Health Net to be non-Covered Services under the applicable Benefit Program in effect at the time such services are rendered and for which Provider may bill the Beneficiary.

1.9 Facility(ies). All service locations owned, operated, leased, or subcontracted by Provider at which Contracted Services are provided under this Agreement. Provider's service locations as of the date this Agreement is executed by the parties are listed on an exhibit to this Agreement.

1.10 Health Net. A network of managed health care delivery or indemnity companies, owned, controlled, controlling, under common control with, managed or administered in whole or in part now or hereafter, by Health Net, LLC, its successors and assigns.

1.11 Health Net Policies. The policies, procedures and programs established by Health Net and applicable to Provider in effect at the time Covered Services are rendered, including without limitation Health Net's grievance and appeal procedures, provider dispute and/or appeal process, drug formulary or preferred drug list, fraud detection, recovery procedures, eligibility verification, billing and coding guidelines, payment and review policies, anti-discrimination requirements, medical management programs, continuity of care policies, provider manuals and/or operations manuals.

1.12 Participating Provider. A facility, individual, supplier, or other organization which has met applicable vetting or credentialing requirements, if any, and has, or is governed by, an effective written agreement directly with Health Net or indirectly through another entity, such as a Provider, to provide Covered Services.

1.13 Prior Authorization. The written or electronically issued prior approval by Health Net or its designee for the provision of Covered Services which may be required under a Benefit Program or a Health Net Policy.

1.14 Records. Books, documents, contracts, subcontracts, and records prepared and/or maintained by a party that relate to this Agreement whether in written or electronic format, including without limitation medical records, Beneficiary billing and payment records, financial records, policies and procedures, and other books and records that may be required by applicable federal and State law

1.15 State. The State of California.

1.16 Surcharge. An additional fee which is charged to a Beneficiary for a Covered Service, but which is not approved by the applicable State and federal regulatory authority, and is neither disclosed nor provided for in a Benefit Program.

II. DUTIES OF CS PROVIDER

2.1 General Obligations. Provider agrees that during the term of this Agreement and any renewal terms, each of them is:

2.1.1 licensed without restriction or limitation by the State to provide Contracted Services to the extent required by the State;

2.1.2 operating and providing Contracted Services in compliance with applicable local, State, and federal laws, rules, regulations and legal standards of care;

2.1.3 delivering Contracted Services to Beneficiaries in the same manner and with the same availability, as services are delivered to other customers;

2.1.4 maintaining such physical plant, equipment, and customer service personnel as may be necessary to provide Contracted Services;

2.1.6 Provider shall notify Health Net in writing, thirty (30) days in advance, of any changes, including but not limited to, federal tax identification numbers, practice or billing addresses, office email address, phone numbers, office hours, non-English languages spoken by Provider or office staff, and/or national provider identifier numbers. In addition, Provider shall acknowledge and respond in a timely manner to all Health Net requests for practice information updates.

2.1.7 National Committee for Quality Assurance ("NCQA") Accreditation of Health Plans Standards. Provider agrees to: i) cooperate with Quality Management and Improvement ("QM") activities; ii) maintain the confidentiality of Beneficiary information and records pursuant to this Agreement; and iii) allow Health Net to use Provider's performance data.

2.2 Provision of Services. Provider agrees to render Contracted Services to Beneficiaries of Benefit Programs under the terms and conditions of this Agreement. Notwithstanding the foregoing, Provider understands and agrees that Health Net does not have an obligation under this Agreement to assign or refer to Provider any minimum amount of Beneficiaries. Health Net has not represented or guaranteed to Provider that any Beneficiaries shall receive Covered Services from Provider or that Provider shall participate in all networks of Participating Providers offered by or through Health Net.

Provider acknowledges that Health Net shall not be liable for, nor will exercise control or direction over, the manner or method by which Provider renders any Covered Services to Beneficiaries under this Agreement.

2.3 Verification of Eligibility. Provider shall verify the eligibility of Beneficiaries using Health Net's telephonically or electronically available system before providing Contracted Services, in compliance with the timeframes and procedures set forth in Health Net Policies.

2.4 Non-Discrimination. Provider shall not discriminate against any Beneficiary in the provision of Contracted Services hereunder, whether on the basis of the Beneficiary's coverage under a Benefit Program, age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, handicap, source of payment, utilization of medical or mental health or substance use disorder services or supplies, equipment, pharmaceuticals or supplies, health status (including without limitation, Beneficiaries who are, were, or may be victims of domestic violence, or have or may have conditions that are caused by domestic violence), genetic information, or other unlawful basis including, without limitation, the filing by such Beneficiary of any complaint, grievance or legal action against Provider or Health Net. Provider agrees to make reasonable accommodations for Beneficiaries with disabilities or handicaps, including but not limited to, providing such auxiliary aides and services to Beneficiaries as are reasonable, necessary and appropriate for the proper rendering of Contracted Services at the Provider's expense.

2.5 Subcontracting. The following requirements shall survive termination of this Agreement with respect to Contracted Services rendered during the term of the Agreement and apply when Contracted Services are provided by a subcontractor:

2.5.1 Provider shall furnish Health Net with copies of its subcontracts within ten (10) days of Health Net's written request.

2.5.2 Every subcontract shall comply with all applicable local, State and federal laws, including privacy/confidentiality and medical record accuracy laws, be consistent with the terms and

conditions of this Agreement, and shall not be used by Provider with respect to Beneficiaries, Benefit Programs and/or Contracted Services upon the reasonable request of Health Net.

2.5.3 Provider shall not subcontract either directly or indirectly, with any provider that has been excluded from participation in the Medicare Advantage Program under Section 1128 or 1128A [42 U.S.C. 1320a-7] of the Social Security Act or in the State Medi-Cal program.

2.5.4 Each such subcontractor shall meet applicable Health Net vetting or credentialing requirements, if any, prior to the subcontract becoming effective with respect to Contracted Services.

2.5.5 (i) Provider shall be solely responsible to pay the subcontractor; (ii) Provider shall hold Health Net and Beneficiaries harmless from and against any and all claims which may be made by subcontractors in connection with Covered Services provided to Beneficiaries by the subcontractor; and (iii) Provider shall require that the subcontractor hold Health Net and Beneficiaries harmless from and against any and all claims for payment for such services and shall not attempt to collect any sums owed by Provider from Health Net or a Beneficiary.

2.5.6 Subcontracts shall not restrict the rights and obligations of a healthcare provider to communicate freely with Beneficiaries regarding their medical condition and treatment alternatives including medication treatment options, regardless of service coverage limitations.

2.5.7 In the event that any of Provider's subcontracts fail to comply with the requirements set forth herein, Health Net shall not be required to recognize the existence or validity of the subcontract with respect to Beneficiaries, Benefit Programs and/or Covered Services. Health Net shall further have the right, but not the obligation, to directly pay subcontractors submitting claims for Contracted Services, and to recoup any compensation otherwise due by Health Net to Provider pursuant to the terms and conditions of this Agreement. Provider shall indemnify and hold harmless Health Net for all such payments and related costs.

2.6 Health Net Policies. Provider shall participate in and comply with all Health Net Policies in effect on the effective date of this Agreement, and as modified periodically by Health Net in accordance with Section 3.2 of this Agreement. Provider hereby acknowledges that it has had the opportunity to review Health Net Policies regarding quality improvement and utilization management that pertain to Health Net and Provider's rights and obligations under this Agreement at least fifteen (15) business days prior to the date Provider has executed this Agreement.

2.7 Prior Authorization and Referrals. When either Prior Authorization and/or a Referral is required for the rendition of a Community Supports service, the receipt of the required Prior Authorization and/or the required Referral, each being separate and distinct requirements, is a prerequisite to payment of Complete Claims for Covered Services in addition to confirming eligibility prior to delivering service as required by this Agreement and Health Net Policies. Health Net (or its designee as applicable) may rescind or modify its Prior Authorization, in a manner consistent with Health Net Policies, based on variety of factors, including but not limited to the eligibility of the Beneficiary

2.8 Credentialing Program. Provider shall submit to Health Net or its designee any applicable vetting or Credentialing Application, which meets minimum requirements of Health Net. Provider or subcontractor shall not begin performing Provider's obligations under this Agreement, until Provider and/or Facility has satisfied applicable vetting or credentialing or re-credentialing requirements, if any.

2.9 Insurance. Provider shall maintain insurance in amounts and types as required by Health Net Policies. Provider agrees to provide Health Net with a Certificate of Insurance from Provider's insurance carrier or other mutually agreeable written evidence of such insurance coverage within three (3) days of such request by Health Net. Provider also agrees to notify Health Net in writing at least thirty (30) days prior to any termination, cancellation or material modification of any policy for all or any portion of the coverage required herein.

2.10 Trade names, Trademarks, Directories. Provider shall not use or display the trade names, trademarks, or other identifying information of Health Net without Health Net's prior written approval of both form

and content, which approval shall not be unreasonably withheld. However, this provision shall not prohibit Provider from posting a reasonable notice on its website or in its facilities listing by name those insurance carriers that are accepted by Provider so long as the notice lists each name in substantially similar format. Provider agrees that Health Net may list the name, address, telephone number and other factual information of Provider and of Provider's subcontractors and their facilities in its directories, marketing and informational materials, and electronic media.

2.11 Non-Solicitation. Neither Provider nor any employee, agent or subcontractor of Provider shall solicit or attempt to convince or otherwise persuade any Beneficiary to discontinue participation in any Benefit Program or in any other manner interfere with Health Net's contract and/or property rights. Notwithstanding the foregoing, Health Net in no way restricts Provider from discussing medical treatment options with Beneficiaries regardless of Benefit Program coverage options.

2.12 Language Assistance Program. Provider shall comply with Health Net's ongoing language assistance program to ensure Limited English Proficient ("LEP") Beneficiaries have appropriate access to language assistance while accessing Provider services, pursuant to Health and Safety Code §§ 1367(e)(3), 1367.04 and 1367.07 and Insurance Code §§ 10133.8 and 10133.9 and corresponding provisions of the California Code of Regulations.

2.13 Additional Rights and Obligations. Any additional rights or obligations of Provider or Health Net shall be set forth in the Addenda to this Agreement.

2.14 Federal Lobbying Restriction. Health Net is obligated under 31 U.S.C. § 1352 to obtain certain information from subcontractors engaged to fulfill part or all of Health Net's obligations under its health maintenance contracts with state and local governments, the proceeds of which are funded by federal grants or federal appropriations. To that end, Provider certifies and agrees as follows:

Certification: Provider certifies that it has not and will not use any funds received from Health Net under this Agreement to lobby Congress or any employee or member of Congress, or any federal agency or federal government employee or official (hereinafter "the federal government") for the award of any federal contract, grant, appropriation or loan (or the continuation, extension, renewal, amendment, or modification of the same) or for the ability to participate in any federal cooperative agreement.

Required Disclosures: Provider also agrees that if it engages any person to lobby the federal government for the award to Health Net of a federal contract, grant, appropriation, or loan (or the continuation, extension, renewal, amendment, or modification of the same) or for the ability to participate in any federal cooperative agreement involving Health Net, the undersigned will fully and truthfully execute Standard Form LLL as set forth in Health Net Policies, and will provide such executed form to Health Net. Provider understands that Health Net is legally obligated to provide such information to certain federal grant and contract recipients with which it contracts, and further understands that all executed Standard Form LLLs will be supplied to the federal government. Provider agrees to supplement its disclosure under this paragraph promptly if there is a change in any of the information therein.

Subcontracting Obligation: If Provider engages any subcontractor to perform all or part of its obligations under this Agreement, it will require the subcontractor (1) to sign a certification stating that it will not use funds earned under the subcontract to lobbying for the award of a federal contract, grant, appropriation or loan (or the continuation, extension, renewal, amendment, or modification of the same) or for the ability to participate in any federal cooperative agreement, and (2) to execute Standard Form LLL, in the event that it engages any person to lobby the federal government for such purposes. Provider will promptly provide to Health Net any Standard Form LLLs executed by its subcontractor(s).

2.15 Benefit Programs Funded with Federal Funds. Provider shall, for Benefit Programs funded in whole or in part with federal funds, ensure compliance with all State and/or federal laws, rules, regulations, and other mandates governing payment to providers whose names appear on one or more excluded provider lists maintained by State and/or federal agencies. Such agencies include, but are not limited to, the U.S. Office of the Inspector General (OIG), the CA Department of Healthcare Services (DHCS), and the General Services Administration (GSA). Where any such law, rule, regulation, and/or mandate impose a compliance obligation on a party, and where such compliance depends upon the other party's cooperation, the other party shall not unreasonably withhold such cooperation, sought on reasonable notice.

III. DUTIES OF HEALTH NET

3.1 Payment. Health Net shall make payment to Provider for Contracted Services in accordance with Article IV and the applicable addenda, schedules and exhibits of this Agreement.

3.2 Health Net Policies. Health Net Policies are set forth in references and forms available to Provider through Health Net's website or by other means which Health Net will communicate to Provider periodically. Health Net Policies in existence as of the effective date of this Agreement are hereby incorporated into this Agreement by reference. Notwithstanding the foregoing and/or any other provision of this Agreement, the parties agree that a formal amendment to this Agreement shall not be required to effectuate modifications to Health Net Policies. Modifications to Health Net Policies may be made periodically as determined by Health Net in accordance with the procedures set forth in applicable State law (including without limitation the California Health Care Providers' Bill of Rights). Such modifications shall be deemed incorporated in this Agreement as of the effective date of such modification unless otherwise mutually agreed by the parties in writing at the time of the modification in accordance with applicable State law (including without limitation the California Health Care Providers' Bill of Rights).

3.3 Insurance. Health Net shall maintain appropriate insurance programs or policies including bodily injury and personal injury coverage, which includes persons serving on Health Net committees as insured by definition. In the event that a policy or program is terminated or the coverage of committee persons is materially changed, Health Net shall so notify Provider.

3.4 Reporting to Regulators. Health Net shall accept sole responsibility for filing reports, obtaining approvals and complying with applicable laws and regulations of State, federal and other regulatory agencies having jurisdiction over Health Net; provided, however, that Provider agrees to cooperate in providing Health Net with any information and assistance reasonably required in connection therewith, including without limitation, permitting the regulatory agencies to conduct periodic site evaluations of Provider and any of their equipment, operations, and billing and medical records of Beneficiaries. Such records shall be located in the State.

3.5 Access To This Agreement.

Access by Health Net. As of the effective date of this Agreement, the following Health Net subsidiaries and affiliates may at their option access this Agreement: Health Net of California, Inc., Health Net Life Insurance Company, Health Net Community Solutions, Inc., California Health and Wellness Plan, Wellcare of California, Inc., Arizona Complete Plan, Health Net Health Plan of Oregon, Inc., Health Net Insurance Services, Inc., Health Net Federal Services, LLC., Managed Health Network, Inc., MHN Government Services, Inc., and Network Providers LLC. Notwithstanding the foregoing, Provider agrees that any other subsidiary or affiliate of Health Net not listed above may access the rates and terms set forth in this Agreement. This would include members of non-California based health plan affiliates who may be treated by Provider. To the extent Health Net allows a Health Net subsidiary or affiliate to access this Agreement, Health Net binds such subsidiaries and/or affiliates to the terms and conditions of this Agreement.

IV. FINANCIAL OBLIGATIONS. The terms of this Article IV shall survive termination of this Agreement with respect to Covered Services rendered during the term of this Agreement:

4.1 Payment Rates. Health Net shall pay and Provider shall accept as payment in full for Contracted Services, the rates payable by Health Net under the terms and conditions of this Agreement (including the payment conditions, chargemaster and other provisions set forth in the applicable addenda, schedules and exhibits to this Agreement). Any overpayment, inaccurate payment or other payment error made by Health Net shall not be deemed or construed or otherwise operate to change the payment terms or rates provided for under this Agreement.

4.2 Billing and Payment.

4.2.1 **Billing.** Provider shall submit to Health Net, via Health Net's electronic claims submission program or hardcopy as determined by Health Net, Complete Claims within one hundred eighty (180) days after Provider renders Contracted Services unless Provider demonstrates good cause pursuant to applicable State law. Where Health Net and/or Payor is the secondary payor under Coordination of Benefits, Provider shall submit Complete Claims for Covered Services accompanied by the explanation of benefits (EOB) or explanation of payment (EOP) from the primary payor to Health Net or a Payor within one hundred eighty (180) days of the date of the EOB/EOP. If Provider fails to comply with the timely claims submission/filing requirements set forth herein, Health Net shall have no obligation to pay for such claims, and Provider shall be prohibited from billing the Beneficiary as set forth in Section 4.6 hereof.

Provider agrees that Health Net shall have the right to determine the accuracy of all Complete Claims submitted to it prior to payment, including verification of diagnostic codes, DRG assignment, and whether Provider has delivered the Covered Service in good faith and pursuant to the terms of an applicable Prior Authorization.

4.2.2 **Payment.** Health Net shall make payment on each of Provider's timely-submitted Complete Claims in accordance with this Agreement and pursuant to the timeframes, procedures and other requirements of applicable State and federal law, including without limitation the calculation and payment of interest on overdue payments. Payment of interest plus the amount of any Complete Claim payment deficiency shall be Provider's sole measure of damages (i.e., claims for consequential or incidental damages do not apply) for failure of Health Net to make timely and accurate payments.

4.2.3 **Appeals.** In addition to the dispute resolution and arbitration rights described in Section 7.5 and Section 7.6 herein, Provider may dispute any Health Net action that adjusts, denies, or contests a claim, billing practice, or other contractual provision so long as Provider submits a written dispute to the Health Net Provider Appeals Unit. Unless Provider demonstrates good cause pursuant to applicable State or federal law, Health Net shall not grant Provider reconsideration or appeal of a claims payment for Covered Services that exceed three hundred sixty five (365) days of Health Net's action or in the case of inaction, within three hundred sixty five (365) days after the time for contesting or denying claims (as defined in applicable State or federal law) has expired. Appeals shall be submitted by Provider in accordance with the procedures, and to the address for Health Net's Provider Appeals Unit, listed in Health Net Policies. If Provider fails to comply with the timely appeals submission/filing requirements set forth herein, Health Net shall have no obligation to pay for such claims except as otherwise required by applicable State and federal law, and Provider shall be prohibited from billing the Beneficiary as set forth in Section 4.6 hereof. Provider and Health Net agree to comply with all timeliness and procedural requirements for submitting and responding to disputes submitted to Health Net's Provider Appeals Unit as set forth in Health Net Policies.

4.3 Recoupment of Overpayments; Right of Offset.

4.3.1 Provider shall inform Health Net of any overpayment made to Provider, and shall return any such overpayment to Health Net within thirty (30) business days from the date Provider first becomes aware of any such overpayment.

4.3.2 In the event Health Net determines that it has overpaid a claim, either in connection with an audit or otherwise, Health Net shall notify Provider in writing. Such overpayment notice shall be issued within (i) three hundred sixty-five (365) days of the date of payment on the overpaid amount for claims arising from Benefit Programs regulated by the California Department of Managed Health Care or the California Department of Insurance, or within (ii) three (3) years from the date of payment on the overpaid amount for claims arising from other types of Benefit Programs that are not regulated by the California Department of Managed Health Care or the California Department of Insurance, or (iii) at any time, in the event of fraud and/or misrepresentation. Such notice shall be sent to Provider's address of record with Health Net for the receipt of claim related correspondence and payments unless Provider informs Health Net in writing of an alternative address to which such notices are to be sent at least thirty (30) days in advance of the address change.

4.3.3 If Provider does not contest Health Net's overpayment notice, Provider shall reimburse Health Net within thirty (30) business days from the date Provider receives the overpayment notice. If Provider fails to reimburse Health Net within those thirty (30) business days, then, beginning on the first calendar day after the expiration of this thirty (30) business day time period, Health Net shall commence offsetting, as set forth herein and interest shall accrue on any and all unpaid amounts at the rate of ten percent (10%) per annum.

4.3.4 In the event Provider wishes to contest the overpayment notice, it must do so within thirty (30) business days from the date Provider receives the overpayment notice, by sending to Health Net's Provider Appeals Unit (at the address listed in Health Net Policies) a written appeal clearly stating the basis upon which Provider believes that the claim was not overpaid. Health Net shall review and make a decision with respect to Provider's appeal, and shall notify Provider of its decision in writing within forty-five (45) business days from the date Health Net receives Provider's written appeal. In the event Health Net denies Provider's appeal and upholds Health Net's determination that an overpayment has been made, Provider shall reimburse Health Net for the overpayment within thirty (30) business days from the date it receives the written notice of Health Net's denial of Provider's written appeal. If Provider fails to reimburse Health Net within those thirty (30) business days, then beginning on the first calendar day after the expiration of this thirty (30) business day time period, Health Net may commence offsetting as set forth herein, and interest shall accrue on any and all unpaid amounts at the rate of ten percent (10%) per annum.

4.3.5 If Provider desires to continue to contest the overpayment, it shall do so by following the dispute resolution process set forth in Sections 7.5 and 7.6 of this Agreement.

4.4 **Eligibility.** The parties acknowledge that verification of eligibility by Health Net is based on information available to Health Net from its customers on the date Provider seeks verification. Health Net shall use reasonable efforts to discourage its customers from retroactively canceling or adding Beneficiaries to a Benefit Program and encourage its customers to timely and accurately provide eligibility information. In the event Contracted Services are provided to an individual who is not a Beneficiary, based on an erroneous or delayed enrollment/eligibility list the following shall apply: (i) when the individual is enrolled in a substitute or replacement health care service or insurance plan which is obligated under applicable law to make payment to Provider for services delivered to the individual, Provider shall seek payment from the substitute or replacement carrier; and (ii) when the individual does not have substitute or replacement coverage, Health Net shall pay Provider for Contracted Services delivered to the individual by Provider prior to the time Provider received notice of that individual's ineligibility pursuant to the terms and conditions of this Agreement, provided, however, for those Benefit Programs that are not regulated by the California Department of Managed Health Care or the California Department of Insurance, as an additional prerequisite for payment pursuant to this Section 4.4(ii), Provider shall submit to Health Net evidence that Provider has unsuccessfully sought payment through two billing cycles for all or a portion of such charges from the patient or the person having legal responsibility for the patient, or from the entity having financial responsibility for such payment. In the event Health Net pays Provider pursuant to this Section 4.4, Provider shall have no further right and shall not attempt to collect any additional payment from the individual for said services and Provider hereby assigns and transfers all legal rights of collection and Coordination of Benefits for services to Health Net.

4.5 **Collection of Fees and Surcharges.** Provider shall not charge Beneficiary any fees or Surcharges for Contracted Services rendered pursuant to this Agreement. In addition, Provider shall not collect a sales, use or other applicable tax from Beneficiaries for the sale or delivery of Contracted Services unless required by applicable State or federal law. If Health Net receives notice of any attempt to collect or the receipt of any inappropriate additional charges, including without limitation Surcharges, Health Net shall take appropriate action. Provider shall cooperate with Health Net to investigate such allegations, and shall promptly refund to the party who made the payment, any payment reasonably determined to be improper by Health Net.

4.6 **Beneficiary Held Harmless.** Provider agrees that in no event, including, but not limited to, non-payment by Health Net, insolvency of Health Net, or breach of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against Beneficiaries or persons acting on their behalf other than Health Net for Contracted Services provided pursuant to this Agreement except for Excluded Services or permitted third party liens under this Agreement and as permitted under Section 3.5.2 hereof. This provision shall not prohibit collection of Excluded Services or permitted third party liens under this

Agreement made in accordance with applicable Benefit Program Requirements. Provider agrees that: (i) this provision shall survive the termination of this Agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of Beneficiaries; and (ii) this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between Provider and Beneficiaries or persons acting on their behalf. Provider agrees to (iii) address any and all concerns it has with claims payment through Health Net's provider appeal process pursuant to Health Net Policies and (iv) give the Beneficiary and Health Net confirmation that Provider has rescinded the collection notice and taken any other actions necessary to clear the Beneficiary's credit record of the collection matter.

4.7 Conditions for Compensation for Excluded Services. Provider may bill a Beneficiary for Excluded Services rendered by Provider to such Beneficiary only if the Beneficiary is notified in advance that the services to be provided are not Covered Services under the Beneficiary's Benefit Program, and the Beneficiary requests in writing that Provider render the Excluded Services, prior to Provider's rendition of such services.

4.8 Coordination of Benefits. Provider agrees to conduct Coordination of Benefits in accordance with federal and State laws and regulations and Health Net Policies ("Coordination of Benefit Rules"), including but not limited to, the prompt notification to Health Net or a Payor of any third party entity who may be responsible for payment and collection of Copayments. Provider shall not bill Beneficiaries for any portion of Contracted Services not paid by the primary carrier when Health Net or a Payor is the secondary carrier, but shall seek payment from Health Net/Payor. When Health Net or a Payor is secondary under the Coordination of Benefits Rules, Health Net or a Payor shall pay Provider an amount up to Beneficiary's primary plan's copayment, coinsurance or deductibles as applicable, where that payment does not exceed Health Net's contracted rate under this Agreement. In the event that Medicare is the primary carrier and Health Net Commercial Benefit Program is secondary, Health Net shall pay Provider only up to Medicare's allowable amount and/or the Beneficiary's Copayment, Coinsurance or Deductibles as applicable. When Health Net Medi-Cal is the secondary Payor, Health Net will not pay more than the Provider would receive if DHCS were paying secondary in accordance with Medi-Cal Coordination of Benefits. Such recoveries shall be performed in accordance with the applicable Benefit Program Requirements and Health Net Policies.

4.9 Third Party Recoveries; Workers Compensation. In the event Provider provides Covered Services to Health Net Beneficiaries for injuries resulting from the acts of third parties, or resulting from work related injuries, Provider shall have the right to recover from any settlement, award, or recovery from any responsible third-party the reasonable and necessary charges for such Covered Services to the extent permitted by applicable law. Provider shall notify Health Net of any such recovery and shall provide Health Net with an accounting of all such sums recovered. In the event Provider has recovered sums from a third party, Provider agrees to pay such recovered sums to Health Net up to the fee-for-service amounts that Health Net paid to Provider, to the extent that Health Net has not recovered such amounts from its own third party recovery efforts. Provider shall pay these amounts to Health Net within sixty (60) days of Health Net informing Provider of the amounts Health Net recovered from its own third party recovery efforts, if any. This section does not obligate, nor does it prohibit, either Health Net or Provider to undertake such third party recovery efforts.

4.10 Reciprocity. Provider agrees that Health Net may allow the payment rates set forth in this Agreement to be used by Participating Providers who may periodically be responsible for compensating Provider for Covered Services rendered by Provider to a Beneficiary.

V. TERM AND TERMINATION

5.1 Term. The term of this Agreement shall commence on the Effective Date and shall continue for a period of one (1) year thereafter (the "Initial Term"). Either party may terminate this Agreement effective as of the end of the Initial Term by providing at least one hundred twenty (120) days prior written notice to the other party. This Agreement shall automatically renew for successive one (1) year periods (the "Renewal Terms").

5.2 Immediate Termination. Either party may terminate this Agreement immediately upon notice to the other party, in the event of: (i) a party's violation of material law, rule or regulation; (ii) a party's failure to maintain the insurance coverage specified hereunder; or (iii) a felony conviction or a plea of guilty, nolo contendere or no contest related to the medical and/or financial practices of a party. Health Net may terminate this Agreement immediately upon notice to Provider in the event of (iv) action taken by a State or federal regulator that results in a material restriction upon Provider's ability to perform Covered Services, including if applicable, operate a facility or

reportable discipline against Provider's license, accreditation, or certification; (v) Health Net's determination that the health, safety or welfare of any Beneficiary may be in jeopardy if this Agreement is not terminated; (vi) any material adverse finding as a result of a lawsuit or claim, related to the medical and/or financial practices of Provider.

5.3 Termination Due to Material Breach. In the event either party believes the other party has committed a material breach of this Agreement, the non-breaching party shall send the other party a written Notice of Breach and Demand to Cure ("Notice"). Without limiting either party's other termination rights under this Article V, in the event that either party fails to cure a material breach of this Agreement within thirty (30) days of receipt of the Notice from the other party (the "Cure Period"), the non-defaulting party may terminate this Agreement by providing the defaulting party thirty (30) days prior written notice of termination. The non-defaulting party may exercise this termination option, if at all; within thirty (30) days of the date the Cure Period expires. If the breach is cured within the Cure Period, or if the breach is one, which cannot reasonably be corrected within the Cure Period, and the defaulting party is making substantial and diligent progress toward correction during the Cure Period to the reasonable satisfaction of the non-defaulting party, this Agreement shall remain in full force and effect. The provisions of this Section 5.3 shall not apply to Health Net claims payment timeliness issues which are governed by Article IV of this Agreement, unless and until the parties have completed the dispute resolution process set forth in Sections 7.5 and 7.6 of this Agreement, and the dispute relates to habitual, chronic and material claims payment timeliness issues.

5.4 Termination Upon Notice. Either party may terminate this Agreement, in whole, or in part with respect to one or more of the Covered Service identified in the attached Exhibit(s), during a Renewal Term for any reason or no reason upon one hundred twenty (120) days prior written notice to the other party. In the event that either party provides the other party with such notice, and following Health Net's completion of any applicable regulatory filing requirements, Health Net may, at its option, begin to transition Beneficiaries under this Agreement to another Participating Provider.

5.5 Information to Beneficiaries. The parties each agree not to disparage the other in any information supplied by either party to Beneficiaries or other third parties in connection with any expiration, termination or non-renewal of this Agreement. Health Net shall assume sole responsibility for notifying Beneficiaries, and Health Net may commence transferring Beneficiaries to alternate providers, prior to the effective date of any expiration, termination or non-renewal of this Agreement in accordance with State and federal law. If Beneficiaries seek services after the effective date of any expiration, termination or non-renewal, Provider shall inform such Beneficiaries that Provider no longer has an agreement with Health Net to render Covered Services and shall direct them to Health Net's customer service department. Provider shall not otherwise initiate communications with Beneficiaries or other third parties, verbally or in writing, concerning the expiration, termination or non-renewal of this Agreement and Provider's participation in Health Net's Participating Provider network, unless the parties have agreed in writing to the content of such communications in the context of a mutually agreed communication plan. The terms of this Section 5.5 shall survive termination of this Agreement.

5.6 Effect of Termination. In the event that a Beneficiary is receiving Contracted Services on the date this Agreement expires, non-renews, and/or terminates, upon the request of Beneficiary and Health Net, Provider shall continue to provide Contracted Services to the Beneficiary until the Beneficiary is assigned or transitioned to another Participating Provider. Provider's compensation for such Contracted Services shall be at the rates contained in the applicable Addendum hereto. If Provider's services are continued beyond the expiration, non-renewal, and/or termination of this Agreement, Provider shall be subject to the same contractual terms and conditions that were imposed on Provider prior to the expiration/non-renewal/termination.

5.7 Termination Due to Performance. Health Net shall, on a quarterly basis, measure Provider's performance with regard to CS service using retrospective data. If Provider fails to satisfy performance standards then Provider shall be required to submit to Health Net a written Corrective Action Plan (CAP) within thirty (30) calendar days after receipt of notice of non-performance from Health Net. Failure to meet performance standards in whole, or in part with respect to one or more of the Covered Services identified in the attached Exhibit(s) for three (3) consecutive measurement periods, Health Net reserves the right to terminate one or more of the Covered Services in the attached Exhibit(s).

VI. RECORDS, AUDITS AND REGULATORY REQUIREMENTS

6.1 Records. Provider shall prepare and maintain Records in accordance with the general standards applicable to such Record-keeping and in compliance with all applicable federal and State confidentiality and privacy laws. Provider shall maintain such Records for at least ten (10) years after the rendition of Contracted Services, and Records of a minor child shall be kept for at least three (3) years after the minor has reached the age of eighteen (18), but in no event less than ten (10) years after the rendition of Contracted Services. Additionally, Provider shall maintain such Records as may be necessary and reasonably requested by Health Net to comply with applicable federal and State law, and accrediting agency reporting requirements, rules and regulations. Provider's Records shall be and remain the property of Provider.

6.2 Access to Records and Audits by Regulatory Agencies. Subject only to applicable State and federal confidentiality or privacy laws, Provider shall permit designated representatives of local, State, and federal regulatory agencies having jurisdiction over Health Net and designated representatives of public and private exchange-based purchasers and accreditation agencies having jurisdiction over Health Net (collectively referred to as "Regulatory Agencies"), access to Provider's Records, at Provider's place of business in this State during normal business hours, in order to audit, inspect and review and make copies of such Records. Such Regulatory Agencies shall include, but not be limited to, the State Department of Health Care Services, the State Department of Insurance, the State Department of Managed Healthcare, the United States Justice Department, CMS, the United States Department of Health and Human Services, Covered California, the National Committee for Quality Assurance, and any of their representatives. When requested by Regulatory Agencies, Provider shall produce copies of any such Records at no charge. Additionally, Provider agrees to permit Regulatory Agencies or their representatives, to conduct site evaluations, inspections and audits of Provider's Records, offices and service locations at no cost to Health Net and/or Regulatory Agencies, and within a reasonable time period, but not more than five (5) days after the request is submitted to Provider.

6.3 Access to Records and Audits by Health Net. Subject only to applicable State and federal confidentiality or privacy laws, Provider shall permit Health Net or its designated representative access to Provider's Records, at Provider's place of business in this State during normal business hours, in order to audit, inspect, review, perform chart reviews, and duplicate such Records unless Provider agrees to a remote audit of such records. If performed on site, access to Records for the purpose of an audit shall be scheduled at mutually agreed upon times, upon at least thirty (30) business days prior written notice by Health Net or its designated representative, but not more than sixty (60) days following such written notice. Provider shall attend an exit interview upon completion of the audit for the purpose of obtaining a mutually agreed upon reconciliation of the initial audit findings. Such exit interview shall be conducted at a mutually agreeable time at Provider's place of business in this State during normal business hours upon at least ten (10) days prior written notice by Health Net or its designated representative, but not more than thirty (30) days following such written notice. In the event Provider fails to attend the scheduled exit interview, Provider shall be deemed to have accepted the audit findings. If the audit was performed remotely, such exit interview shall consist of Health Net or its designated representative sharing its audit findings with Provider via written or electronic communications as determined by Health Net. Provider shall be allowed ten (10) days to contest the audit results. If not contested within ten (10) days then Provider shall be deemed to have accepted the audit findings. Provider may be reimbursed reasonable fees associated with the retrieval of Provider's Records and or duplication and preparation of requested Provider Records pursuant to applicable State law, including California Health and Safety code Section 123110. Audit findings relating to any audit of claims shall include adjustment for late charges, overcharges and undercharges. Any such adjustments shall be the net amounts as reflected in the audit findings. Any payments owed by one party to the other as the result of an audit shall be paid within thirty (30) days of the exit interview for such audit.

6.4 Continuing Obligation. The obligations of Provider under this Article VI shall not be terminated upon termination of this Agreement, whether by rescission, non-renewal or otherwise. After such termination of this Agreement, Health Net and Regulatory Agencies shall continue to have access to Provider's Records as necessary to fulfill the requirements of this Agreement and to comply with all applicable laws, rules and regulations.

6.5 Regulatory Compliance. Each party agrees to comply with all applicable local, State, and federal laws, rules and regulations, now or hereafter in effect, regarding the performance of the party's obligations hereunder, including without limitation, laws or regulations governing Beneficiary confidentiality, privacy, appeal and dispute resolution procedures to the extent that they directly or indirectly affect Provider, a Beneficiary, or Health Net, and

bear upon the subject matter of this Agreement. If Health Net is sanctioned by any Regulatory Agency for non-compliance that is caused by Provider, Provider shall compensate Health Net for amounts tied to this sanction incurred by Health Net including Health Net's costs of defense and fees.

VII. GENERAL PROVISIONS

7.1 Amendments. This Agreement may be amended by mutual written agreement of the parties. Notwithstanding the foregoing, amendments required to comply with State or federal laws or regulations, requirements of Regulatory Agencies, or requirements of Accreditation Agencies, shall not require the consent of Provider or Health Net and shall be effective immediately on the effective date of the requirement. The parties acknowledge that changes to Health Net Policies that may affect a party's rights or obligations under this Agreement are addressed in Section 3.2 hereof.

7.2 Separate Obligations. The rights and obligations of Health Net under this Agreement shall apply to each Health Net subsidiary or affiliate accessing this Agreement only to the extent such Health Net subsidiary or affiliate has accessed this Agreement with respect to the Benefit Programs of such Health Net subsidiary or affiliate. A Health Net subsidiary or affiliate shall not be responsible for the obligations of any other Health Net subsidiary or affiliate under this Agreement with respect to the other's Benefit Programs. The terms of this Section 7.2 shall survive termination of this Agreement.

7.3 Assignment. Provider shall not assign this Agreement in whole or in part without Health Net's prior written consent, which consent shall not be unreasonably withheld, conditioned or delayed. Any change in control of Provider resulting from a merger, consolidation, stock transfer or asset sale shall be deemed an assignment or transfer for purposes of this Agreement that requires Health Net's prior written consent. Health Net expressly reserves the right to assign, delegate or transfer any or all of its rights, obligations or privileges under this Agreement to an entity controlling, controlled by, or under common control with Health Net, LLC.

7.4 Confidentiality. The Parties each agree that, unless disclosure is required by state or federal law, they shall hold Beneficiary health information and all confidential or proprietary information or trade secrets of each other, in trust and confidence. The Parties each agree that, unless disclosure is required by state or federal law, they shall keep strictly confidential all customized, non-template terms and rates set forth in this Agreement (including without limitation all addenda, exhibits, and any past or future amendments to this Agreement). The Parties further agree that in the event a disclosure is required by state or federal law, they shall disclose only the specific information mandated by such law in order to comply with the applicable legal requirements. Notwithstanding the foregoing, the Parties acknowledge and agree that this provision does not preclude disclosure by Health Net to Beneficiaries, customers, Regulatory Agencies and exchanges of certain financial terms of this Agreement, including without limitation detailed information contained in the Explanation of Benefits, Records under the conditions set forth in Article VI of this Agreement, and/or information regarding the method of compensation used by Health Net with respect to Health Net's Participating Provider networks, e.g., fee-for-service, capitation, shared risk pool, DRG or per diem. Health Net and Provider agree that such information shall be used only for the purposes contemplated herein, and not for any other purpose. Health Net and Provider agree that nothing in this Agreement shall be construed as a limitation of (i) Provider's rights or obligations to discuss with the Beneficiaries matters pertaining to the Beneficiaries' health regardless of Benefit Program coverage options or (ii) Health Net's rights or obligations with respect to subcontractors, including without limitation delegated providers, or (iii) disclosures to counsel or a consultant of a party for the purpose of monitoring regulatory compliance or rendering legal advice pertaining only to this Agreement or disclosures to internal or independent auditors of a party for audit purposes pertaining to this Agreement, provided that in either case the counsel or consultant agrees in writing to comply with the provisions of this Section 7.4 and agrees that the terms of this Agreement may not be disclosed to any other person or entity or used in any manner whatsoever in connection with any other agreement involving Health Net. The terms of this Section 7.4 shall survive termination of this Agreement.

Nothing in this provision or this Agreement shall be construed to prohibit, condition, or in any way restrict the disclosure of claims data related to health care services provided to a Beneficiary of Health Net, to a qualified entity, as defined in Section 1395kk(e)(2) of Title 42 of the United States Code. All disclosures of data made under this provision shall comply with all applicable state and federal laws for the protection of the privacy and security of

the data, including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) and the federal Health Information Technology for Economic and Clinical Health Act, Title XIII of the federal American Recovery and Reinvestment Act of 2009 (Public Law 111-5), and implementing regulations.

7.5 Dispute Resolution Procedure. The parties agree to use the dispute resolution process set forth in this Section 7.5, and binding arbitration as described in Section 7.6, as the final steps in resolving any Dispute. The parties each understand and agree that any and all Health Net internal appeals processes (including without limitation as set forth in Section 4.2.3 hereof) must be properly pursued and exhausted before engaging in the dispute resolution process set forth in this Section 7.5.

(i) Meet and Confer Process:

Initiation: If the parties are unable to resolve any Dispute through applicable Health Net internal appeal processes, if any, the parties agree to meet and confer within thirty (30) days of a written request by either party in a good faith effort to informally settle any Dispute. The parties each agree and understand that the meet and confer requirements set forth herein may be satisfied only by meeting each of the following requirements: (a) an actual meeting must occur between executive level employees of the parties who have authority to resolve the Dispute and are each prepared to discuss in good faith the Dispute and proposed resolution(s) to the Dispute, and (b) such meeting may take place either in person or on the telephone at a mutually agreeable time, and (c) unless otherwise mutually agreed by the parties, neither party is allowed to have legal counsel present at the meeting or to substitute legal counsel for the executive level employee, and (d) such meeting and all related discussions between the parties shall be treated in the same manner as confidential protected settlement discussions under the State Rules of Civil Procedure.

Confidentiality: All documents created for the purpose of, and exchanged during, the meet and confer process and all meet and confer discussions, negotiations and proceedings shall be treated as compromise and settlement negotiations subject to applicable State law. To the extent the parties produce or exchange any documents, the parties agree that such production or exchange shall not waive the protected nature of those documents and shall not otherwise affect their inadmissibility as evidence in any subsequent proceedings.

(ii) Voluntary Mediation:

If the parties are unable to resolve any Dispute through the meet and confer process set forth above, and desire to utilize other impartial dispute settlement techniques such as mediation or fact-finding, a joint request for such services may be made to the American Arbitration Association ("AAA"), or the Judicial Arbitration and Mediation Services ("JAMS") prior to submitting a Dispute to arbitration, or the parties may initiate such other procedures as they may mutually agree upon.

7.6 Binding Arbitration. If the parties are unable to resolve a Dispute through the dispute resolution process set forth in Section 7.5, the parties agree that such Dispute shall be settled by final and binding arbitration, upon the motion of either party, under the appropriate rules of the AAA or JAMS, as agreed by the parties. Any Arbitrator must be either a judge, or an attorney licensed to practice law in the State of California, who is in good standing with the State Bar, and has at least ten (10) years of experience with health care matters and the arbitration of managed care disputes. The parties each understand and agree that the exhaustion of any Health Net internal appeals processes and the Meet and Confer Process set forth in Section 7.5 (i) hereof are conditions precedent to binding arbitration under this Section 7.6. Notwithstanding the foregoing, nothing contained herein is intended to require binding arbitration of disputes alleging medical malpractice between a Beneficiary and Provider or to Disputes between the parties alleging breaches of confidentiality of Beneficiary information, trade secret or intellectual property obligations. The arbitration shall be conducted in San Francisco, California or Los Angeles, California, or another location mutually agreeable to the parties that is not more than one hundred miles from Provider's principal office. The written demand shall contain a detailed statement of the matter and facts and include copies of all material documents supporting the demand. Arbitration must be initiated within one year after the date the Dispute arose by submitting a written notice to the other party.

The parties expressly agree that the deadlines to file arbitration set forth above shall not be subject to waiver, tolling, alteration or modification of any kind or for any reason except for fraud. The failure to initiate arbitration before such deadlines shall mean the complaining party shall be barred forever from initiating such proceedings.

All such arbitration proceedings shall be administered by the AAA or JAMS, as agreed by the parties; however, the arbitrator shall be bound by applicable State and federal law, and shall issue a written opinion setting forth findings of fact and conclusions of law. The parties agree that the decision of the arbitrator shall be final and binding as to each of them. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction. The arbitrator shall have no authority to make material errors of law or to award punitive damages or to add to, modify, or refuse to enforce any agreements between the parties. The arbitrator shall make findings of fact and conclusions of law and shall have no authority to make any award, which could not have been made by a court of law. The party against whom the award is rendered shall pay any monetary award and/or comply with any other order of the arbitrator within sixty (60) days of the entry of judgment on the award. The parties waive their right to a jury or court trial.

The parties recognize and agree that theirs is an ongoing business relationship, which may lead to sensitive issues with respect to the exchange of information related to any Dispute. The parties agree, therefore, to enter into such protective orders (including without limitation creating a category of discovery documents "for attorney's eyes only" to the extent feasible given the nature of the evidence and the Dispute). All discovery information shall be used solely and exclusively for arbitration of the Dispute between the parties and may not be used for any other purpose. After the arbitration award becomes final, each party shall return or destroy all documents obtained from the other party during the course of the arbitration that are subject to a protective order, and within thirty (30) days of such date shall provide to the other party an officer's certificate signed under penalty of perjury indicating that all such information has been returned or destroyed.

In all cases submitted to arbitration, the parties agree to share equally the administrative fee as well as the arbitrator's fee, if any, unless otherwise assessed by the arbitrator. The administrative fees shall be advanced by the initiating party subject to final apportionment by the arbitrator in this award. The parties agree that the content and decision of any arbitration proceeding shall be confidential unless disclosure is required by applicable State or federal statutes or regulations. The terms of Section 7.5 and Section 7.6 shall survive termination of this Agreement.

7.7 Entire Agreement. This Agreement represents the entire agreement between the parties hereto with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties with respect to the subject matter hereof, and no other agreement, statement or promise relating to the subject matter of this Agreement shall be valid or binding.

7.8 Governing Law. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State, except to the extent such laws conflict with or are preempted by any federal law, in which case such federal law shall govern. Health Net is subject to the requirements of various local, State, and federal laws, rules and regulations including, but not limited to, the requirements of Chapter 2.2 of Division 2 of the California Health & Safety Code (the Knox-Keene Health Care Service Plan Act) and of Chapters 1 and 2, of Division 1 of Title 28 of the California Code of Regulations ("C.C.R.") and Title 10 of the C.C.R. as well as the California Insurance Code. Any provision required to be in this Agreement by any of the above shall bind Provider and Health Net whether or not expressly set forth herein.

7.9 Indemnification.

7.9.1 Responsibility for Own Acts. Each party shall be responsible for its own acts or omissions and for any and all claims, liabilities, injuries, suits, demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect caused or alleged to have been caused by that party or its employees or representatives in the performance or omission of any act or responsibility of that party under this Agreement.

7.9.2 Provider agrees to indemnify, defend, and hold harmless Health Net, its agents, officers, and employees from and against any and all liability expense including defense costs and legal fees incurred in connection with claims for damages of any nature whatsoever, including but not limited to, bodily injury, death, personal injury, or property damage arising from Provider's performance or failure to perform its obligations hereunder.

7.9.3 Health Net agrees to indemnify, defend, and hold harmless Provider, its agents, officers, and employees from and against any and all liability expense, including defense costs and legal fees

incurred in connection with claims for damages of any nature whatsoever, including but not limited to, bodily injury, death, personal injury, or property damage arising from Health Net's performance or failure to perform its obligations hereunder.

7.10 Non-Exclusive Contract. This Agreement is non-exclusive and shall not prohibit Provider or Health Net from entering into agreements with other providers or purchasers of services.

7.11 No Third Party Beneficiary. Nothing in this Agreement is intended to, or shall be deemed or construed to, create any rights or remedies in any third party, including a Beneficiary. Nothing contained herein shall operate (or be construed to operate) in any manner whatsoever to increase the rights of any such Beneficiary or the duties or responsibilities of Provider or Health Net with respect to such Beneficiaries.

7.12 Notice. Notices regarding the breach, term, termination or renewal of this Agreement shall be given in writing in accordance with this Section 7.12 and shall be deemed given five (5) days following deposit in the U.S. mail, postage prepaid. If sent by hand delivery, overnight courier, or facsimile, notices shall be deemed given upon documentation of delivery. All notices shall be addressed as follows:

Health Net:

Provider Contracts Administration
Health Net of California, Inc.
21281 Burbank Blvd.
Woodland Hills, CA 91367

Valentina T. Shabanian
Regional Health Plan Officer
Health Net of California, Inc.
101 N. Brand Ave, Suite 1500
Glendale, CA 91203

Provider: Lutheran Social Services of Northern California
1465 Civic Court Ste D810
Concord, CA 94520

The addresses to which notices are to be sent may be changed by written notice given in accordance with this Section. Notwithstanding the previous paragraph, Health Net may provide all other notices by electronic mail, through its provider newsletter, or on its provider website.

7.13 Severability. If any provision of this Agreement is rendered invalid or unenforceable by any local, State, or federal law, rule or regulation, or declared null and void by any court of competent jurisdiction, the remainder of this Agreement shall remain in full force and effect.

7.14 Status as Independent Entities. None of the provisions of this Agreement is intended to create, nor shall be deemed or construed to create any relationship between Provider and Health Net other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither Provider nor Health Net, nor any of their respective agents, employees or representatives shall be construed to be the agent, employee or representative of the other.

7.15 Addenda. Each Addendum to this Agreement is made a part of this Agreement as though set forth fully herein. Any provision of an Addendum that is in conflict with any provision of this Agreement shall take precedence and supersede the conflicting provision of this Agreement with respect to the subject matter of the Addendum.

7.16 Calculation of Time. The parties agree that for purposes of calculating time under this Agreement, any time period of less than ten (10) days shall be deemed to refer to business days and any time period of ten (10) days or more shall be deemed to refer to calendar days unless the term “business” precedes the term “days”.

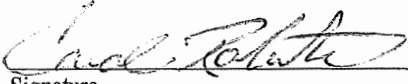
7.17 Waiver of Breach. The waiver of any breach of this Agreement by either party shall not constitute a continuing waiver of any subsequent breach of either the same or any other provision(s) of this Agreement. Further, any such waiver shall not be construed to be a waiver on the part of such party to enforce strict compliance in the future and to exercise any right or remedy related thereto.

THIS CONTRACT CONTAINS A BINDING ARBITRATION CLAUSE, WHICH MAY BE ENFORCED BY THE PARTIES.

IN WITNESS WHEREOF, the parties have executed this Agreement.

LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA

HEALTH NET OF CALIFORNIA, INC.



Signature

Health Net Signature

Carol Roberts
Print Name

Valentina T. Shabanian
Print Name

CEO
Title

Regional Health Plan Officer
Title

Lutheran Social Services of Northern CA
Entity Name (If Applicable)

Date

94-1659687
Tax Identification Number

1245462969
National Provider Identifier

4/20/22
Date

ADDENDUM A

MEDI-CAL BENEFIT PROGRAM

Provider understands that Health Net Community Solutions, Inc. ("HNCS"), and California Health and Wellness Plan ("CH&W"), are each affiliates of Health Net and Health Net of California, Inc., and agrees that the obligations of Health Net, set forth in this Addendum, shall be the obligations of HNCS and/or CH&W, insofar as the obligations arise out of Covered Services provided to Medi-Cal Beneficiaries enrolled in or otherwise assigned to either or each of HNCS and CH&W. As used in this Addendum, the term "Health Net" refers to both or each of HNCS and CH&W, as shall be applicable. Health Net has one or more Medi-Cal prepaid health plan agreements with the California Department of Health Care Services ("DHCS"). For the purposes of this Addendum, Health Net's Medi-Cal agreements with the DHCS and any subcontracts with Medi-Cal prepaid health plans, are hereinafter collectively referred to as the "Medi-Cal Agreement". Health Net has agreed, under the Medi-Cal Agreement, to provide medical services covered under California's Medi-Cal Program, including Provider risk services, to Medi-Cal HMO Beneficiaries enrolled in or otherwise assigned to Health Net, on a prepaid basis. The provisions of the Addendum are required to appear in all subcontracts under the Medi-Cal Agreement by the terms of the Medi-Cal Agreement and by Medi-Cal law and may not be altered. When required under Medi-Cal law, the Agreement shall be effective upon approval by DHCS in writing or operation of law where DHCS has acknowledged receipt of the Agreement and failed to approve or disapprove within sixty (60) calendar days.

Provider understands and agrees that Health Net Community Solutions, Inc. is an Affiliate of Health Net and of Health Net of California, Inc. and has entered into an agreement with the Fresno-Kings-Madera Regional Health Authority (CalViva Health) to provide Covered Services to Medi-Cal beneficiaries in Fresno, Kings and Madera Counties who enroll in CalViva Health. Provider understands and agrees that Health Net of California, Inc. is providing Covered Services as a subcontractor to Health Net Community Solutions, Inc. for the CalViva Health Medi-Cal membership. Provider further understands and agrees that it will provide Covered Services to CalViva Health Medi-Cal members pursuant to the Agreement and that all terms and conditions of the Agreement, including reimbursement, shall apply to the provision of Covered services to the CalViva Health Medi-Cal members.

Health Net has or may enter into contracts with certain Payors, including local initiatives such as Cal Viva Health in Fresno, Kings and Madera Counties, to provide or arrange for Covered Services to Medi-Cal beneficiaries enrolled in the Medi-Cal plans of such Payors. Provider understands and agrees that a Payor may have adopted policies and procedures, including, but not limited to, quality assurance and quality improvement programs. Provider further understands and agrees that Provider and its Participating Providers shall comply with all the policies and procedures adopted by a Payor and shall participate in the Payor's quality assurance and quality improvement programs.

A. COMPENSATION PROVISIONS.

1. **Compensation.** Provider shall arrange and provide Contracted Services, set forth under Community Supports Addendum to Health Net Medi-Cal HMO Beneficiaries covered under this Addendum on a fee-for-service basis. As compensation for providing such Contracted Services, Provider shall be paid in accordance with the rates set forth in the Community Supports Addendum. Such compensation shall be paid within forty-five (45) working days of receipt of a complete and accurate claim for Covered Services rendered to a Medi-Cal HMO Beneficiary.

Notwithstanding anything to the contrary contained in this Agreement, if Provider is decertified, suspended and/or terminated by the California Department of Health Care Services ("DHCS"), or other governmental agencies ("DHCS Notice"), Provider acknowledges that it will not be eligible to receive reimbursement for Contracted Services following the date of the DHCS Notice and Health Net will have no liability to pay Provider under this Agreement upon receipt of the DHCS Notice.

2. **Billing.** Notwithstanding anything to the contrary to the Agreement, if Provider is compensated on a fee-for-service basis, Provider shall submit to Health Net, via Health Net's electronic claims submission program or hardcopy as determined by Health Net, Complete Claims within one hundred eighty (180) days after the month in which the Covered Service is rendered unless Provider demonstrates good cause pursuant to applicable State law. Where Health Net is the secondary payor under Coordination of Benefits, Provider shall submit Complete Claims for

Covered Services accompanied by the explanation of benefits (EOB) or explanation of payment (EOP) from the primary payor to Health Net within one hundred eighty (180) days of the date of the EOB/EOP.

If the Provider fails to comply with the timely claims submission/filing requirements set forth above, Health Net shall reimburse the Provider at the following rates: 75% of usual allowance for claims submitted during the seventh through ninth month after the month of service; 50% of usual allowance for claims submitted during the tenth through the twelfth month after the month of service. Health Net shall not be liable for payment to Provider for any Complete Claims received after the twelfth month after the month of service.

B. GENERAL PROVISIONS

1. **Provider Certification.** Provider is certified to participate in Medicaid/Medi-Cal under Title XIX of the Social Security Act or other applicable State law pertaining to Title XIX of the Social Security Act.

2. **Provision of Covered Services.** Provider shall arrange Covered Services for assigned Beneficiaries. For the purposes of this Addendum, "Covered Services" means those services, supplies and items that are specified as being covered under the Medi-Cal Agreement. Provider shall arrange Covered Services for Beneficiaries, in accordance with the following, each of which is hereby incorporated by reference as if set out in full herein:

- a) The terms and conditions of this Addendum and the Agreement.
- b) The terms and conditions of the Medi-Cal Agreement and the applicable Evidence of Coverage.
- c) Health Net Medi-Cal policies and procedures and physician bulletins.
- d) DHCS Medi-Cal Managed Care Division (MMCD) Policy Letters.
- e) All laws applicable to Provider and Health Net.
- f) Health Net's Utilization Care Management Program and Quality Improvement Program.
- g) Standards requiring services to be provided in the same manner, and with the same availability, as services are rendered to other customers.
- h) No less than the minimum clinical quality of care and performance standards that are professionally recognized and/or adopted, accepted or established by Health Net.

3. **Preparation and Retention of Records; Access to Records; Audits.** Provider shall prepare and maintain medical and other books and records required by law in a form maintained in accordance with the general standards applicable to such book or record keeping. Provider shall maintain such financial, administrative and other records as may be necessary for compliance by Health Net with all applicable local, State and federal laws. Provider shall retain such books and records for a term of at least ten (10) years from the final date of the Contract period or from the date of completion of any audit, whichever is later; and, shall retain all encounter data for a period of at least ten (10) years. Provider shall make Provider's premises, facilities, equipment, books, records, contracts, computer and other electronic systems and encounter data pertaining to the goods and services furnished under the terms of the Agreement available for the purpose of an audit, inspection, evaluation, examination or copying by Health Net, DHCS, the Centers for Medicare & Medicaid Services (CMS), the United States Department of Health and Human Services (DHHS), the California Department of Managed Health Care (DMHC), Inspector General, the Comptroller General, the United States Department of Justice (DOJ), or their designees and any other regulatory agency having jurisdiction over Health Net. The records shall be available at Provider's place of business, or at such other mutually agreeable location in California. When such entities request Provider's records, Provider shall produce copies of the requested records at no charge. Provider shall permit Health Net, and its designated representatives, and designated representatives of local, State, and federal regulatory agencies having jurisdiction over Health Net, to conduct site evaluations and inspections of Provider's offices and service locations. Provider shall comply with all monitoring provisions of the Medi-Cal Agreement and any monitoring requests by DHCS. If DHCS, CMS, or the DHHS Inspector General determines there is a reasonable possibility of fraud or similar risk, DHCS, CMS, or the DHHS Inspector General may inspect, evaluate, and audit the Provider at any time. [22 CCR § 53250(e)(1); W & I § 14452(c); Medi-Cal Agreement] Furthermore, Provider shall timely gather, preserve and make

available to DHCS any records in Provider's possession related to the recovery for litigation, pursuant to the Medi-Cal Agreement.

4. Subcontracting Under the Agreement. Provider shall not subcontract for the performance of services under the Agreement without the prior written consent of Health Net. Every such subcontract shall provide that it is terminable with respect to Beneficiaries by Provider upon Health Net's request. Provider shall furnish Health Net with copies of such subcontracts, and amendments thereto, within ten days of execution. Each such subcontracting Provider shall meet Health Net's vetting or credentialing requirements, prior to the subcontract becoming effective. Provider shall be solely responsible to pay any individual permitted under the subcontract, and shall hold, and ensure that the subcontractor hold, Health Net, Beneficiaries and the State harmless from and against any and all claims which may be made by such subcontractor in connection with services rendered to Beneficiaries under the subcontract. Provider shall maintain and make available to Health Net, DHCS, the Centers for Medicare & Medicaid Services (CMS), the United States Department of Health and Human Services (DHHS), the California Department of Managed Health Care (DMHC), Inspector General, the Comptroller General, the United States Department of Justice (DOJ), or their designees and any other regulatory agency having jurisdiction over Health Net, copies of all Provider's subcontracts under the Agreement and to ensure that all such subcontracts are in writing and require that the subcontractor: (1) make premises, facilities, equipment, books, records, contracts, computer and other electronic systems available for the purpose of an audit, inspection, evaluation, examination, or copying by said entities; (2) retain such books and records for a term of at least ten years from the final date of the Contract period or from the date of completion of any audit, whichever is later; (3) maintain such books and records in a form maintained in accordance with the general standards applicable to such book or record keeping. [22 CCR § 53250(e)(3)]

5. Federal Disclosure Form. Provider shall submit to Health Net a completed Disclosure Form, attached to this Addendum, for officers and other persons associated with Provider as required by 42 CFR 455.104, 455.105 and 455.106 and California Welfare and Institutions Code § 14452(a).

6. Medi-Cal HMO Beneficiary Education. Provider shall make health education materials and programs available to Medi-Cal HMO Beneficiaries on the same basis that it makes such materials and programs available to the general public, and shall use its best efforts to encourage Medi-Cal HMO Beneficiaries to participate in such health education programs. [Medi-Cal Agreement].

7. Medi-Cal HMO Beneficiaries and State Held Harmless. Provider agrees that in no event, including, but not limited to, non-payment by Health Net, the insolvency of Health Net, or breach of the Agreement, shall Provider or a subcontractor of Provider bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against Medi-Cal HMO Beneficiaries, the State of California, or persons other than Health Net acting on their behalf for services provided pursuant to the Agreement. Provider agrees: (1) this provision shall survive the termination of the Agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of Medi-Cal HMO Beneficiaries; and (2) this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between Provider and Medi-Cal HMO Beneficiaries or persons acting on their behalf. Any modification, addition, or deletion of or to the provisions of this clause shall be effective on a date no earlier than fifteen (15) days after the DHCS has received written notice of such proposed change and has approved such change. [22 CCR § 53250(e)(6)].

8. No Surcharges and No Copayments. Provider shall not charge a Medi-Cal HMO Beneficiary any fee, surcharge or Copayment for services rendered pursuant to the Agreement except when explicitly allowed by the Medi-Cal Benefit Program, for covered services rendered pursuant to the Agreement. In addition, Provider shall not collect a sales, use or other applicable tax from Medi-Cal HMO Beneficiaries for the sale or delivery of medical services. If Health Net receives notice of any additional charge, Provider shall fully cooperate with Health Net to investigate such allegations, and shall promptly refund any payment deemed improper by Health Net to the party who made the payment. [Knox-Keene Act and Medi-Cal Agreement].

9. Grievances and Appeals. Provider agrees to work with Health Net to resolve all grievances and appeals relating to the provision of services to Medi-Cal HMO Beneficiaries in accordance with the Health Net Medi-Cal grievance and appeal procedures.

10. **Fair Employment Requirements.** During the term of this Agreement, Provider and its subcontractors shall not unlawfully discriminate against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military or veteran status. Provider and its subcontractors also shall ensure that the evaluation and treatment of their employees and applicants for employment are free of such discrimination. Provider and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (California Government Code, Section 12990 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285.0 et seq.). The applicable regulations of the Fair Employment & Housing Council implementing Government Code, Section 12990, set forth in Subchapter 5 of Division 4 of Title 2 of the California Code of Regulations are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Provider and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreements.

11. **Governing Law.** The Agreement shall be governed by and construed and enforced in accordance with all laws and contractual obligations incumbent upon Health Net. Provider shall comply with all applicable local, State, and federal laws, now or hereafter in effect, to the extent that they directly or indirectly affect Provider or Health Net, and bear upon the subject matter of the Agreement. Provider shall comply with the provisions of the Medi-Cal Agreement, and Chapters 3 and 4 of Subdivision 1 of Division 3 of Title 22 of the California Code of Regulations. In addition, Health Net is subject to the requirements of Chapter 2.2 of Division 2 of the California Health and Safety Code and Subchapter 5.5 of Chapter 3 of Title 10 of the California Code of Regulations. Any provision required to be in the Agreement by either of the above laws shall bind the parties whether or not provided in the Agreement. [22 CCR § 53250(c)(2)]; W & I § 14452(a); Knox-Keene Act].

12. **Notice.** Provider acknowledges that Health Net shall notify the DHCS in the event this Agreement is amended or terminated. Notice to DHCS is considered given when properly addressed and deposited with the United States Postal Service as first class registered mail, postage attached. [Knox-Keene Act and Medi-Cal Agreement].

13. **Reports:** Provider shall provide Health Net, within the time requested by Health Net, with all such reports and information as Health Net may require to allow to meet the reporting requirements under the Medi-Cal Agreement or any applicable law, [22 CCR 53250(c)(5)].

14. **Confidentiality of Information.** Names of persons receiving public social services are confidential and are to be protected from unauthorized disclosure in accordance with Title 45, Code of Federal Regulations, Section 205.50 and Section 14100.2 of the California Welfare and Institutions Code and the regulations adopted thereunder. For the purposes of this Agreement, all information, records, data, and data elements collected and maintained for or in connection with performance under this Agreement and pertaining to Medi-Cal HMO Beneficiaries shall be protected by Provider from unauthorized disclosure. With respect to any identifiable information concerning a Medi-Cal HMO Beneficiary under this Agreement that is obtained by Providers or its subcontractors, Provider: (1) will not use any such information for any purpose other than carrying out the express terms of this Agreement; (2) will promptly transmit to Health Net all requests for disclosure of such information; (3) will not disclose, except as otherwise specifically permitted by this Agreement, any such information to any party other than Health Net without Health Net's prior written authorization specifying that the information is releasable under applicable law, and (4) will, at the expiration or termination of this Agreement, return all such information to Health Net or maintain such information according to written procedures provided Provider by Health Net for this purpose. Provider shall ensure that its subcontractors comply with the provisions of this paragraph.

15. **Third Party Tort Liability.** Provider shall make no claim for recovery for services rendered to a Medi-Cal HMO Beneficiary when such recovery would result from an action involving the tort liability of a third party or casualty liability insurance, including workers' compensation awards and uninsured motorist coverage. Within five (5) days of discovery, Provider shall notify Health Net of cases in which an action by the Medi-Cal HMO Beneficiary involving the tort or workers' compensation liability of a third party could result in a recovery by the Medi-Cal HMO Beneficiary. Provider shall promptly provide: (1) all information requested by Health Net in connection with the provision of services to a Medi-Cal HMO Beneficiary who may have an action for recovery from any such third party; (2) copies of all requests by subpoena from attorneys, insurers or Medi-Cal HMO Beneficiaries for copies of bills, invoices or claims for services; and (3) copies of all documents released as a result of such requests. Provider shall ensure that its subcontractors comply with the requirements of this provision.

16. Amendments.

16.1 When required under Medi-Cal law, Amendments to the Agreement shall be submitted by Health Net to the DHCS for prior approval at least thirty (30) days before the effective date of any proposed changes governing compensation, services or term. Proposed changes, which are neither approved nor disapproved by the Department, shall become effective by operation of law thirty (30) days after the DHCS has acknowledged receipt, or upon the date specified in the amendment, whichever is later. Subcontracts between a prepaid health plan and a subcontractor shall be public records on file with the DHCS. [22 CCR §§ 53250(a), (c)(3), & (e)(4); W & I § 14452(a)].

16.2 Notwithstanding the foregoing and any provisions to the contrary in this Agreement, the parties understand and agree that an amendment to the material terms of this Agreement shall be permitted without the consent of Provider if: (i) Provider is a non-institutional provider; (ii) the amendment applies to the Medi-Cal product; (iii) Provider is compensated on a fee-for-service basis; (iv) Health Net gives the Provider a minimum of ninety (90) business days' notice of its intent to amend the Agreement; (v) Provider has the right to exercise its intent to negotiate and agree to the amendment within thirty (30) business days of Provider's receipt of the notice of amendment; and (vi) Provider has the right to terminate the Agreement within ninety (90) business days from the date of receipt of such notice if Provider does not exercise the right to negotiate the amendment and no agreement is reached. In such event, the amendment becomes effective ninety (90) days from the date of the notice set forth in this paragraph if Provider does not exercise its right to negotiate the amendment or to terminate the Agreement as described in this paragraph.

17. **Notice of Change in Availability or Location of Covered Services.** Health Net is obligated to ensure Medi-Cal HMO Beneficiaries are notified in writing of any changes in the availability or location of Covered Services at least thirty (30) days prior to the effective date of such changes, or within fourteen (14) days prior to the change in cases of unforeseeable circumstances. Such notifications must be approved by DHCS prior to the release. In order for Health Net to meet this requirement, Provider is obligated to notify Health Net in writing of any changes in the availability or location of Covered Services at least forty (40) days prior to the effective date of such changes.

18. **Transfer of Care Upon Termination of the Agreement.** Provider shall, pursuant to the requirements of the Medi-Cal Agreement, assist in the orderly transfer of services of all Medi-Cal HMO Beneficiaries under the care of Provider in the event of the termination of the Agreement.

19. **Assignment and Delegation.** Assignment or delegation of the Agreement shall be void unless prior written approval is obtained from the DHCS, in the instances where approval by the DHCS is required.

20. **Cultural and Linguistic Services.** Provider shall: (1) not require or encourage Beneficiaries to utilize family Beneficiaries or friends as interpreters; (2) record the language needs of Beneficiaries in the medical record; and (3) document Beneficiary requests or refusals of interpreter services in the Beneficiary's medical record. Provider shall arrange interpreter services for Beneficiaries either through telephone language services or face-to-face interpreters. Provider is encouraged to directly make these interpretive services available. However, upon request, Health Net's Member Services Department is available to provide certain interpretive assistance to facilitate communications.

21. **Provider Preventable Conditions.** Health Net and Provider shall comply with the Patient Protection and Affordable Care Act (PPACA), as amended, including any reporting requirements and non-payment for Provider Preventable Conditions. Provider shall comply with Health Net's Policies regarding any reporting requirements and non-payment for Provider Preventable Conditions.

22. **Reviews and/or Investigations.** Upon resolution of a full investigation of fraud, DHCS reserves the right to suspend or terminate the Provider from participation in the Medi-Cal program; seek recovery of payments made to the Provider; impose other sanctions provided under the State Plan, and direct Health Net to terminate Provider's Agreement due to fraud.

23. Prospective Requirements. Health Net shall inform Provider of prospective requirements added by DHCS to the agreement between Health Net and DHCS, before the effective date of such requirements. Provider agrees to comply with any changes to such requirements within thirty (30) days of the effect of said requirements from DHCS, unless DHCS instructs otherwise and to the extent possible.

24. Coordination of Care. To the extent that Provider is responsible for the coordination of care for Members, Health Net shall share with Provider any utilization data that DHCS has provided to Health Net to use for the purpose of Member care coordination.

EXHIBIT A-1

DISCLOSURE FORM

(Required by California Welfare and Institutions Code Section 14452)

The federal regulations set forth in 42 CFR 455.104, 455.105 and 455.106 require providers who are entering into or renewing a provider agreement to disclose to the U.S. Department of Health and Human Services, the state Medicaid agency, and to managed care organizations that contract with the state Medicaid agency;

- 1) the identity of all owners with a control interest of five (5) percent or greater,
- 2) certain business transactions as described in 42 CFR 455.105, and
- 3) the identity of any excluded individual or entity with an ownership or control interest in the provider, the provider group, or disclosing entity or who is an agent or managing employee of the provider group or entity.

If there are any changes to the information disclosed in this form, an updated form should be completed and submitted to Health Net Community Solutions, Inc. within 30 days of the change. Please attach a separate sheet if necessary to provide complete information.

Practice Information

Check one that most closely describes you: <input type="checkbox"/> Individual <input type="checkbox"/> Group Practice <input checked="" type="checkbox"/> Disclosing Entity		
Name of Individual, Group Practice, or Disclosing Entity Lutheran Social Services of Northern California		
DBA Name N/A		
Federal Tax Identification Number 94-1659687	NPI 1245462969 1023766185	CAQH Number N/A

Section I

Please list the name, title address, date of birth, and Social Security Number for each individual having an ownership or control interest in this provider of five (5) percent or greater.			
Please list the name, Tax Identification Number, business address or each organization, corporation, or entity having an ownership or control interest of five (5) percent or greater. (42 CFR 455.104) Please attach a separate sheet if necessary.			
Name of individual or entity	DOB	Address	SSN (for individual) or TIN (for entity)
N/A			

Section II

Are any of the individuals listed in Section one related to each other? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the individual's name above who are related to each other (spouse, sibling, parent, child). 42 CFR 455.104	
Name	Relationship

Section III

Are there any subcontractors that the Disclosing Entity has direct or indirect ownership of five (5) percent or more? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the name and address of each person with an ownership or controlling interest in any subcontractor used in which the disclosing entity has direct or indirect ownership of five (5) percent or more. 42 CFR 455.104			
Name of individual or entity	DOB	Address	SSN (for individual) or TIN (for entity)

Section IV

Has any person who has an ownership or control interest in the provider, or is an agent or managing employee of the provider ever been convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, or Title XX program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list those persons below. 42 CFR 455.106			
Name and Title	DOB	Address	SSN

Section V

Business Transactions: Has the disclosing entity had any financial transaction with any subcontractors totaling more of than \$25,000 or any significant business transactions with any subcontractors?

- ☐ Yes
☐ No

If yes, list the ownership of any subcontractor with whom this provider has had business transactions totaling more than \$25,000 during the previous twelve (12) month period; and any significant business transactions between this provider and any wholly owned supplier, or between the provider and any subcontractor, during the past five (5) year period. 42 CFR 455.105

Name of Supplier or Subcontractor	Address	Transaction Amount

Section VI

Have you identified your status (under Practice Information) as a Disclosing Entity?

- ☐ Yes
☐ No

If yes, for Disclosing Entities, list each member of the Board of Directors or Governing Board, including the name, date or birth, Address, Social, Security Number, and percent of interest.

Name and Title	DOB	Address	SSN	% of Interest

I certify that the information provided herein, is true and accurate. Additions or revisions to the information will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in a denial of participation.


 Signature

Carol Roberts
 Name (please print)

CEO
 Title (indicate if authorized Agent)

4/20/2022
 Date

Section V

Name of Subcontractor	Address	Transaction Amount
Wind Youth Services	815 S St., Sacramento, CA 95811-9064	\$76,255
Waking the Village	1219 S St., Sacramento, CA 95811-7111	\$329,370
Sacramento LGBT Community Center	1015 20 th St., Sacramento, CA 95811-4202	\$71,775

These subcontractors are part of a four agency collaborative providing prevention, diversion and intervention services to homeless youth ages 12 – 24. Lutheran Social Services of Northern California is the lead agency (and fiscal agent) for this contract funded by the Sacramento Department of Human Services.

Lutheran Social Services of Northern California has no ownership or control interest in any of the above listed subcontractors and has no right or access to the ownership information of these unrelated entities, although they are all designated as 501(c)(3) nonprofits and therefore are not owned.

Section VI				
Name and Title	DOB	Address	SSN	% Interest
Carol Roberts, President and CEO	12/25/1956	5656 Miners Ranch Rd., Oroville, CA 95966	560-04-2651	0
Kulwant Asthana, CFO	09/15/1951	30804 Periwinkle Dr., Union City, CA 94587	545-65-8962	0
Katherine Hutchinson, Deputy Director	10/02/1959	925 Plum Ln., Davis, CA 95616	553-41-4268	0
John-Paul Soto, Deputy Director	03/25/1975	49 Ney St., San Francisco, CA 94112	571-41-4689	0
Victoria Matthews, Operations Director	04/30/1969	4825 Belford Peak Way, Antioch, CA 94531	545-47-4938	0
Regina Q. Banks, Board Chair	12/27/1979	7515 Bruno Way, Sacramento, CA 95828	612-24-1342	0
Sandra Hamilton Slane, Vice-Chair and Secretary	06/22/1961	15206 Iola Dr., Shasta, CA 96087	161-56-0045	0
Yolanda Gan	10/01/1973	958 Ruby Dr., Vacaville, CA 95687	573-85-5397	0
Brion Beetz, Director	02/14/1951	2840 Goularte Dr., Pinole, CA 94564	571-72-9268	0
Kent Campbell, Director	01/29/1947	1689 Clark Ln., Concord, CA 94521	560-66-8292	0
Chrislyn Carson, Director	07/05/1951	4236 Brookshire Circle, Santa Rosa, CA 95405	550-86-7874	0
Virginia Ann Chernock, Director	10/11/1943	415 Pelican Place, Rio Vista, CA 94571	303-48-4331	0
Scott Etzel, Director	10/16/1957	3692 Northridge Dr., Concord, CA 94518	303-58-5138	0
Patricia Foley, Director	05/22/1984	5209 Glide Dr., Davis, CA 95618	558-83-0740	0
Jayde Garcia, Director	02/06/1996	7000 Fair Oaks Blvd., Apt. 8, Carmichael, CA 95608	606-88-9291	0
Iryna Oreshkova, Director	06/10/1973	135 Capetown Dr., Alameda, CA 94502	613-02-5423	0
Mary Lynn Perry, Director	10/26/1954	4920 Harte Way, Sacramento, CA	214-66-4084	0
Susan Taylor, Director	03/28/1955	7442 Chevelle Way, Sacramento, CA 95829	555-02-2290	0
Crystle Vitari, Director	09/08/1988	373A 10 th Ave., San Francisco, CA 94118	618-16-4995	0

ADDENDUM B

COMMUNITY SUPPORTS

In consideration, Provider agrees to accept reimbursement as set forth in this Addendum. Provider further agrees to meet the requirements set forth under EXHIBIT B-2, COMMUNITY SUPPORTS REQUIREMENTS, which, is incorporated herein by reference. For the purposes of this Addendum only, Provider shall be referred to as CS Provider.

I. DEFINITIONS

1.1 ECM Provider. A Provider of ECM. ECM Providers are community-based entities with experience and expertise providing intensive, in-person care management services to individuals in one or more of the DHCS designated populations of focus for ECM.

1.2 Community Supports (CS). Community Supports (CS) services are medically appropriate and cost-effective alternatives to services covered under the Medi-Cal State Plan. CS services include, but are not limited to, housing transition navigation services, housing deposits, respite services, nursing facility transition, personal care and homemaker services, medically tailored meals, and asthma remediation.

1.3 CS Provider. A contracted Provider of DHCS-authorized CS services. CS Providers are community-based entities or individuals with experience and expertise providing one (1) or more of the CS services authorized by DHCS to eligible individuals with complex physical, behavioral, developmental and/or social needs.

II. CS OVERVIEW

2.1 In the event the State of California delays the CS implementation effective date for some or all of the services below in Table 1, Health Net shall use best efforts to give Provider sixty (60) days' notice of the change in effective date. The terms of this Amendment shall become effective upon the date the State's implementation has become effective.

2.2 Health Net shall notify Provider of any additional or new CS services being added to the Agreement. Provider shall have thirty (30) days after notification from Health Net to opt out of participating in such new CS service. If Provider fails to provide Health Net with such written notice of intent to not participate, Provider shall be deemed to have agreed to participate in such additional CS service under the terms outlined in the notification.

From Table 1 below, CS Provider shall offer the following DHCS-authorized CS services to Beneficiaries, and as identified in the attached Exhibit(s):

Table 1 – CS Services

SERVICE(S) DESCRIPTION					
Housing Transition Navigation Services	<input checked="" type="checkbox"/>	Day Habilitation Programs	<input type="checkbox"/>	Environmental Accessibility Adaptations (Home Modifications)	<input type="checkbox"/>
Housing Deposits	<input checked="" type="checkbox"/>	Housing Tenancy and Sustaining Services	<input checked="" type="checkbox"/>	Meals/Medically Tailored Meals	<input type="checkbox"/>
Nursing Facility Transition/Diversion to Assisted Living Facilities	<input type="checkbox"/>	Respite Services	<input type="checkbox"/>	Sobering Centers	<input type="checkbox"/>
Short-Term Post-Hospitalization Housing	<input type="checkbox"/>	Community Transition Services/Nursing Facility Transition to a Home	<input type="checkbox"/>	Asthma Remediation	<input type="checkbox"/>

SERVICE(S) DESCRIPTION					
Recuperative Care (Medical Respite)	<input type="checkbox"/>	Personal Care and Homemaker Services	<input type="checkbox"/>		

III. CS PROVIDER RESPONSIBILITIES

3.1. CS Providers for whom a State-level enrollment pathway exists, shall enroll in Medi-Cal, pursuant to relevant DHCS APLs including but not limited to Provider Credentialing/Recredentialing and Screening/Enrollment APL 19-004.

3.1.1 If APL 19-004 does not apply to a CS Provider, the CS Provider will comply with Health Net's process for vetting CS Providers, which may extend to individuals employed by or delivering services on behalf of CS Provider, to ensure it can meet the capabilities and standards required to be a CS Provider.

3.2. Experience and training in the elected CS services.

3.2.1 CS Provider shall have experience and/or training in the provision of the CS services being offered.

3.2.2. CS Provider shall have the capacity to provide the CS services in a culturally and linguistically competent manner, as demonstrated by a successful history of providing such services, training or other factors identified by Health Net.

3.3. If CS Provider subcontracts with other entities to administer its functions of CS services, the CS Provider shall ensure agreements with each entity bind each entity to applicable terms and conditions set forth in the Agreement.

IV. DELIVERY OF CS

4.1. CS Provider shall deliver contracted CS services in accordance with DHCS service definitions and requirements.

4.2. CS Provider shall maintain staffing that allows for timely, high-quality service delivery of the CS services that it is contracted to provide.

4.3 CS Provider shall:

4.3.1 Accept and act upon Member referrals from Health Net for authorized CS services, unless the CS Provider is at pre-determined capacity;

4.3.2. Conduct outreach to the referred Member for authorized CS services as soon as possible, including by making best efforts to conduct initial outreach within 24 hours of assignment;

4.3.3 Be responsive to incoming calls or other outreach from Members, including by maintaining a phone line that is staffed or able to record voicemail 24 hours a day, 7 days a week;

4.3.4 Coordinate with other providers in the Member's care team, including ECM Providers, other CS Providers and Health Net;

4.3.5 Comply with cultural competency and linguistic requirements required by federal, State and local laws, and in the Agreement with Health Net; and

4.3.6 Comply with non-discrimination requirements set forth in State and Federal law and the Agreement with Health Net.

4.4. When federal law requires authorization for data sharing, CS Provider shall obtain and/or document such authorization from each assigned Member, including sharing of protected health information (PHI), and shall confirm it has obtained such authorization to Health Net.

4.4.1 Member authorization for CS-related data sharing is not required for the CS Provider to initiate delivery of CS services unless such authorization is required by federal law.

4.5 CS Provider will be reimbursed only for services that are authorized by Health Net. In the event of a Member requesting services not yet authorized by Health Net, CS Provider shall send prior authorization

request(s) to Health Net, unless a different agreement is in place (e.g., if the Health Net has given the CS Provider authority to authorize CS directly).

4.6. If CS services are discontinued for any reason, CS Provider shall support transition planning for the Member into other programs or services that meet their needs.

4.7. CS Provider is encouraged to identify additional CS services the Member may benefit from and send any additional request(s) for CS services to Health Net for authorization.

V. PAYMENT FOR CS

5.1. CS Provider shall record, generate, and send a claim or invoice to Health Net for CS services rendered.

5.1.1 If CS Provider submits claims, CS Provider shall submit claims to Health Net using specifications based on national standards and code sets to be defined by DHCS.

5.1.2 In the event CS Provider is unable to submit claims to Health Net for CS-related services using specifications based on national standards or DHCS-defined standard specifications and code sets, CS Provider shall submit invoices with minimum necessary data elements defined by DHCS, which includes information about the Member, the CS services rendered, and CS Providers' information to support appropriate reimbursement by Health Net, that will allow Health Net to convert CS-related services invoice information into DHCS-defined standard specifications and code sets for submission to DHCS.

5.2. CS Provider shall not receive payment from Health Net for the provision of any CS services not authorized by Health Net.

5.3 CS Provider must have a system in place to accept payment from Health Net for CS services rendered.

5.3.1 Health Net shall pay 90 percent of all clean claims and invoices within 30 days of receipt and 99 percent of clean claims and invoices within 90 days of receipt.

5.3.2 Health Net will expedite payment for urgent CS services (e.g., recuperative care services for an individual who no longer requires hospitalization, but still needs to heal from an injury or illness, including behavioral health conditions, and whose condition would be exacerbated by an unstable living environment), pursuant to its Contract with DHCS and any other related DHCS guidance.

5.3.3 As compensation for rendering Contracted Services to Beneficiaries covered under this Addendum, Health Net shall pay and Provider shall accept as payment in full the rates set forth in Exhibit B-1, subject to the terms of this Agreement and applicable State and federal law. Notwithstanding any other provision in this Agreement, the parties acknowledge that Health Net is solely responsible for paying Provider for Covered Services rendered to those individuals for whom Health Net provides health care coverage.

VI. HEALTH NET RESPONSIBILITIES

6.1. DATA SHARING TO SUPPORT CS

6.1.1 As part of the referral process, Health Net will ensure CS Provider has access to:

6.1.1.1 Demographic and administrative information confirming the referred Member's eligibility for the requested service;

6.1.1.2 Appropriate administrative, clinical, and social service information the CS Provider might need in order to effectively provide the requested service; and

6.1.1.3 Billing information necessary to support the CS Provider's ability to submit invoices to Health Net.

6.2 QUALITY AND OVERSIGHT

CS Provider acknowledges Health Net will conduct oversight of its delivery of CS services to ensure the quality of services rendered and ongoing compliance with all legal and contractual obligations both the Health Net and the CS Provider have, including but not limited to, required reporting, audits, and corrective actions, among other oversight activities.

EXHIBIT B-1
COMMUNITY SUPPORTS
PAYMENT RATES

The following HCPCS codes must be used for CS services. The HCPCS code and modifier combined define the service as CS services. As an example, a HCPCS code by itself does not define the CS services. The HCPCS code must be reported with a modifier for the services to be defined and categorized as CS services. If CS services are provided through telehealth, the additional modifier GQ must be used. All telehealth services must be provided in accordance with DHCS policy. Subject to the terms of this Agreement Health Net shall pay and CS Provider shall accept as payment in full for Covered Services delivered pursuant to this Exhibit, the lesser of: (i) the rates listed below, or (ii) 100% of Provider's Allowable Charges.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate
Asthma Remediation				
S5165	Home modifications; per service	U5	Used by Managed Care with HCPCS code S5165 to indicate Community Supports Asthma Remediation	100% of Allowable Charges* Lifetime maximum of \$7,500
Community Transition Services/Nursing Facility Transition to a Home				
T2038	Community transition; per service. Requires billed amount(s) to be reported on the encounter. Modifier used to differentiate from Nursing Facility Transition/Diversion to Assisted Living Facilities	U5	Used by Managed Care with HCPCS code T2038 to indicate Community Supports Community Transition Services/Nursing Facility Transition to a Home	\$432.49 per service
Day Habilitation Programs				
Coding Guidance Forthcoming	Day Habilitation		Used by Managed Care to indicate Community Supports Day Habilitation Programs	\$6.46 per hour Not to exceed \$51.68 per day
Environmental Accessibility Adaptations				
S5165	Home modifications; per services. Requires billed amount(s) to be reported on the encounter	U6, U1	Used by Managed Care with HCPCS code S5165 to indicate Community Services Accessibility Adaptations/Home Modifications	100% of Allowable Charges* Lifetime maximum of \$7,500
Housing Deposits				

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing	U2	Used by Managed Care with HCPCS code H0044 to indicate Community Supports Housing Deposit	100% of Allowable Charges* Lifetime maximum of \$5,000
Housing Tenancy and Sustaining Services				
T2041	Support brokerage, self-directed	U6	Used by Managed Care with HCPCS code T2041 to indicate Community Supports Housing Tenancy and Sustaining Services	\$420.15 per month
Housing Transition/Navigation Services				
H0043	Supported housing	U6	Used by Managed Care with HCPCS code H0043 to indicate Community Supports supported housing	\$356.01 per month
Medically-Supportive Food/Meals/Medically Tailored Meals				
S5170	Home delivered prepared meal	U6	Used by Managed Care with HCPCS code S5170 to indicate Community Supports Medically-Supportive Foods/Meals/Medically Tailored Meals	\$7.00
S9470	Nutritional counseling, diet	U6	Used by Managed Care with HCPCS code S9470 to indicate Community Supports Medically-Supportive Food/Meals/Medically Tailored Meals	\$33.00
S9977	Per weekly grocery box, delivered	U6	Used by Managed Care with HCPCS code S9977 to indicate Community Supports Medically-Supportive Food/Meals/Medically Tailored Meals	\$52.00
Nursing Facility Transition/Diversion to Assisted Living Facilities				
T2038	Community transition; per service. Requires billed amount(s) to be	U4	Used by Managed Care with HCPCS code T2038 to indicate	\$432.49 per service

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate
	reported on the encounter. Modifier used to differentiate from Community Transition Services/Nursing Facility Transition to a Home		Community Supports Nursing Facility Transition/Diversion to an Assisted Living Facility	
H2022	Community wrap-around services. Requires billed amount(s) to be reported on the encounter	U5	Used by Managed Care with HCPCS code H2022 to indicate Community Supports Community Transition Services/Nursing Facility Transition to a Home	\$30.61per hour
Personal Care Services				
Coding Guidance Forthcoming	Personal care services		Used by Managed Care for Community Supports Personal Care Services	\$30.61 per hour
Recuperative Care (Medical Respite)				
T2033	Residential care, not otherwise specified (NOS), waiver	U6	Used by Managed Care with HCPCS code T2033 to indicate Community Supports Recuperative Care (Medical Respite)	\$188.74 per diem
Respite Services				
H0045	Respite care services, not in the home	U6	Used by Managed Care with HCPCS code H0045 to indicate Community Supports Respite Services	\$30.61per hour
S5151	Unskilled respite care, not hospice	U6	Used by Managed Care with HCPCS code S5151 to indicate Community Supports Respite Services	
S9125	Respite care, in the home	U6	Used by Managed Care with HCPCS code S9215 to indicate Community Supports Respite Services	
Short Term Post-Hospitalization Housing				
H0044	Supported housing, per	U3	Used by Managed Care	\$100.48 per

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate
	month. Modifier used to differentiate Short-Term Post Hospitalizations Housing from Housing Deposits		with HCPCS code H0044 to indicate Community Supports Short-Term Post-Hospitalization Housing	diem
Sobering Centers				
H0014	Alcohol and/or drug services; ambulatory detoxification	U6	Used by Managed Care with HCPCS code H0014 to indicate Community Supports sobering centers alcohol and/or drug services; ambulatory detoxification services	\$158.80 per diem

* The Health Net authorization will determine the Allowable Charges subject to reimbursement under the Agreement, up to the lifetime maximum for the service.

EXHIBIT B-2

COMMUNITY SUPPORTS REQUIREMENTS

Type	Community Supports Description	Eligibility Criteria
Housing Transition & Navigation	<p>Housing transition services assist beneficiaries with obtaining housing and include:</p> <p>1. Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on the participant's housing needs, potential housing transition barriers, and identification of housing retention barriers. 2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal. 3. Searching for housing and presenting options. 4. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history). 5. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset. 6. Identifying and securing available resources to assist with subsidizing rent (such as Section 8, state and local assistance programs etc.) and matching available rental subsidy resources to members. 7. If included in the housing support plan, identifying and securing resources to cover expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other one-time expenses. 8. Assisting with requests for reasonable accommodation, if necessary. 9. Landlord education and engagement. 10. Ensuring that the living environment is safe and ready for move-in. 11. Communicating and advocating on behalf of the client with landlords. 12. Assisting in arranging for and supporting the details of the move. 13. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized. 14. Identifying,</p>	<ul style="list-style-type: none">• Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services as a result of a substance use disorder and/or is exiting incarceration; or• Individuals who meet the Housing and Urban Development (HUD) definition of homeless as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including those exiting institutions but not including any limits on the number of days in the institution) and who are receiving enhanced care management, or who have one or more serious chronic conditions and/or serious mental illness and/or is at risk of institutionalization or requiring residential services as a result of a substance use disorder; or• Individuals who meet the definition of an individual experiencing chronic homelessness; or• Individuals who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations; or• Individuals who are determined to be at risk of experiencing homelessness are eligible to receive Housing Transition Navigation services if they have significant barriers to housing stability and meet at least one of the following:<ul style="list-style-type: none">○ Have one or more serious chronic conditions;○ Have a Serious Mental Illness;○ Are at risk of institutionalization or

Type	Community Supports Description	Eligibility Criteria
	<p>coordinating, securing, or funding non-emergency, non-medical transportation to assist members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day. 15. Identifying, coordinating, environmental modifications to install necessary accommodations for accessibility.</p> <p>The services provided should be based on individualized assessment of needs and documented in the individualized housing support plan. Individuals may require and access only a subset of the services listed above. The services provided should utilize best practices for clients who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions. Examples of best practices include Housing First Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care. The services may involve additional coordination with other entities to ensure the individual has access to supports needed for successful tenancy such as County Health, Public Health, Substance Use, Mental Health and Social Services Departments; County and City Housing Authorities; Continuums of Care and Coordinated Entry System; local legal service programs, community-based organizations housing providers, local housing agencies and housing development agencies. For clients who will need rental subsidy support to secure permanent housing, the services will require close coordination with local Coordinated Entry Systems, homeless services authorities, public housing authorities, and other operators of local rental subsidies. Some housing assistance (including recovery residences and emergency assistance or rental subsidies for Full Service Partnership clients) is also funded by county behavioral health agencies, and Medi-Cal managed care plans and their contracted CS providers should expect to coordinate access to these housing resources through county behavioral health when appropriate. Services do not include the provision of room and board or payment of rental costs. Coordination with local entities is crucial to ensure that available options for room and board or rental payments are also coordinated with housing services and supports.</p>	<p>overdose or are requiring residential services because of a substance use disorder;</p> <ul style="list-style-type: none"> ○ Have a Serious Emotional Disturbance (children and adolescents); ○ Are receiving Enhanced Care Management; or ○ Are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking, or <ul style="list-style-type: none"> • Individuals who meet the State's No Place Like Home definition of "at risk of chronic homelessness", which includes persons exiting institutions that were homeless prior to entering the institution and Transition-age youth with significant barriers to housing stability, including one or more convictions and history of foster care or involvement with the juvenile justice system.
Housing Deposits	Housing Deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a	<ul style="list-style-type: none"> • Any individual who received Housing Transition/Navigation Services CS in counties that offer

Type	Community Supports Description	Eligibility Criteria
	<p>person to establish a basic household that do not constitute room and board, such as:</p> <p>1. Security deposits required to obtain a lease on an apartment or home. 2. Set-up fees/deposits for utilities or service access and utility arrearages. 3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water. 4. First month's and last month's rent as required by landlord for occupancy. 5. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy. 6. Goods such as an air conditioner or heater, and other medically-necessary adaptive aids and services, designed to preserve an individuals' health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home.</p> <p>The services provided should be based on individualized assessment of needs and documented in the individualized housing support plan. Individuals may require, and access only a subset of the services listed above. The services provided should utilize best practices for clients who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care. Services do not include the provision of room and board or payment of ongoing rental costs beyond the first and last month's coverage as noted above.</p>	<p>Housing Transition/Navigation Services; or</p> <ul style="list-style-type: none"> • Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services as a result of a substance use disorder and/or is exiting incarceration; or • Individuals who meet the Housing and Urban Development (HUD) definition of homeless as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including those exiting institutions but not including any limits on the number of days in the institution) and who are receiving enhanced care management, or who have one or more serious chronic conditions and/or serious mental illness and/or is at risk of institutionalization or requiring residential services as a result of a substance use disorder; of • Individuals who meet the definition of an individual experiencing chronic homelessness; or • Individuals who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations; or • Individuals who are determined to be at risk of experiencing homelessness are eligible to receive Housing Transition Navigation services if they have significant barriers to housing stability and meet at least one of the following: <ul style="list-style-type: none"> ○ Have one or more serious chronic conditions; ○ Have a Serious Mental Illness; ○ Are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder;

Type	Community Supports Description	Eligibility Criteria
		<ul style="list-style-type: none"> ○ Have a Serious Emotional Disturbance (children and adolescents); ○ Are receiving Enhanced Care Management; or ○ Are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking, or • Individuals who meet the State's No Place Like Home definition of "at risk of chronic homelessness", which includes persons exiting institutions that were homeless prior to entering the institution and Transition-age youth with significant barriers to housing stability, including one or more convictions and history of foster care or involvement with the juvenile justice system.
Housing Tenancy & Sustaining Services	<p>This service provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured. Services include:</p> <p>1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations. 2. Education and training on the role, rights and responsibilities of the tenant and landlord. 3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy. 4. Coordination with the landlord and case management provider to address identified issues that could impact housing stability. 5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the client owes back rent or payment for damage to the unit. 6. Advocacy and linkage with</p>	<ul style="list-style-type: none"> • Any individual who received Housing Transition/Navigation Services CS in counties that offer Housing Transition/Navigation Services; or • Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services as a result of a substance use disorder and/or is exiting incarceration; or • Individuals who meet the Housing and Urban Development (HUD) definition of homeless as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including

Type	Community Supports Description	Eligibility Criteria
	<p>community resources to prevent eviction when housing is or may potentially become jeopardized. 7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset. 8. Assistance with the annual housing recertification process. 9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers. 10. Continuing assistance with lease compliance, including ongoing support with activities related to household management. 11. Health and safety visits, including unit habitability inspections. 12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in). 13. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.</p> <p>The services provided should be based on individualized assessment of needs and documented in the individualized housing support plan. Individuals may require and access only a subset of the services listed above. The services provided should utilize best practices for clients who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care. The services may involve coordination with other entities to ensure the individual has access to supports needed to maintain successful tenancy. Services do not include the provision of room and board or payment of rental costs. Please see housing deposits CS.</p>	<p>those exiting institutions but not including any limits on the number of days in the institution) and who are receiving enhanced care management, or who have one or more serious chronic conditions and/or serious mental illness and/or is at risk of institutionalization or requiring residential services as a result of a substance use disorder; or</p> <ul style="list-style-type: none"> • Individuals who meet the definition of an individual experiencing chronic homelessness; or • Individuals who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations; or • Individuals who are determined to be at risk of experiencing homelessness are eligible to receive Housing Transition Navigation services if they have significant barriers to housing stability and meet at least one of the following: <ul style="list-style-type: none"> ○ Have one or more serious chronic conditions; ○ Have a Serious Mental Illness; ○ Are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder ○ Have a Serious Emotional Disturbance (children and adolescents); ○ Are receiving Enhanced Care Management; or ○ Are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking, or • Individuals who meet the State's No Place Like Home definition of "at

Type	Community Supports Description	Eligibility Criteria
		<p>risk of chronic homelessness”, which includes persons exiting institutions that were homeless prior to entering the institution and Transition-age youth with significant barriers to housing stability, including one or more convictions and history of foster care or involvement with the juvenile justice system.</p>
<p>Short-term Post-Hospitalization Housing</p>	<p>Short-Term Post-Hospitalization housing provides beneficiaries who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care. This setting provides individuals with ongoing supports necessary for recuperation and recovery such as gaining (or regaining) the ability to perform activities of daily living, receiving necessary medical/psychiatric/substance use disorder care, case management and beginning to access other housing supports such as Housing Transition Navigation. This setting may include an individual or shared interim housing setting, where residents receive the services described above. Beneficiaries must be offered Housing Transition Navigation supports during the period of Short-Term Post-Hospitalization housing to prepare them for transition from this setting. These services should include a housing assessment and the development of individualized housing support plan to identify preferences and barriers related to successful housing tenancy after Short-Term Post-Hospitalization housing. The services provided should utilize best practices for clients who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care</p>	<ul style="list-style-type: none"> • Individuals exiting recuperative care; • Individuals exiting an inpatient hospital stay (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, or nursing facility and who meet any of the following criteria: <ul style="list-style-type: none"> ○ Individuals who meet the Housing and Urban Development (HUD) definition of homeless as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including those exiting institutions but not including any limits on the number of days in the institution) and who are receiving enhanced care management, or who have one or more serious chronic conditions and/or serious mental illness and/or is at risk of institutionalization or requiring residential services as a result of a substance use disorder; ○ Individuals who meet the definition of an individual experiencing chronic homelessness; ○ Individuals who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations; ○ Individuals who are determined to be at risk of experiencing homelessness are eligible to receive

Type	Community Supports Description	Eligibility Criteria
		<p>Housing Transition</p> <p>Navigation services if they have significant barriers to housing stability and meet at least one of the following:</p> <ul style="list-style-type: none"> o Have one or more serious chronic conditions; o Have a Serious Mental Illness; o Are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder o Have a Serious Emotional Disturbance (children and adolescents); o Are receiving Enhanced Care Management; or o Are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking, or o Individuals who meet the State's No Place Like Home definition of "at risk of chronic homelessness", which includes persons exiting institutions that were homeless prior to entering the institution and Transition-age youth with significant barriers to housing stability, including one or more convictions and history of foster care or involvement with the juvenile justice system. <ul style="list-style-type: none"> • In addition to meeting one of these criteria at a minimum, individuals must have medical/behavioral health needs such that experiencing homelessness upon discharge from the hospital, substance use or mental health treatment facility, correctional facility, nursing facility, or

Type	Community Supports Description	Eligibility Criteria
		recuperative care would likely result in hospitalization, rehospitalization, or institutional readmission.
Recuperative Care (Medical Respite)	<p>Recuperative care, also referred to as medical respite care, is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. It allows individuals to continue their recovery and receive post-discharge treatment while obtaining access to primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing. At a minimum, the service will include interim housing with a bed and meals and ongoing monitoring of the individual's ongoing medical or behavioral health condition (e.g., monitoring of vital signs, assessments, wound care, medication monitoring). Based on individual needs, the service may also include:</p> <p>1. Limited or short-term assistance with Instrumental Activities of Daily Living &/or ADLs 2. Coordination of transportation to post-discharge appointments 3. Connection to any other on-going services an individual may require including mental health and substance use disorder services 4. Support in accessing benefits and housing 5. Gaining stability with case management relationships and programs</p> <p>Recuperative care is primarily used for those individuals who are experiencing homelessness or those with unstable living situations who are too ill or frail to recover from an illness (physical or behavioral health) or injury in their usual living environment; but are not otherwise ill enough to be in a hospital. The services provided to an individual while in recuperative care should not replace or be duplicative of the services provided to members utilizing the enhanced care management program. Recuperative Care may be utilized in conjunction with other housing in lieu of services. Whenever possible, other housing in lieu of services should be provided to members onsite in the recuperative care facility. When enrolled in enhanced care management, in lieu of services should be managed in coordination with enhanced care management providers.</p>	<ul style="list-style-type: none"> • Individuals who are at risk of hospitalization or are post-hospitalization, and • Individuals who live alone with no formal supports; or • Individuals who face housing insecurity or have housing that would jeopardize their health and safety without modification.

Type	Community Supports Description	Eligibility Criteria
	The services provided should utilize best practices for clients who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care.	
Respite Services	<p>Respite services are provided to caregivers of participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only. Respite services can include any of the following:</p> <ol style="list-style-type: none"> 1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals. 2. Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals. 3. Services that attend to the participant's basic self-help needs and other activities of daily living, including interaction, socialization and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them. The Home Respite services are provided to the participant in his or her own home or another location being used as the home. The Facility Respite services are provided in an approved out-of-home location. Respite should be made available when it is useful and necessary to maintain a person in their own home and to preempt caregiver burnout to avoid institutional services for which the Medi-Cal managed care plan is responsible. 	<ul style="list-style-type: none"> • Individuals who live in the community and are compromised in their Activities of Daily Living (ADLs) and are therefore dependent upon a qualified caregiver who provides most of their support, and who require caregiver relief to avoid institutional placement. • Other subsets may include children who previously were covered for Respite Services under the Pediatrics Palliative Care Waiver, foster care program beneficiaries, beneficiaries enrolled in California Children's Services, and Genetically Handicapped Persons Program (GHPP), and Clients with Complex Care Needs.
Day Habilitation Programs	Day Habilitation Programs are provided in a participant's home or an out-of-home, nonfacility setting. The programs are designed to assist the participant in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment. The services are often considered as peer mentoring when provided by an unlicensed caregiver with the necessary training and supervision. For individuals experiencing homelessness who are receiving enhanced care management or other in lieu of services, the day habilitation program can provide a physical location for participants to	Individuals who are experiencing homelessness, individuals who exited homelessness and entered housing in the last 24 months, and individuals at risk of homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program.

Type	Community Supports Description	Eligibility Criteria
	<p>meet with and engage with these providers. When possible, these services should be provided by the same entity to minimize the number of care/case management transitions experienced by clients and to improve overall care coordination and management. Day habilitation program services include, but are not limited to, training on:</p> <p>1. The use of public transportation; 2. Personal skills development in conflict resolution; 3. Community participation; 4. Developing and maintaining interpersonal relationships; 5. Daily living skills (cooking, cleaning, shopping, money management); and, 6. Community resource awareness such as police, fire, or local services to support independence in the community. Programs may include assistance with, but not limited to: 1. Selecting and moving into a home; 2. Locating and choosing suitable housemates; 3. Locating household furnishings; 4. Settling disputes with landlords; 28 5. Managing personal financial affairs; 6. Recruiting, screening, hiring, training, supervising, and dismissing personal attendants; 7. Dealing with and responding appropriately to governmental agencies and personnel; 8. Asserting civil and statutory rights through self-advocacy; 9. Building and maintaining interpersonal relationships, including a circle of support; 10. Coordination with Medi-Cal managed care plan to link participant to any in lieu of services and/or enhanced care management services for which the client may be eligible; 11. Referral to non-in lieu of services housing resources if participant does not meet Housing Transition/Navigation Services in lieu of services eligibility criteria; 12. Assistance with income and benefits advocacy including General Assistance/General Relief and SSI if client is not receiving these services through in lieu of services or enhanced care management; and 13. Coordination with Medi-Cal managed care plan to link participant to health care, mental health services, and substance use disorder services based on the individual needs of the participant for participants who are not receiving this linkage through in lieu of services or enhanced care management.</p> <p>The services provided should utilize best practices for clients who are experiencing homelessness or formerly experienced homelessness including Housing First, Harm Reduction, Progressive Engagement,</p>	

Type	Community Supports Description	Eligibility Criteria
	Motivational Interviewing, and Trauma Informed Care	
Nursing Facility Transition / Diversion to ALF	<p>Nursing Facility Transition/Diversion services assist individuals to live in the community and/or avoid institutionalization when possible. The goal is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for beneficiaries with an imminent need for nursing facility level of care (LOC). Individuals have a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility when they meet eligibility requirements. The assisted living provider is responsible for meeting the needs of the participant, including Activities of Daily Living (ADLs), Instrumental ADLs (IADLs), meals, transportation, and medication administration, as needed. For individuals who are transitioning from a licensed health care facility to a living arrangement in a Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF); includes non-room and board costs (medical, assistance w/ ADLs.). Allowable expenses are those necessary to enable a person to establish a community facility residence that does not include room and board and includes:</p> <p>1. Assessing the participant's housing needs and presenting options. 2. Assessing the service needs of the participant to determine if the participant needs enhanced onsite services at the RCFE/ARF so the client can be safely and stably housed in an RCFE/ARF. 3. Assisting in securing a facility residence, including the completion of facility applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history). 4. Communicating with facility administration and coordinating the move. 5. Establishing procedures and contacts to retain facility housing. 6. Coordinating with the Medi-Cal managed care plan to ensure that the needs of participants who need enhanced services to be safely and stably housed in RCFE/ARF settings have in lieu of services and/or enhanced care management services that provide the necessary enhanced services or fund RCFE/ARF operator directly to provide enhanced services.</p>	<ul style="list-style-type: none"> • For Nursing Facility Transition: <ul style="list-style-type: none"> ○ Has resided 60+ days in a nursing facility; ○ Willing to live in an assisted living setting as an alternative to a Nursing Facility; and ○ Able to reside safely in an assisted living facility with appropriate and cost-effective supports. • For Nursing Facility Diversion: <ul style="list-style-type: none"> ○ Interested in remaining in the community; ○ Willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services; and ○ Must be currently receiving medically necessary nursing facility LOC or meet the minimum criteria to receive NF LOC services and in lieu of going into a facility, is choosing to remain in the community and continue to receive medically necessary nursing facility LOC services at an Assisted Living Facility.

Type	Community Supports Description	Eligibility Criteria
Community Transition Services / Nursing Facility Transition to Home	<p>Community Transition Services/Nursing Facility Transition to a Home helps individuals to live in the community and avoid further institutionalization. Community Transition Services/Nursing Facility Transition to a Home are non-recurring set-up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and include:</p> <p>1. Assessing the participant's housing needs and presenting options. 2. Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history). 3. Communicating with landlord, if applicable and coordinating the move. 4. Establishing procedures and contacts to retain housing. 5. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day. 6. Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility. 7. Identifying the need for and coordinating funding for services and modifications necessary to enable a person to establish a basic household that does not constitute room and board, such as: security deposits required to obtain a lease on an apartment or home; set-up fees for utilities or service access; first month coverage of utilities, including telephone, electricity, heating and water; services necessary for the individual's health and safety, such as pest eradication and onetime cleaning prior to occupancy; home modifications, such as an air conditioner or heater; and other medically-necessary services, such as hospital beds, Hoyer lifts, etc. to ensure access and reasonable accommodations.</p>	<ol style="list-style-type: none"> 1. Currently receiving medically necessary nursing facility LOC services and in lieu of remaining in, the nursing facility setting, is choosing to transition home and continue to receive medically necessary nursing facility LOC services; 2. Has lived 60+ days in a nursing home; 3. Interested in moving back to the community; and 4. Able to reside safely in the community with appropriate and cost-effective supports and services.
Personal Care & Homemaker Services	<p>Personal Care Services and Homemaker Services provided for individuals who need assistance with Activities of Daily Living (ADL) such as bathing, dressing, toileting, ambulation or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living (IADL) such as meal preparation, grocery shopping and money management. Services</p>	<ul style="list-style-type: none"> • Individuals at risk for hospitalization, or institutionalization in a nursing facility; or • Individuals with functional deficits and no other adequate support system; or.

Type	Community Supports Description	Eligibility Criteria
	<p>provided through the In-Home Support Services (In-Home Supportive Services) program include housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments and protective supervision for the mentally impaired. Homemaker/Chore services include help with tasks such as cleaning and shopping, laundry, and grocery shopping. Personal Care, Homemaker and Chore programs aids individuals who otherwise could not remain in their homes. In lieu of services can be utilized:</p> <ul style="list-style-type: none"> • Above and beyond any approved county In-Home Supportive Services hours, when additional hours are required and if In-Home Supportive Services benefits are exhausted; and • As authorized during any In-Home Supportive Services waiting period (member must be already referred to In-Home Supportive Services); this approval time period includes services prior to and up through the In-Home Supportive Services application date. • For members not eligible to receive In-Home Supportive Services, to help avoid a short-term stay in a skilled nursing facility (not to exceed 60 days). Similar services available through In-Home Supportive Services should always be utilized first. These Personal Care and Homemaker in lieu of services should only be utilized if appropriate and if additional hours/supports are not authorized by In-Home Supportive Services. 	<ul style="list-style-type: none"> • Individuals approved for In-Home Supportive Services.
Environmental Accessibility Adaptations (home modification)	<p>Environmental Accessibility Adaptations (EAAs also known as Home Modifications) are physical adaptations to a home that are necessary to ensure the health, welfare and safety of the individual, or enable the individual to function with greater independence in the home: without which the participant would require institutionalization. Examples of environmental accessibility adaptations include:</p> <ul style="list-style-type: none"> • Ramps and grab-bars to assist beneficiaries in accessing the home; • Doorway widening for beneficiaries who require a wheelchair; • Stair lifts; • Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower). • Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the beneficiary; and • Installation and testing of a Personal Emergency Response System (PERS) for persons who are alone for 	<ul style="list-style-type: none"> • Individuals at risk for institutionalization in a nursing facility.

Type	Community Supports Description	Eligibility Criteria
	<p>significant parts of the day without a caregiver and who otherwise require routine supervision (including monthly service costs, as needed). The services are available in a home that is owned, rented, leased, or occupied by the individual. For a home that is not owned by the individual, the individual must provide written consent from the owner for physical adaptations to the home or for equipment that is physically installed in the home (e.g., grab bars, chair lifts, etc.). When authorizing environmental accessibility adaptations as an in lieu of service, the managed care plan must receive and document an order from the participant's current primary care physician or other health professional specifying the requested equipment or service as well as documentation from the provider of the equipment or service describing how the equipment or service meets the medical needs of the participant, including any supporting documentation describing the efficacy of the equipment where appropriate. Brochures will suffice in showing the purpose and efficacy of the equipment; however, a brief written evaluation specific to the participant describing how and why the equipment or service meets the needs of the individual will still be necessary. For environmental accessibility adaptations, the managed care plan must also receive and document:</p> <p>1. A physical or occupational therapy evaluation and report to evaluate the medical necessity of the requested equipment or service unless the managed care plan determines it is appropriate to approve without an evaluation. This should typically come from an entity with no connection to the provider of the requested equipment or service. The physical or occupational therapy evaluation and report should contain at least the following: A. An evaluation of the participant and the current equipment needs specific to the participant, describing how/why the current equipment does not meet the needs of the participant; B. An evaluation of the requested equipment or service that includes a description of how/why it is necessary for the participant and reduces the risk of institutionalization. This should also include information on the ability of the participant and/or the primary caregiver to learn about and appropriately use any requested item, and C. A description of similar equipment used either currently or in the past that has demonstrated to be inadequate for the participant and a description of the inadequacy. 3. If</p>	

Type	Community Supports Description	Eligibility Criteria
	<p>possible, a minimum of two bids from appropriate providers of the requested service, which itemize the services, cost, labor, and applicable warranties; and 4. That a home visit has been conducted to determine the suitability of any requested equipment or service. The assessment and authorization for EAAs must take place within a 90-day time frame beginning with the request for the EAA, unless more time is required to receive documentation of homeowner consent, or the individual receiving the service requests a longer time frame.</p>	
<p>Meals / Medically Tailored Meals</p>	<p>Malnutrition and poor nutrition can lead to devastating health outcomes, higher utilization, and increased costs, particularly among members with chronic conditions. Meals help individuals achieve their nutrition goals at critical times to help them regain and maintain their health. Results include improved member health outcomes, lower hospital readmission rates, a well-maintained nutritional health status and increased member satisfaction.</p> <p>1. Meals delivered to the home immediately following discharge from a hospital or nursing home when members are most vulnerable to readmission. 2. Medically-Tailored Meals: meals provided to the member at home that meet the unique dietary needs of those with chronic diseases. 3. Medically-Tailored meals are tailored to the medical needs of the member by a Registered Dietitian (RD) or other certified nutrition professional, reflecting appropriate dietary therapies based on evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes. 4. Medically-supportive food and nutrition services, including medically tailored groceries and healthy food vouchers.</p>	<ul style="list-style-type: none"> • Individuals with chronic conditions, such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders; or • Individuals being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement; or • Individuals with extensive care coordination needs.
<p>Sobering Centers</p>	<p>Sobering centers are alternative destinations for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. Sobering centers provide these individuals, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober. Sobering centers provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling, navigation and warm hand-offs</p>	<p>Individuals age 18 and older who are intoxicated but conscious, cooperative, able to walk, nonviolent, free from any medical distress (including life threatening withdrawal symptoms or apparent underlying symptoms) and who would otherwise be transported to the emergency department or a jail or who presented at an emergency department and are appropriate to be diverted to a Sobering Center.</p>

Type	Community Supports Description	Eligibility Criteria
	<p>for additional substance use services or other necessary health care services, and homeless care support services.</p> <ul style="list-style-type: none"> • When utilizing this service, direct coordination with the county behavioral health agency is required and warm hand-offs for additional behavioral health services are strongly encouraged. • The service also includes screening and linkage to ongoing supportive services such as follow-up mental health and substance use disorder treatment and housing options, as appropriate. • This service requires partnership with law enforcement, emergency personnel, and outreach teams to identify and divert individuals to Sobering Centers. Sobering centers must be prepared to identify clients with emergent physical health conditions and arrange transport to a hospital or appropriate source of medical care. • The services provided should utilize best practices for clients who are homeless and who have complex health and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care. 	
<p>Asthma Remediation</p>	<p>Environmental Asthma Trigger Remediations are physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization. Examples of environmental asthma trigger remediations include:</p> <ul style="list-style-type: none"> • Allergen-impermeable mattress and pillow dustcovers; • High-efficiency particulate air (HEPA) filtered vacuums; • Integrated Pest Management (IPM) services; • De-humidifiers; • Air filters; • Other moisture-controlling interventions; • Minor mold removal and remediation services; • Ventilation improvements; • Asthma-friendly cleaning products and supplies; • Other interventions identified to be medically appropriate and cost effective. <p>The services are available in a home that is owned, rented, leased, or occupied by the individual or their caregiver. When authorizing asthma remediation as an in lieu of service, the managed care plan must receive and document:</p> <ol style="list-style-type: none"> 1. The participant's current licensed health care provider's order specifying the requested remediation(s); 2. Depending on the type of remediation(s) requested, documentation from the provider describing how the remediation(s) 	<p>Individuals with poorly controlled asthma (as determined by an emergency department visit or hospitalization or two sick or urgent care visits in the past 12 months or a score of 19 or lower on the Asthma Control Test) for whom a licensed health care provider has documented that the service will likely avoid asthma-related hospitalizations, emergency department visits, or other high-cost services.</p>

Type	Community Supports Description	Eligibility Criteria
	<p>meets the medical needs of the participant. A brief written evaluation specific to the participant describing how and why the remediation(s) meets the needs of the individual will still be necessary; 3. That a home visit has been conducted to determine the suitability of any requested remediation(s).</p> <p>Asthma remediation includes providing information to individuals about actions to take around the home to mitigate environmental exposures that could trigger asthma symptoms and remediations designed to avoid asthma-related hospitalizations such as:</p> <p>1. Identification of environmental triggers commonly found in and around the home, including allergens and irritants. 2. Using dust-proof mattress and pillow covers, high-efficiency particulate air vacuums, asthma-friendly cleaning products, dehumidifiers, and air filters. 3. Health-related minor home repairs such as pest management or patching holes and cracks through which pests can enter.</p>	

ADDENDUM G

BUSINESS ASSOCIATE ADDENDUM

- A. This Addendum contemplates that CS Provider (hereinafter in this Addendum, "Business Associate") will provide a service to, or perform a function on behalf of Health Net, as more fully set forth in the Agreement, and in connection therewith, which is limited to claims processing, and/or Utilization Management, and/or credentialing, as more specifically set forth in the Agreement and/or delegation agreement, as applicable, Business Associate may use or disclose Protected Health Information including Electronic Protected Health Information ("ePHI") (collectively "PHI"), that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and certain privacy and security regulations found at 45 CFR Parts 160 through 164 ("HIPAA Regulations"), as they may be amended from time to time; the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"); and the Final Omnibus HIPAA/HITECH Rules (78 Fed. Reg. 5566 (Jan. 25, 2013)) (the "Final Regulations"). HIPAA, the HIPAA Regulations, the HITECH Act, and the Final Regulations are collectively referred to in this Addendum as the "HIPAA Requirements."
- B. Protected Health Information ("PHI") and Electronic Protected Health Information ("ePHI") shall have the meaning given to such terms at 45 C.F.R. § 160.103.
- C. Any entity which creates, uses, maintains, discloses or receives PHI from or *on behalf of Health Net* is a business associate, as defined in the HIPAA Requirements at 45 C.F.R. § 160.103; in addition, any entity (including an agent) that creates, receives, maintains, or transmits PHI *on behalf of a business associate* is now also considered a business associate under 45 C.F.R. § 160.103 (and all such entities shall be referred to in this Addendum as "Subcontractors").
- D. Pursuant to the HIPAA Requirements, all business associates of Health Net (and all Subcontractors of business associates) must agree in writing to certain mandatory provisions regarding the safeguarding, use and disclosure of PHI; and
- E. The purpose of this Addendum is to satisfy the requirements of the HIPAA Requirements, including, but not limited to, business associate contract requirements set forth at 45 C.F.R. § 164.308(b)(1) and § 164.314(a) and § 164.504(e), as they may be amended from time to time.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. Definitions. Unless otherwise provided in this Business Associate Addendum, other capitalized terms have the same meaning as set forth in the HIPAA Requirements.
2. Scope of Safeguards, Use and Disclosure of Protected Health Information. Except as otherwise limited in this Business Associate Addendum, Business Associate shall safeguard, use and disclose PHI solely to provide the services, or perform the functions, described in the Agreement, provided that such use or disclosure would not violate the HIPAA Requirements if so used or disclosed by Health Net. Business Associate, to the full extent applicable, shall ensure that its directors, officers, and employees shall:
 - (a) Not use or further disclose PHI other than as permitted or required by this Business Associate Addendum or as Required By Law;
 - (b) Implement appropriate administrative, physical and technical safeguards to protect the confidentiality and integrity of the PHI that Business Associate creates, receives, maintains or transmits on behalf of Health Net and to prevent use or disclosure of PHI other than as provided by this Business Associate Addendum;

- (c) Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a safeguard, use or disclosure of PHI by Business Associate in violation of the requirements of this Business Associate Addendum;
- (d) Report promptly to Health Net's designated Privacy Officer at privacy@healthnet.com any use or disclosure of PHI not provided for by this Business Associate Addendum of which Business Associate becomes aware;
- (e) Require Subcontractors to whom Business Associate provides PHI received from, or created or received by Business Associate on behalf of, Health Net, to agree in writing to the same safeguards, restrictions and conditions that apply to Business Associate with respect to such PHI under this Business Associate Addendum and notify Subcontractors that they will incur liability under their agreement and under the HIPAA Requirements for non-compliance;
- (f) Provide to Health Net in the form and format specified by Health Net (or, as directed by Health Net, to an Individual), and in the time and manner reasonably designated by Health Net, but in any event no later than 10 calendar days after written request by Health Net, any information necessary to allow Health Net to respond timely to a request by an Individual for a copy of the Individual's PHI pursuant to 45 C.F.R. § 164.524;
- (g) Maintain for a period of six (6) years all Designated Record Sets relating to PHI received from, or created or received by Business Associate on behalf of, Health Net;
- (h) Maintain for a period of six (6) years records of all disclosures of PHI, other than for the purpose(s) set forth in this Business Associate Addendum, including the date, name of recipient, description of PHI disclosed and purpose of disclosure;
- (i) Provide to Health Net or, as directed by Health Net, to an Individual, in the time and manner reasonably designated by Health Net, but in any event no later than 10 calendar days after written request by Health Net, any necessary information collected in accordance with Section 2(H) of this Business Associate Addendum in order to allow Health Net to respond timely to a request by an Individual for an accounting of the disclosures of the Individual's PHI pursuant to 45 C.F.R. § 164.528;
- (j) Make any amendments to PHI that Health Net directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Health Net or an Individual in the time and manner designated by Health Net;
- (k) Make reasonable efforts to implement any restriction of the use or disclosure of PHI that Health Net has agreed to as described under Section 4(c) of this Business Associate Addendum;
- (l) Business Associate shall use appropriate administrative, physical, and technical safeguards to prevent improper use or disclosure of PHI in any form or media. As required by 45 C.F.R. Part 164, Subpart C with respect to ePHI, develop, implement, maintain, use and comply with administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that Business Associate creates, receives, maintains, or transmits on behalf of Health Net as required by 45 CFR Part 164, Subpart C;
- (m) Additionally, as required by 45 CFR Part 164, Subpart C, with respect to ePHI, ensure that any Subcontractor, to whom Business Associate provides PHI, agrees, in writing, to develop, implement maintain, use and comply with reasonable and appropriate safeguards to protect the ePHI. Business Associate shall implement and comply with (and ensure that its Subcontractors implement and comply with) the administrative safeguards set forth at 45 C.F.R. 164.308, the physical safeguards set forth at 45 C.F.R. 310, the technical safeguards set forth at 45 C.F.R. 164.312, and the policies and procedures set forth at 45 C.F.R. 164.316 to reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and ePHI that it accesses, uses, creates, maintain, transmits and/or discloses on behalf of Health Net. Business Associate acknowledges the foregoing safeguards, policies and procedures requirements shall

apply to Business Associate and Business Associate's Subcontractors in the same manner that such requirements apply to Health Net;

- (n) To disclose to its Subcontractors or other authorized third parties, only (i) the information contained in a "limited data set," as such term is defined at 45 C.F.R. 164.514(e)(2), or, (ii) if needed by Business Associate or its Subcontractors or other authorized third parties, the minimum necessary data to accomplish the intended purpose of such requests or disclosures. In all cases, Business Associate shall request and disclose PHI only in a manner that is consistent with guidance issued by the Secretary from time to time;
- (o) Additionally, as required by 45 CFR Part 164, Subpart C, with respect to ePHI, report to Health Net any Security Incident (whether at Business Associate or at a Subcontractor) of which Business Associate becomes aware;
- (p) Make Business Associate's internal practices, books, and records relating to the safeguards, use and disclosure of PHI received from, or created or received by Business Associate on behalf of, Health Net available to Health Net or, at the request of Health Net, to the Department of Health and Human Services ("DHHS"), in a time and manner designated by Health Net or DHHS, for purposes of determining Health Net's compliance with the HIPAA Requirements; provided that, in all events, Business Associate shall immediately notify Health Net upon receipt by Business Associate of any request received from DHHS relating to Health Net's compliance with the HIPAA Requirements and shall provide Health Net with copies of any materials provided to DHHS;
- (q) Business Associate agrees that with respect to any and all PHI received from Health Net or created or received by Business Associate on behalf of Health Net that Business Associate maintains, or which is maintained by any Subcontractor of Business Associate, in any form (collectively for this Section referred to as "Health Net PHI") and no longer needed to perform services under the Agreement, or, at any time upon Health Net's written request, Business Associate will return or destroy all Health Net PHI, and shall retain no copies of such Health Net PHI; provided that if such return or destruction is not feasible or contrary to the record retention requirements of the Agreement or applicable law, Business Associate shall extend the protections of the Agreement to the Health Net PHI and limit further uses and disclosures to those purposes that make the return or destruction of the Health Net PHI infeasible or that require Business Associate to retain PHI. A senior officer of Business Associate shall certify in writing to Health Net that all PHI has been returned or destroyed as provided above and that Business Associate retains no copies of PHI in any form;
- (r) Allow Health Net, upon reasonable notice, to inspect Business Associate's policies, procedures and practices with respect to compliance with the terms of this Business Associate Addendum; provided, however, that Health Net has no duty to inspect and its decision not to inspect does not relieve Business Associate of its compliance responsibility;
- (s) To the extent that Business Associate carries out one or more of Health Net's obligations under the HIPAA Requirements, Business Associate must comply with all requirements of the HIPAA Requirements that would be applicable to Health Net;
- (t) Business Associate must honor all restrictions consistent with 45 C.F.R. §164.522 that Health Net or the Individual makes the Business Associate aware of, including the Individual's right to restrict certain disclosures of protected health information to a health plan where the individual pays out of pocket in full for the healthcare item or service, in accordance with the HIPAA Requirements; and

- (u) Except as provided for in this Business Associate Addendum, in the event Business Associate receives an access, amendment, accounting of disclosure, or other similar request directly from an Individual, Business Associate shall provide Health Net with written notice of such request within five (5) business days of such request. If applicable, within five (5) business days of notice to Business Associate by Health Net of a request for an accounting of disclosures, access or amendment request, Business Associate shall make available the PHI to Health Net as required for Health Net to comply with 45 C.F.R. §164.528; provide Access consistent with the requirements of 45 C.F.R. §164.524; and/or, provide an accounting consistent with the requirements of 45 C.F.R. §164.528. If Business Associate maintains an Electronic Health Record with PHI, and an individual requests a copy of such information in an electronic format, Business Associate shall provide such information in an electronic format to enable Health Net to fulfill its obligations under the HITECH Act, including but not limited to, 42 U.S.C. §17935(e).

3. Reporting of Breaches.

- (a) In addition to the obligations set forth elsewhere in this Business Associate Addendum, Business Associate agrees that, except as specifically provided in subsection (c), Business Associate agrees to report to Health Net's Privacy Officer at privacy@healthnet.com any Breach of Unsecured PHI, including any Breach of Unsecured PHI involving Business Associate's Subcontractors, the same business day after Discovery of a Breach. More specifically, as provided for in 45 C.F.R. § 164.102, Business Associate recognizes and agrees that any acquisition, access, use or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule (Subpart E of 45 C.F.R. Part 164) is presumed to be a Breach. As such, Business Associate shall (i) notify Health Net of any non-permitted acquisition, access, use or disclosure of PHI, and (ii) assist Health Net in performing (or at Health Net's direction, perform) a risk assessment to determine if there is a low probability that the PHI has been compromised. Such notice shall include the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate, to have been, accessed, acquired, or disclosed in connection with such Breach. Notifications should be sent to privacy@healthnet.com. In addition, Business Associate shall provide any additional information reasonably requested by Health Net for purposes of investigating and responding to the Breach.
- (b) In the case of a Breach of Unsecured PHI (whether by Business Associate or Business Associate's Subcontractor), Business Associate agrees to provide Health Net with information to enable it to assess whether there is a low probability that the data involving protected health information has been compromised and to cooperate with Health Net in meeting any other obligations under the HIPAA Requirements and other applicable security breach notification laws. The information must include information regarding the following factors: the nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification; the unauthorized person(s) who used the protected health information or to whom the disclosure was made; whether the protected health information was actually acquired or viewed; and, the extent to which the risk to the protected health information has been mitigated.
- (c) **Additional Responsibilities in the Event of Breach.** Business Associate shall take prompt steps to limit or avoid the recurrence of any Breach and take any other action pertaining to such unauthorized access or disclosure required by applicable federal and state laws and regulations. Business Associate shall comply with this provision regardless of any actions taken by Health Net. Business Associate further agrees to mitigate, to the extent practicable, any harmful effect that becomes known to Business Associate of a Breach or a use or disclosure of PHI by Business Associate in violation of the requirements of this Business Associate Addendum.

4. Obligations of Health Net To assist Business Associate in the proper use and disclosure of PHI, Health Net shall:

- (a) Provide Business Associate with the notice of privacy practices that Health Net produces in accordance with 45 C.F.R. § 164.520, as well as any changes to such notice;
 - (b) Provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures;
 - (c) Notify Business Associate of any restriction on the use or disclosure of PHI that Health Net has agreed to in accordance with 45 C.F.R. § 164.522; and
 - (d) Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Requirements if the PHI were to be so used or disclosed by Health Net.
5. Standard Transactions. To the extent Business Associate conducts Standard Transaction(s) on behalf of Health Net, Business Associate shall, without limitation, comply with the HIPAA Regulations, "Administrative Requirements for Transactions," 45 C.F.R. § 162.100 et seq., and shall not: (a) Change the definition, data condition or use of a data element or segment in a standard; (b) Add any data elements or segments to the maximum defined data set; (c) Use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s); or (d) Change the meaning or intent of the standard's implementation specifications.
6. Termination for Breach.
- (a) Health Net and Business Associate each shall have the right to terminate the Agreement upon written notice to the other if either Party determines that the other Party has breached a material term of the provisions of this Business Associate Addendum; provided that Health Net's remedies under this Business Associate Addendum and the section(s) of the Agreement related to termination, if any, shall be cumulative.
 - (b) As an alternative to the preceding paragraph, either Party may choose to provide the other Party with ten (10) days written notice of the existence of an alleged material breach, and afford the Party in breach the opportunity to cure such alleged material breach. The Party receiving such breach notice must cure such breach to the satisfaction of the non-breaching Party or the non-breaching Party may declare a material breach in accordance with Section 6(a) above. If termination of this Business Associate Addendum or the Agreement is not feasible, Health Net shall report the problem to the Secretary of U.S. Health and Human Services.
7. Future Confidentiality of PHI. Upon the expiration or earlier termination of the Agreement, for any reason and only upon written request by Health Net, Business Associate shall return or destroy all PHI received from Health Net, or created or received by Business Associate on behalf of Health Net that Business Associate still maintains and retain no copies of such PHI; provided that if such return or destruction of PHI is infeasible, Business Associate shall provide to Health Net notification of the conditions that make return or destruction infeasible and shall extend the protections of this Business Associate Addendum to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. Business Associate agrees that if applicable state law requires the retention of Health Net PHI for a specified time period, Business Associate shall postpone destruction of such Health Net PHI in compliance with applicable state law.
8. Survival of Terms. The obligations of Business Associate under Sections 2(f), 2(g), 2(h), 2(i), 2(p), 2(q) and 3 of this Business Associate Addendum shall survive the termination or expiration of the Agreement.
9. Injunctive Relief. Business Associate agrees that the remedies at law for any breach by it of the terms of this Business Associate Addendum shall be inadequate and that monetary damages resulting from such breach are not readily measured. Accordingly, in the event of a breach or threatened breach by Business Associate of the

terms of this Business Associate Addendum, Health Net shall be entitled to immediate injunctive relief. Nothing herein shall prohibit Health Net from pursuing any other remedies available to it for such breach, and Health Net's rights under this Business Associate Addendum and the sections of the Agreement related to injunctive relief, if any, shall be cumulative.

10. Amendment of Addendum. In the event of a material change in the HIPAA Requirements or state law affecting safeguards or the use or disclosure of PHI, or amendments for new or changed Standard Transactions or Identifiers, Health Net may amend this Business Associate Addendum and the Agreement as necessary to comply with the change in the law or regulation and such amendment shall become effective sixty (60) days after receipt by Business Associate. Health Net's rights and remedies under this Business Associate Addendum and the section(s) of the Agreement related to amendments, if any, shall be cumulative.
11. Notice of Investigation or Lawsuit and Indemnification. Business Associate shall notify Health Net immediately upon receipt of notice of an investigation or of a lawsuit filed against Business Associate related to or arising from the use or disclosure of PHI by Business Associate or a Business Associate Subcontractor pursuant to this Business Associate Addendum. Any indemnification provision in the Agreement shall apply to Business Associate's and Health Net's use and disclosure of PHI pursuant to this Business Associate Addendum; provided, however, that the limits of liability and limits on consequential type damages, if any, provided in the Agreement shall not apply in the event of a breach of this Business Associate Addendum or with respect to Business Associate's obligations for indemnification.
12. Confidentiality. Notwithstanding the foregoing, PHI shall not be included within the definition of "confidential information" in the section(s) of the current Agreement related to protection of confidential information, if any, as Business Associate's obligations with respect to PHI are set forth in this Business Associate Addendum.
13. State Law Requirements. To the extent that State law is more stringent than the HIPAA Requirements, any safeguard, use or disclosure of PHI by Business Associate shall be made in accordance with State law.
14. Interpretation. Any ambiguity in this Business Associate Addendum shall be resolved in favor of a meaning that permits Health Net to comply with the HIPAA Requirements.
15. Effective Date. This Business Associate Addendum shall be effective on the effective date of the Agreement.

Before Starting the Project Listings for the CoC Priority Listing

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

The CoC Priority Listing includes:

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

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

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

Things to Remember:

- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

Collaborative Applicant Name: Sacramento Steps Forward

2. Reallocation

Instructions:

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

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects? No

Continuum of Care (CoC) New Project Listing

Instructions:

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

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

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

EX1_Project_List_Status_field

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Reallocation	Rank	PSH/RRH	Expansion
CARE Campus - Rancho	2024-09-30 13:59:...	Joint TH & PH-RRH	Lao Family Commun. ..	\$740,390	1 Year	CoC Bonus	X		
440 Arden	2024-10-25 19:08:...	PH	Lutheran Social S...	\$428,107	1 Year	CoC Bonus	8	PSH	

New Destiny	2024-10-25 19:55:...	PH	Shelter, Inc.	\$4,115,148	1 Year	CoC Bonus	33	PSH	
Step Up on Second...	2024-10-25 18:40:...	PH	Step Up on Second...	\$1,199,907	1 Year	CoC Bonus	31	PSH	
Arrive Together	2024-10-25 20:04:...	PH	Shelter, Inc.	\$2,066,324	1 Year	DV Bonus	D32	RRH	
Bridging Joint RRH	2024-10-28 11:57:...	PH	Sacramento Steps ...	\$550,000	1 Year	DV Bonus	D35	RRH	
Next Chapter Housing	2024-10-28 18:19:...	Joint TH & PH-RRH	Sacramento Steps ...	\$701,916	1 Year	CoC Bonus	36		

Continuum of Care (CoC) Renewal Project Listing

Instructions:

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

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

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

☒

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☒

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
TPCP Pathways Fair...	2024-10-07 14:27:...	1 Year	Turning Point Com...	\$232,628	37	PSH	PH		
Mather Veterans V...	2024-10-25 11:09:...	1 Year	Mercy Housing Cal...	\$189,508	3	PSH	PH		
Building Bridges	2024-10-25 17:43:...	1 Year	Lutheran Social S...	\$375,626	9		SSO		
Northview Pointe	2024-10-25 19:05:...	1 Year	TLCS, Inc.	\$300,000	25	PSH	PH		
Connections	2024-10-25 17:44:...	1 Year	Lutheran Social S...	\$585,102	6	RRH	PH		
Lavender Courtyard	2024-10-25 19:09:...	1 Year	Lutheran Social S...	\$313,417	2	PSH	PH		
Mutual Housing at...	2024-10-25 17:45:...	1 Year	Lutheran Social S...	\$485,133	4	PSH	PH		
HOPE RA	2024-10-25 19:25:...	1 Year	TLCS, Inc.	\$3,180,373	16	PSH	PH		
Saybrook	2024-10-25 19:09:...	1 Year	Lutheran Social S...	\$597,941	7	PSH	PH		
Esperanza Sacramento	2024-10-25 19:18:...	1 Year	Shelter, Inc.	\$748,737	38	RRH	PH		
International New...	2024-10-25 12:22:...	1 Year	Sacramento Steps ...	\$393,056	24		Joint TH & PH-RRH		
Esperanza Sacramento ...	2024-10-25 19:29:...	1 Year	Shelter, Inc.	\$755,812	21	RRH	PH		

New Vision	2024-10-25 19:37:...	1 Year	Shelter, Inc.	\$3,809,573	19	PSH	PH		
Cornerstone Boulevard	2024-10-25 17:45:...	1 Year	Lutheran Social S...	\$333,980	23	PSH	PH		
New Chance	2024-10-25 19:45:...	1 Year	Shelter, Inc.	\$1,243,861	20	RRH	PH		
Boulevard Court	2024-10-25 18:22:...	1 Year	Sacramento Housing...	\$232,514	14	PSH	PH		
Joy of Living	2024-10-25 20:36:...	1 Year	Sacramento Steps ...	\$490,969	34	RRH	PH		
Quinn Cottages	2024-10-25 20:34:...	1 Year	Sacramento Steps ...	\$318,083	10	PSH	PH		
Omega Permanent S...	2024-10-25 20:29:...	1 Year	Sacramento Steps ...	\$452,641	18	PSH	PH		
Sacramento HMIS	2024-10-28 12:47:...	1 Year	Sacramento Steps ...	\$247,324	26		HMIS		
Shelter Plus Care...	2024-10-28 13:59:...	1 Year	Sacramento Housing...	\$7,130,715	29	PSH	PH		
MSH Rehousing Pro...	2024-10-28 16:15:...	1 Year	Sacramento Steps ...	\$297,373	15	RRH	PH		
Care Campus	2024-10-28 16:21:...	1 Year	Sacramento Steps ...	\$824,307	22		Joint TH & PH-RRH		
SSF Sacramento CES	2024-10-28 17:04:...	1 Year	Sacramento Steps ...	\$300,000	27		SSO		
SSF Sacramento Su...	2024-10-28 17:06:...	1 Year	Sacramento Steps ...	\$325,658	28		SSO		
Survivors of Huma...	2024-10-28 18:22:...	1 Year	Opening Doors Inc.	\$698,024	13	RRH	PH		
Step Up Sacramento	2024-10-28 20:10:...	1 Year	Sacramento Steps ...	\$3,275,215	17	PSH	PH		
Home at Last	2024-10-28 20:13:...	1 Year	Sacramento Steps ...	\$437,908	1	PSH	PH		
Achieving Change ...	2024-10-28 20:36:...	1 Year	Lutheran Social S...	\$1,116,892	12	PSH	PH		

Senior Connect	2024-10-29 13:50:...	1 Year	Lutheran Social S...	\$644,404	11	PSH	PH		
Youth Connect	2024-10-29 13:51:...	1 Year	Lutheran Social S...	\$443,338	5	PSH	PH		

Continuum of Care (CoC) Planning Project Listing

Instructions:

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

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

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
SSF Planning Proj...	2024-10-28 18:48:...	1 Year	Sacramento Steps ...	\$1,500,000	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

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

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

☒

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☒

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
Waking the Villag...	2024-10-15 20:03:...	Waking the Village	\$1,087,732	JOINT TH-RRH	1 Year	Yes		
Waking the Villag...	2024-10-15 20:03:...	Waking the Village	\$212,267	SSO	1 Year	Yes		
HMIS - YHDP	2024-10-28 18:22:...	Sacrament o Steps ...	\$110,000	HMIS	1 Year	Yes		
System Navigation ...	2024-10-28 18:21:...	Sacrament o Steps ...	\$287,500	SSO	1 Year	Yes		
Coordinate d Entry...	2024-10-28 18:23:...	Sacrament o Steps ...	\$110,000	SSO	1 Year	Yes		

Project Applicant Project Details

Project Name: Waking the Village TH-RRH FY2024
Project Number: 220970
Date Submitted: 2024-10-15 20:03:37.559
Applicant Name Waking the Village
Budget Amount \$1,087,732
Project Type JOINT TH-RRH
Program Type JOINT TH-RRH
Component Type JOINT TH-RRH
Grant Term 1 Year
Priority Type JOINT TH-RRH

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: Waking the Village Youth Led Outreach FY2024
Project Number: 220971
Date Submitted: 2024-10-15 20:03:18.197
Applicant Name Waking the Village

Budget Amount \$212,267
Project Type SSO
Program Type SSO
Component Type SSO
Grant Term 1 Year
Priority Type SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: HMIS - YHDP
Project Number: 223396
Date Submitted: 2024-10-28 18:22:24.234
Applicant Name Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount \$110,000
Project Type HMIS
Program Type HMIS
Component Type HMIS
Grant Term 1 Year
Priority Type HMIS

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: System Navigation-YHDP
Project Number: 224827
Date Submitted: 2024-10-28 18:21:12.077
Applicant Name Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount \$287,500
Project Type SSO
Program Type SSO
Component Type SSO
Grant Term 1 Year
Priority Type SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name: Coordinated Entry-YHDP
Project Number: 223395
Date Submitted: 2024-10-28 18:23:30.514
Applicant Name: Sacramento Steps Forward (CA-503 Project Applicants)
Budget Amount: \$110,000
Project Type: SSO
Program Type: SSO
Component Type: SSO
Grant Term: 1 Year
Priority Type: SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

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

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

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

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$30,780,112
New CoC Bonus and CoC Reallocation Amount	\$6,445,078
New DV Bonus Amount	\$2,616,324
New DV Reallocation Amount	\$0
CoC Planning Amount	\$1,500,000
YHDP Renewal and Replacement Amount	\$1,807,499
YHDP Reallocation Amount	
Rejected Amount	\$740,390
TOTAL CoC REQUEST	\$43,149,013

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	2991 Forms Signed	10/28/2024
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: 2991 Forms Signed

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	10/21/2024
2. Reallocation	10/28/2024
5A. CoC New Project Listing	10/28/2024
5B. CoC Renewal Project Listing	10/29/2024
5D. CoC Planning Project Listing	10/28/2024
5E. YHDP Renewal Project Listing	10/28/2024

5F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
Funding Summary	No Input Required
Attachments	10/28/2024
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City and County Continuum of Care

Project Name: See attached list

Location of the Project: Unincorporated Areas of Sacramento City, see attached list

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

Name of Certifying Jurisdiction: City of Sacramento Housing Authority

Certifying Official of the Jurisdiction

Name: La Shelle Dozier

Title: Executive Director

Signature:



Date: 10/24/2024

Sacramento Continuum of Care FY2024 CoC Program Competition Projects Priority Listing
Projects in the City of Sacramento |
Approved by CoC Board October 9th, 2024

Project Name	Applicant Name	Type	Address
Lavender Courtyard**	Lutheran Social Services	PSH Renewal	1616 F Street, Sacramento, CA 95814
Youth Connect	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Connections	Lutheran Social Services	RRH Renewal	3200 V Street, Sacramento, CA 95817
Saybrook	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
440 Arden Way	Lutheran Social Services	PSH New	440 Arden Way, Sacramento, CA 95815
Building Bridges	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Quinn Cottages	Cottage Housing	PSH Renewal	1500 N A Street, Sacramento, CA 95811
Senior Connect	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Shelter Plus Care Boulevard Court	SHRA	PSH Renewal	5321 Stockton Blvd, Sacramento, CA 95820
Step Up Sacramento	Next Move Homeless Services	PSH Renewal	8001 Folsom Blvd, Sacramento, CA 95826
Omega	Next Move Homeless Services	PSH Renewal	8001 Folsom Blvd, Sacramento, CA 95826
New Vision (Friendship)*	SHELTER, Inc.	Renewal PSH-TH-RRH	700 North 5th Street, Sacramento, CA 95811
New Chance*	SHELTER, Inc.	Renewal PSH-TH-RRH	1333 Willow Pass Rd, Concord, CA 94520
Esperanza Sacramento Rising*	SHELTER, Inc.	RRH TH-RRH Renewal	700 North 5th Street, Sacramento, CA 95811
Cornerstone Boulevard*	Lutheran Social Services	PSH Renewal	4390 47th Avenue, Sacramento, CA 95824
Northview Pointe*	Hope Cooperative	PSH Renewal	2330 Northview Drive, Sacramento, CA 95833
Sacramento HMIS*	Sacramento Steps Forward	HMIS	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
SSF Sacramento CES*	Sacramento Steps Forward	Coordinated Entry	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
SSF Sacramento Survivors CES*	Sacramento Steps Forward	Coordinated Entry	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Shelter Plus Care TRA	SHRA	PSH Renewal	630 I Street, Sacramento, CA 95814
Shelter Plus Care TRA	SHRA	PSH Renewal	630 I Street, Sacramento, CA 95814
Next Chapter Housing	Wind Youth Services	Joint TH-RRH New	815 S Street, Sacramento, CA 95811
Esperanza Sacramento - DV	SHELTER, Inc.	RRH TH-RRH Renewal	700 North 5th Street, Sacramento, CA 95811
Waking the Village Youth-Led Outreach	Waking the Village	SSO-Street Outreach	1219 S St, Sacramento, CA 95811
College Initiative	Lutheran Social Services	SSO	3200 V St, Sacramento, CA 95817
Inspiring Youth Voices	Lutheran Social Services	RRH	3200 V St, Sacramento, CA 95817
HMIS - YHDP	Sacramento Steps Forward	HMIS	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Coordinated Entry - YHDP	Sacramento Steps Forward	SSO-CE	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
Systems Navigation and Supportive Services	Sacramento Steps Forward	SSO-CE	2150 River Plaza Drive, Suite 385, Sacramento, CA 95833

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City & County of Continuum of Care

Project Name: See attached list

Location of the Project: Unincorporated Areas of Sacramento County, see attached list

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

Name of Certifying Jurisdiction: County of Sacramento Housing Authority

Certifying Official of the Jurisdiction
Name: La Shelle Dozier

Title: Executive Director

Signature:

Date:

10/23/2024

Sacramento Continuum of Care FY2024 CoC Program Competition Projects Priority Listing Projects in the County of Sacramento |
Approved by CoC Board October 9th, 2024

Project Name	Applicant Name	Type	Address
Home At Last**	Next Move Homeless Services	PSH Renewal	4525 Parker Avenue, Sacramento, CA 95820
Mutual Housing at Highlands**	Lutheran Social Services	PSH Renewal	6010 3th Street, North Highlands, CA 95660
Achieving Change Together (ACT)	Lutheran Social Services	PSH Renewal	4215 Palm Avenue, Sacramento, CA 95842
Survivors of Human Trafficking (DV)	Opening Doors, Inc.	TH-RRH Renewal	1111 Howe Avenue #125, Sacramento, CA 95825
My Sister's House (MSH) - RRH (DV)	My Sister's House	RRH	3101 Fulton Avenue, Sacramento, CA 95821
Hope RA	Hope Cooperative (TLCS)	PSH Renewal	650 Howe Avenue Bldg 400-A, Sacramento, CA 95825
CARE Campus*	Lao Family Community Development	Renewal PSH-TH-RRH	3205 Hurley Way, Sacramento, CA 95864
New Transitional and Rapid Rehousing Project*	Bridging Initiatives International	Renewal RRH-TH	5435 Yellow Pine Way, Sacramento, CA 95841
Step Up on Second Sacramento PSH	Step Up on Second Street	PSH New	4600 Northgate Suite 235, Sacramento, CA 95834
Arrive Together (DV)	SHELTER, Inc.	RRH New (DV Bonus)	1333 Willow Pass Rd, Concord, CA 94520
New Destiny	SHELTER, Inc.	PSH New	1333 Willow Pass Rd, Concord, CA 94520
Joy of Living (DV)	Lao Family Community Development	TH-RRH Renewal	3205 Hurley Way, Sacramento, CA 95864
Bridging Joint RRH Project (DV)	Bridging Initiatives International	RRH New (DV Bonus)	5435 Yellow Pine Way, Sacramento, CA 95841
Pathways Fairview & Bravado Project	Turning Point Community Programs	PSH Renewal	3216 Fairview Court, Sacramento, CA 95821

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City and County Continuum of Care

Project Name: Waking the Village TH-RRH

Location of the Project: 8576 Petunia Way, Elk Grove, CA 95624

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

Waking the Village

Name of Certifying Jurisdiction: City of Elk Grove

Certifying Official of the Jurisdiction

Name: Jason Behrmann

Title: City Manager

Signature:



Date: 10/24/24

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Sacramento City and County Continuum of Care

Project Name: Mather Veterans Village

Location of the Project: 3611 Bleckely, Rancho Cordova, CA 95655

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

Mercy Housing California

Name of Certifying Jurisdiction: City of Rancho Cordova

Certifying Official of the Jurisdiction

Name: Micah Runner

Title: City Manager

Signature:

David W. Kury for: Micah Runner
Assistant City Mgr.

Date:

10/23/24