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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MO-604 - Kansas City (MO&KS), Independence, Lee’s Summit/Jackson, Wyandotte Counties CoC

1A-2. Collaborative Applicant Name: Greater Kansas City Coalition to End Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Greater Kansas City Coalition to End Homelessness
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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1B-1. Inclusive Structure and Participation–Participation in Coordinated Entry.

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participated in CoC Meetings</th>
<th>Voted, Including Electing CoC Board Members</th>
<th>Participated in CoC’s Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Agencies serving survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>10. Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>12. LGBTQ+ Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>13. Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Local Jail(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No.</td>
<td>Category</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>16.</td>
<td>Mental Illness Advocates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Organizations led by and serving Black, Brown, Indigenous and other People of Color</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Organizations led by and serving LGBTQ+ persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Organizations led by and serving people with disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Other homeless subpopulation advocates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Public Housing Authorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>School Administrators/Homeless Liaisons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>State Domestic Violence Coalition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>State Sexual Assault Coalition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Street Outreach Team(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Substance Abuse Advocates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Substance Abuse Service Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Victim Service Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Domestic Violence Advocates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Other Victim Service Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Youth Advocates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Youth Homeless Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Youth Service Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B-2</td>
<td>Open Invitation for New Members.</td>
</tr>
</tbody>
</table>

NOFO Section VII.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 with individuals with disabilities, including the availability of accessible electronic formats;
3. invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)
1. MO-604 CoC openly invites new members to join the CoC through public advertisement. The Greater Kansas City Coalition to End Homelessness' (GKCCEH), MO-604’s lead agency, website and all social media platform contains general information about the CoC and the membership application. Additionally, GKCCEH staff are available to answer questions individuals may have regarding CoC membership.

2. MO-604 CoC is committed to serving all individuals and providing information with dignity and equity, regardless of their abilities. Vital community information is communicated through electronic means, such as CoC wide emails, posts on the GKCCEH website and all social media platforms. Information is also presented in CoC monthly meetings, where all members are invited to attend. Additionally, all meetings presented virtually offer close captioning. Presentation content is available to anyone who would like it. Again, GKCCEH staff members are available to meet one-on-one with individuals upon request.

3. MO-604 CoC is inclusive and invites all organizations to aid in addressing equity concerns. The CoC is committed to creating organizations with diverse staff that reflect the individuals being served. This is done through communication tools such as newsletters, social media, fundraising events, and other platforms to provide research data, stories, and analysis that highlight racial disparities, discuss causes and provide strategies to address the causes and reverse the harm.

<table>
<thead>
<tr>
<th>1B-3.</th>
<th>CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOFO Section VII.B.1.a.(3)</td>
</tr>
</tbody>
</table>

Describe in the field below how your CoC:

1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;

2. communicated information during public meetings or other forums your CoC uses to solicit public information; and

3. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)
1. MO-604 CoC considers opinions and knowledge on homeless issues from community agencies and voices outside the continuum. GKCCEH regularly welcomes input from community agencies and individuals served. For example, all CoC policies and procedures are distributed for CoC members feedback and voted on by the full CoC membership for approval. GKCCEH staff and various members of the CoC often schedule collaboration meetings with other CoCs to discuss best practices and learn new strategies to prevent and end homelessness. Additionally, the City of Kansas City has created a homeless task force and GKCCEH staff and other CoC members regularly collaborate with this task force. Lastly, GKCCEH has also collaborated with multiple volunteer groups located throughout the CoC’s geographic region who serve individuals experiencing street homelessness. These volunteer groups have personal knowledge and relationships with some of the most vulnerable folx who are not accessing the system in traditional ways.

2. MO-604 CoC utilizes CoC-wide monthly meetings to communicate with the community at large. These meetings allows GKCCEH to inform to community of updates and engage in discussions. The community also utilizes this meeting as time for the membership to provide feedback and vote on proposed policies and procedures. GKCCEH strongly encourages input from other agencies on community updates and concerns.

3. MO-604 CoC participates in conversations about ending homelessness with outside agencies, local elected officials, law enforcement entities, other social institutions, and most importantly with people with lived experience (PLE) of homelessness. As stated before, GKCCEH meets with outside resources regularly to discuss new ways to prevent and end homelessness. GKCCEH staff engage in evidence-based practices by studying successful efforts from other CoCs. GKCCEH partnered with the KCMO Houseless Taskforce this year, conducting several street level assessments with those experiencing homelessness to be utilized when writing the City’s Strategic Plan to Ending Homelessness.

1B-4. Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.

NOFO Section VII.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. how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)
1. GKCCEH encourages all community wide projects to apply for the local competition. GKCCEH provides a comprehensive guide for applying for funding and supportive staff office hours to answer questions. GKCCEH publishes the rating factors for the competition to allow programs insight into what the CoC is looking for.

2. GKCCEH provides all project applicants with detailed instructions for submitting their applications. This year our CoC is utilizing Zoom Grants, an online application management system, along with a webinar training and support available. Detailed instructions and general information regarding the competition is communicated through CoC wide emails, social media, and is available on the GKCCEH website.

3. GKCCEH utilizes a panel of impartial community members to review project applications to submit to HUD for funding. The panel consists of individuals from different social institutions, agencies, as well as PLE. This year, half of our panel consists of those of lived expertise of homelessness. The panel scores projects on rating factors such as adherence to Housing First principles, participation in the Coordinated Entry System (CES), and successful exits from programs into permanent housing.

4. GKCCEH is committed to serving all individuals and providing information with dignity and equity, regardless of their abilities. Vital community information is communicated through electronic means, such as CoC wide emails, posts on the GKCCEH website and all social media platforms. Information is also presented in CoC monthly meetings, where all members are invited to attend. Additionally, all meetings presented virtually offer close captioning. Presentation content is available to anyone who would like it. GKCCEH staff members are available to meet one-on-one with individuals upon request.
**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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- FY 2022 CoC Application Navigational Guide;
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- PHA Crosswalk; and
- Frequently Asked Questions

### 1C-1. Coordination with Federal, State, Local, Private, and Other Organizations.

NOFO Section VII.B.1.b.

In the chart below:

1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or

2. select Nonexistent if the organization does not exist within your CoC’s geographic area.

<table>
<thead>
<tr>
<th>Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects</th>
<th>Coordinates with the Planning or Operations of Projects?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Housing and services programs funded through other Federal Resources (non-CoC)</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Housing and services programs funded through private entities, including Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Housing and services programs funded through U.S. Department of Health and Human Services (HHS)</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Housing and services programs funded through U.S. Department of Justice (DOJ)</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Indian Tribes and Tribally Designated Housing Entitles (TDHEs) (Tribal Organizations)</td>
<td>No</td>
</tr>
<tr>
<td>11. Organizations led by and serving Black, Brown, Indigenous and other People of Color</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Organizations led by and serving LGBTQ+ persons</td>
<td>Yes</td>
</tr>
<tr>
<td>13. Organizations led by and serving people with disabilities</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Public Housing Authorities</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>17. Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
</tbody>
</table>
1C-2. CoC Consultation with ESG Program Recipients.

NOFO Section VII.B.1.b.

Describe in the field below how your CoC:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;</td>
</tr>
<tr>
<td>2.</td>
<td>participated in evaluating and reporting performance of ESG Program recipients and subrecipients;</td>
</tr>
<tr>
<td>3.</td>
<td>provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and</td>
</tr>
<tr>
<td>4.</td>
<td>provided information to Consolidated Plan Jurisdictions within your CoC’s geographic area so it could be addressed in Consolidated Plan update.</td>
</tr>
</tbody>
</table>

(limit 2,500 characters)

1. GKCCEH staff actively participate in the planning and allocation of ESG funds in both Wyandotte County, KS and Jackson County, MO. GKCCEH’s Executive Director serves on the applicant review committees for annual ESG funding requests in both Wyandotte County, KS and the City of Kansas City, MO. Additionally, GKCCEH staff meet directly with the Unified Government of Wyandotte County/Kansas City, KS (UGW) to assist in determining the most efficient ways to allocate ESG funding. GKCCEH also provides feedback to Missouri Housing Development Commission (MHDC) regarding ESG funding administered through the state of Missouri for Jackson County, MO.

2. While reviewing ESG applications for both Kansas City, KS (Wyandotte County) and Kansas City, MO, GKCCEH staff are asked to offer specific evaluations of any programs also receiving CoC funding, with a particular focus on cost effectiveness and housing outcomes.

3. GKCCEH makes PIT and HIC data available on our website along with completing several community wide presentations at various community meetings where staff from both the UGW and the City of KCMO are in attendance. Digital copies of all PIT and HIC reports are also sent out via email to all CoC member agencies.

4. GKCCEH has open lines of communication with both the UGW and the City of KCMO. GKCCEH staff communicate via email weekly with contacts from each jurisdiction and regularly offer local housing outcomes, performance measures, and internal strategic planning updates that influence/guide Consolidated Plan updates. GKCCEH began facilitating monthly meetings with the UGW and the City of KCMO to open lines of communications with the different jurisdictions and ensure similar strategic planning is occurring across the geographic area. Additionally, both jurisdictions regularly attend and engage in GKCCEH membership meetings as well as gather and disseminate information to GKCCEH and the MHDC as needed. Several CoC-funded agencies provide input and feedback to the Cities of Blue Springs, Lee's Summit, and Independence, MO, as well as to the State of Missouri, to provide information for their respective Consolidated Plans.
1C-3. Ensuring Families are not Separated.

NOFO Section VII.B.1.c.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.</td>
</tr>
<tr>
<td>2.</td>
<td>Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.</td>
</tr>
<tr>
<td>3.</td>
<td>Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.</td>
</tr>
<tr>
<td>4.</td>
<td>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.</td>
</tr>
<tr>
<td>5.</td>
<td>Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.</td>
</tr>
<tr>
<td>6.</td>
<td>Other. (limit 150 characters)</td>
</tr>
</tbody>
</table>

1C-4. CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.

NOFO Section VII.B.1.d.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Youth Education Provider</td>
</tr>
<tr>
<td>2.</td>
<td>State Education Agency (SEA)</td>
</tr>
<tr>
<td>3.</td>
<td>Local Education Agency (LEA)</td>
</tr>
<tr>
<td>4.</td>
<td>School Districts</td>
</tr>
</tbody>
</table>

1C-4a. Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.

NOFO Section VII.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)
MO-604 CoC member agencies have significant partnerships with school districts across the continuum. Program staff are provided with training regarding the McKinney-Vento Act and the process school districts are required to implement for children who are in homeless situations as defined by the legislation. Most member agencies, particularly those that serve school aged children, have procedures to ensure individuals and families are made aware of their educational rights under the McKinney-Vento Act as part of intake in a program. Many agencies in the CoC have formal memorandums of understanding (MOU) with school districts in their area that expedite the enrollment process for children in need of educational services. McKinney-Vento Liaisons from various school districts are members of committees within the CoC governance and operational structure. The Kansas City, Missouri Public Schools McKinney-Vento Liaison is a member of GKCCCEH's board of directors. Additionally, the Kansas City, Kansas Public Schools McKinney-Vento Coordinator is an active member of the CoC's Administration and Finance committee. These staff members are an integral part of the policy decision making process for the lead agency and the CoC as a whole.

Youth serving organizations within the MO-604 CoC conduct an annual training and overview of services provided through street outreach, youth shelters, and transitional living programs to area school district McKinney-Vento Liaisons, Counselors, Social Workers, and Administrators. This annual meeting provides knowledge to school districts’ staff regarding the services available to youth and increases the collaboration between service providers and schools.

1C-4b. Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.

<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.d.</th>
</tr>
</thead>
</table>

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

(limit 2,500 characters)

CoC provider’s policies and procedures regarding eligibility for educational services while experiencing homelessness are dictated largely by the McKinney-Vento Act. Upon intake or engagement in services, providers promptly inform the family, youth, and/or individual about their educational rights. Providers give information verbally and in writing to help those understand they have the right to attend their school of origin to continue education progress in that setting. They also have the right to immediately enroll in a school that serves the geographical area of the location the household is staying. Homeless Liaisons are contacted in order to ensure a quick transition into a new education setting in order to limit disruption to the student's educational experience and progress. GKCCCEH continues to participate in active MOUs with local organizations in order to establish the “co-creation of strategic interventions.” Many such local organizations offer services in multiple languages to allow for clear understanding of local educational services by all households experiencing homelessness. These local organizations and education providers participate in GKCEH’s monthly membership meetings and other relevant planning and service-related activities.
1C-4c. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

NOFO Section VII.B.1.d.

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

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

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

NOFO Section VII.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking:

1. update CoC-wide policies; and

2. ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)
1. MO-604 CoC’s Coordinated Entry Governance Committee (CEGC) recently created a robust CE Policies and Procedures manual. The CEGC includes two victim service providers (VSP) who provided input on best practices from a DV lens. The CEGC also includes two individuals with lived experience of domestic violence who open discussions on their experiences to ensure proposed policies and procedures are client-centered. Included in the policies and procedures are language and scenarios specific to survivors of DV, dating violence, sexual assault, and stalking. In addition to the policies and procedures, local DV agencies have partnered with GKCCEH to implement a DV BNL to further protect the privacy of those fleeing. DV specific ROIs have been included as part of the process to maintain confidentiality and an added layer of vetting for any additional providers not working within a VSP. A client summary and Lethality Assessment Program (LAP) assessment has been added as part of the CES intake to include any pertinent information. Finally, there is a DV specific prioritization process to ensure those clients are able to be equitably prioritized while maintaining anonymity.

2. GKCCEH coordinates with VSPs to ensure all program staff are competent at addressing safety concerns and implementing best practices when working with survivors of domestic violence. All project staff are trained to utilize trauma-informed services, crisis interventions and safety planning. One VSP, Rose Brooks Center, partners with GKCCEH to offer an annual DV training to all member agencies, a quarterly training for new CE assessors, and an annual refresher training course for current CE assessors. These trainings cover DV dynamics, safety planning, best practices, LAP, and local resources.

VSP and PLE serve as the leaders and experts on best practices on survivor-centered services in our CoC. VSP play a key role in CoC workgroups to offer expertise, consultation, and technical assistance around policies/protocols that relate to safety planning and trauma-informed, survivor-centered best practices.

We continue to offer training in areas we see gaps in our system. For example, human trafficking is not the specialty of many VSP in our CoC, leaving a major gap in service for those experiencing trafficking. In recognition of this gap, we have external experts hosting a training on trafficking. We continue to strive to better serve all survivors of violence in category 4 of homelessness.

1C-5a. Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

NOFO Section VII.B.1.e.

Describe in the field below how your CoC coordinates to provide training for:

1. project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and

2. Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).
1. GKCCCEH coordinates with VSPs to ensure all CoC- and ESG-funded project staff are competent at addressing safety concerns and implementing best practices when working with those fleeing DV as defined in HUD’s Category 4 homeless definition. All project staff are trained to utilize trauma-informed services, crisis interventions and safety planning. One VSP, Rose Brooks Center, partners with GKCCCEH to offer an annual domestic violence training to all member agencies. Additionally, Rose Brooks Center also partners with GKCCCEH to facilitate a quarterly training for new CE assessors and an annual refresher training course for current CE assessors. These trainings cover what constitutes DV, the prevalence of DV (including among LGBTQ+, racial/ethnic, and disabled populations), DV dynamics, safety planning including considerations for persons from marginalized communities, best practices, LAP protocol, and local resources. Using a quality improvement mindset, GKCCCEH and its VSP partners regularly evaluate and evolve to better meet the changing needs of survivors locally. Additional trainings are offered on an “as needed” basis.

2. VSPs serve as the leaders and experts on DV best practices regarding survivor-centered services in our CoC. VSPs play a key role by participating in CoC work groups to offer expertise, consultation, and technical assistance around policies and protocols that relate to safety planning, DV survivors, and trauma-informed, survivor-centered best practices. Representatives from two VSPs serve on the CEGC which oversees the CES planning process and ensures that all CES policies and procedures are in alignment with ESG Program and CoC Program written standards. One VSP representative serves on the Administration and Finance Committee, which is tasked with setting forth policy regarding the annual CoC funding competition. These Governance Committees each meet twice monthly. Additionally, all CE assessors are well versed in best practices, including safety planning and trauma-informed care. CE assessors implement these best practices when triaging survivors of domestic violence upon entry into the CES. All new CE assessors receive extensive DV training (offered quarterly) and current CE assessors receive an annual refresher training course required to maintain their CE assessor certification.

**1C-5b. Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**

NOFO Section VII.B.1.e.

**Describe in the field below:**

1. the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and

2. how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.
1. MO-604 CoC uses multiple de-identified aggregate sources to gather data on survivors of domestic violence, dating violence, sexual assault and stalking. The CoC’s four currently-funded VSPs each use one of three databases: Osnium, Apricot, and a standalone version of CaseWorthy. The standalone version of CaseWorthy holds the DV by-name list (BNL). In addition to these sources, MO-604 uses de-identified data entered into its own HMIS and provided by non-CoC funded VSPs.

2. Since 2019, VSPs and GKCCEH staff have met monthly as a subcommittee of the CEGC to assess and address the special needs of DV survivors, including collaboratively identifying and addressing trends observed by agency’s de-identified aggregate data. This subcommittee provides aggregate data to GKCCEH upon request. In 2022, the subcommittee implemented a process which gives survivors assessed at DV agencies (which cannot enter into HMIS) the choice to enroll in a DV SSO-CE project managed by one of the VSPs, Rose Brooks Center. An alternative process exists for those who choose not to enroll. Rose Brooks Center's comparable database is a stand-alone database from a HMIS vendor and is up to date with HUD Data Standards. Rose Brooks Center is taking on this new data collection responsibility which will help to reduce data duplication between each agency and with the mainstream BNL. It also will allow for deeper data analysis which will further inform the local CoC’s understanding of the prevalence of DV and guide best practice responses to those who meet HUD’s Category 4 Homeless Definition. Also this year, in preparation for this consolidated application, CoC-funded and non-CoC funded VSPs met together to strategize around the available DV Bonus funds and began to develop responses to the NOFO’s DV-related questions, using data from each VSP’s respective comparable databases. Despite these successes, how to use de-identified aggregate data to best meet the specialized needs related to DV and homelessness remains a conscious area for growth.
1. It is the role of GKCCEH to ensure that appropriate policies and procedures are in place to protect the safety of clients, particularly within our CoC, including ESG-funded programs. These policy and procedure, which is included in the CoC's Coordinated Entry Policies & Procedures manual, addresses safety of individuals who are experiencing or have experienced domestic violence, dating violence, sexual assault, and/or stalking. In accordance with the Violence Against Women Act (VAWA) and other entities, MO-604 CoC allows individuals affected by domestic violence, dating violence, sexual assault, and/or stalking to request an emergency transfer from their current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.

2. An individual who is affected by domestic violence, dating violence, sexual assault, and/or stalking is eligible for an emergency transfer if the individual reasonably believes that there is a threat of imminent harm from further violence if the individual remains within the same unit. To request an emergency transfer, an individual shall notify the housing provider (HP). The HP will provide any necessary forms to the individual as well as assist in creating a safety plan for the individual. The HP may choose to waive the requirement of documentation for the individual if they are already familiar with the individual’s experiences of violence. However, it is then the responsibility of the HP to provide documentation for the request. The HP will provide reasonable accommodations to this policy for individuals with disabilities. For example, if an individual is unable to fill out the form, the HP is responsible for providing a staff member to complete and turn in the form with the individual. Regardless of an individual’s abilities, the Emergency Transfer Form will be accepted in written, electronic, or other methods of submission. The individual’s written request should include a statement expressing that the individual reasonably believes that there is a threat of imminent harm from further violence if they were to remain in the same dwelling unit, and the general reasons indicating to the individual that there is a threat of imminent harm from further violence.

<table>
<thead>
<tr>
<th>1C-5d.</th>
<th>Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.e.</td>
<td></td>
</tr>
</tbody>
</table>

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC’s geographic area.

(limit 2,500 characters)
All populations and sub-populations, including survivors of domestic violence, dating violence, sexual assault, stalking, and trafficking have fair and equal access to the CES. Our common assessment tool includes questions regarding violence and its' impact on the client's current housing situation. It further includes the researched-based LAP protocol to assess the degree to which a survivors' experiences indicate risk of further harm and death. GKCCEH continues to outreach to service providers of all types to recognize and support survivors wherever they present to the CoC to increase survivors’ access to housing and services.

MO-604 CoC has created a separate process for individuals who would like to remain de-identified through CE process to increase safety of survivors and protect their confidentiality. Because VSPs are prohibited to entering client-level into HMIS, this process allows survivors being served by VSPs to have continued access to housing and other services.

1C-5e. Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Describe in the field below how your CoC's coordinated entry includes:

1. safety protocols,
2. planning protocols, and
3. confidentiality protocols.

(limit 2,500 characters)
1. As required by HUD, GKCCEH coordinates with VSPs to ensure member agencies (regardless of funding source) are able to address survivors' unique need for housing and supportive services to prioritize safety. Evaluating, responding to, and prioritizing safety of DV survivors is of upmost importance. Therefore, MO-604's safety protocols include screening for DV, implementing upon DV disclosure the research-based LAP protocol as part of the CE common assessment tool, using that tool in the prioritization process for housing assistance, conducting safety planning, taking measures to ensure confidentiality, and using MO-604’s Emergency Transfer Policy.

2. Each of the aforementioned safety protocols incorporate trauma-informed, victim-centered approaches that maximize client choice. Annual DV training to the CoC membership includes safety planning processes, and new CE assessor training includes a full 8 hours of DV education, half of which is spent on safety planning education and practice. This training coaches service providers to recognize that safety planning is the number one tool to increase survivor safety and includes much more than just physical safety, to include financial security, children's well-being, psychological health, among others. Training also includes that survivors constantly assess risk and enact safety plans even though they may not know that term or concept. Therefore, providers can help survivors to identify their abuser's patterns and tendencies, evaluate what has worked in the past, learn how to access relevant resources, and make educated plans for the future.

3. Each of the aforementioned safety protocols incorporate trauma-informed, victim-centered approaches that maximize client choice. Annual DV training to the CoC membership includes safety planning processes, and new CE assessor training includes a full 8 hours of DV education, half of which is spent on safety planning education and practice. This training coaches service providers to recognize that safety planning is the number one tool to increase survivor safety and includes much more than just physical safety, to include financial security, children’s well-being, psychological health, among others. Training also includes that survivors constantly assess risk and enact safety plans even though they may not know that term or concept.

### 1C-6.

**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Training.**

**NOFO Section VII.B.1.f.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>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)?</td>
<td>Yes</td>
</tr>
<tr>
<td>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)?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 1C-6a.

**Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.**

**NOFO Section VII.B.1.f.**

Describe in the field below:
1. The anti-discrimination policy for the COC is reviewed and updated every January. The current version of the policy was reviewed in committee in January of 2022 and found to be compliant with federal laws and national best practices. The MO-604 policy provides guidance for agencies to navigate local laws. In January 2023, the policy will be reviewed and updated to incorporate a more robust training component and requirements for the COC.

2. Through the local monitoring process, Lead Agency staff work one-on-one with providers to review agency level policies for consistency with COC priorities and federal mandates and make recommendations. The COVID-19 pandemic brought to the forefront the need for more in-depth training and evaluation of performance in this area. Emergency shelter has become an increasingly scarce resource in the COC. The few emergency shelters available to the community are relatively. Unfortunately, it has proven challenging to influence some shelter policies where marriage equality, non-traditional families, sexual orientation, and gender identity are concerned. The Kansas City area is uniquely situated on Highway 70 a major thoroughfare for human trafficking, which compounds the increased prevalence of interpersonal violence seen during the global pandemic. For this reason, a key area of concern for the Continuum is the need for more emergency housing resources for persons fleeing trafficking and other forms of violence, interpersonal violence experienced by those who identify as men and an overwhelming need for safe and affirming accommodations for individuals of trans experience, and in particular for Black trans women.

3. Currently, the evaluation process for adherence to COC policies and procedures is connected to a twice annual monitoring requirement. Starting in September of 2022, the monitoring process was updated to include a desk audit. In this process, COC funded agencies are required to electronically submit all required organizational policies for review and evaluation. Reviewing policies in isolation will enable Lead Agency staff to review and scrutinize agency policies and practices more closely.

4. To date, the COC has not taken punitive measures for non-compliance with policies. Instead, Lead Agency staff have sought to support funded agencies to get their programs into compliance. As mentioned previously, there is evidence to suggest more training and technical assistance would benefit COC projects.

---


NOFO Section VII.B.1.g.

You must upload the PHA Homeless PreferencePHA 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 FY 2021 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:

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry</th>
<th>Does the PHA have a General or Limited Homeless Preference?</th>
<th>Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Authority of Kansas City, MO</td>
<td>81%</td>
<td>Yes-Both</td>
<td>Yes</td>
</tr>
<tr>
<td>Independence Housing Authority</td>
<td>27%</td>
<td>Yes-Both</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-7a. Written Policies on Homeless Admission Preferences with PHAs.

NOFO Section VII.B.1.g.

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or

2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. GKCECEH shares a particularly close working relationship with Independence Housing Authority (IHA) and the Housing Authority of Kansas City, MO (HAKC). Both of these PHAs have homeless admission preferences within their administration plans. In fact, the 3 largest PHAs within CoC MO 604 do have homeless preference admission policies. Additionally, in 2019 both IHA and HAKC began exploring adding language to their administration plans regarding a ‘moving on’ style approach for clients who have successfully navigated permanent supportive housing placement and can move on to a lighter intervention housing model within a local PHA. HAKC and IHA have both updated their administration plans. In early 2021, IHA agreed to work in collaboration with the CoC and has agreed to set aside 3 units for the community to use.

2. This is not applicable to our CoC.

1C-7b. Moving On Strategy with Affordable Housing Providers.

Not Scored—for Information Only

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

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

**1C-7c. Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.**

NOFO Section VII.B.1.g.

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

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

**1C-7d. Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.**

NOFO Section VII.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. | EHV Program and FUP Program |

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

NOFO Section VII.B.1.g.

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

Yes
List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.

<table>
<thead>
<tr>
<th>PHA</th>
<th>The Housing Author...</th>
</tr>
</thead>
</table>

Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program? Yes

If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.
1C-7e.1. List of PHAs with MOUs

**Name of PHA:** The Housing Authority of Kansas City Missouri
## 1D. Coordination and Engagement Cont’d

### 1D-1. Discharge Planning Coordination.

NOFO Section VII.B.1.h.

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

<table>
<thead>
<tr>
<th>System</th>
<th>Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>Yes</td>
</tr>
<tr>
<td>Health Care</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>Yes</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 1D-2. Housing First—Lowering Barriers to Entry.

NOFO Section VII.B.1.i.

1. Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.

   **44**

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 2022 CoC Program Competition that have adopted the Housing First approach.

   **44**

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 2022 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 VII.B.1.i.

Describe in the field below:

1. how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;

2. the list of factors and performance indicators your CoC uses during its evaluation; and

3. how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)
1. The MO-604 CoC adheres to the foundational principles and objectives of the CoC framework. In this NOFO, by way of the tireless effort of active COC committees, it was determined there was a need for a universally understood commitment to the goals of the CoC program and need for deeper collaboration to effectively end homelessness locally. For this reason, each 2022 project applicant was required to complete a MOU with GKCCEH. The purpose of this MOU is to set forth expectations and responsibilities of the Lead Agency and the CoC Project Applicant. CoC Project Applicants are committed to the following values, principles, and procedures: Transparency; Equity and Inclusion; Timely, Meaningful Client Engagement; Competence; Capacity to Operate Program; Equitable, Low-Barrier Access; Fair Housing and Non-Discrimination; Housing First; Housing-Focused Interventions; Problem Solving and Accountability; Community-Wide Homeless Response; Data-Driven Decision-Making; Learning as a Cultural Practice; Client-centered and Strengths-Based Approaches; Nimble Responsiveness and Flexibility. To ensure compliance with the housing first model a thorough evaluation of each funded Housing Program is completed by GKCCEH staff.

Additionally, MO-604 has a grievance procedure for individuals to file a formal grievance if they feel a program is not adhering to Housing First. The Coordinated Entry Governance Committee responds to grievances to address any violations to Housing First.

2. -Client choice in housing
-Quick housing location/landlord relationships
-Lowering barriers to program entry (ex: unnecessary paperwork, sobriety, service connection)

We have contracted with Dr. Sam Tsemberis to provide our CoC training and technical assistance as it relates to Housing First.

3. MO-604 CoC regularly evaluates projects adherence to Housing First outside of the local CoC competition through annual monitorings by GKCCEH and gathering program participant and landlord feedback. Additionally, MO-604 has began analyzing the length of time from referral to move-in date. This have allowed us to investigate potential violation to Housing First. For example, if a program participant has been referred to a housing program for a considerable amount of time, we reach out to the housing program to better understand what is causing the delay in leasing up. In the past, this has led to revealing unnecessary requirements implemented by the program.

<table>
<thead>
<tr>
<th>1D-3. Street Outreach–Scope.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.j.</td>
</tr>
<tr>
<td>Describe in the field below:</td>
</tr>
<tr>
<td>1. your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;</td>
</tr>
<tr>
<td>2. whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;</td>
</tr>
<tr>
<td>3. how often your CoC conducts street outreach; and</td>
</tr>
<tr>
<td>4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.</td>
</tr>
</tbody>
</table>
1. The community has greatly increased street outreach efforts and coordination since the onset of the pandemic. Outreach workers, CIT Officers, PATH teams, mobile medical units, neighborhood associations and other service providers who conduct street outreach meet twice monthly for coordinated strategizing and case conferencing. Following these meetings, several outreach workers intentionally engage camps that have been identified as priority. Outreach engagement is action-focused by having housing-focused problem solving conversations. Four youth services organizations work together in a formal partnership to offer street outreach to youth across the entire CoC. The youth collaboration includes a 24-hour Safe Place response that ensures youth have access to immediate safe housing when requested. Outreach workers attend prioritization and placement team meetings and are able to provide assistance with referrals that are challenging to locate. The CoC recently passed outreach policies and procedures to formalize outreach efforts. Additionally, the CoC has implemented Show the Way (STW) app to coordinate Outreach efforts. STW is an innovative app designed specifically for outreach workers to log interactions with individuals experiencing homelessness and encampments using geolocation data.

2. Outreach efforts cover the entirety of the CoC geographic area. In the most populous regions of the CoC, local law enforcement, and Parks and Recreation are also engaged in outreach efforts connecting outreach teams to locations that we otherwise would not have access too. The STW app has geo-locating technology, which provides a visual orientation of real time efforts and inform outreach teams of where to devote their attention. In the areas where there are fewer outreach resources, fire departments and local law enforcement utilize the STW app to identify locations where outreach is needed.

3. Street Outreach workers and mobile medical units are out 7 days a week (day and nighttime shifts) serving a broad geographic area throughout the CoC.

4. These efforts have led to street outreach workers engaging with persons experiencing homelessness who had not previously been engaged with homeless assistance providers and/or been resistant to services previously. Outreach workers partner with faith-based and volunteer-run outreach efforts and local law enforcement to identify persons experiencing homelessness not engaged in traditional services.

<table>
<thead>
<tr>
<th>1D-4.</th>
<th>Strategies to Prevent Criminalization of Homelessness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.k.</td>
<td></td>
</tr>
</tbody>
</table>

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC’s geographic area:
Ensure Homelessness is not Criminalized | Reverse Existing Criminalization Policies
---|---
1. Engaged/educated local policymakers | Yes | Yes
2. Engaged/educated law enforcement | Yes | Yes
3. Engaged/educated local business leaders | Yes | Yes
4. Implemented community wide plans | Yes | Yes
5. Other: (limit 500 characters) | Our CoC has been collaborating with other CoCs and NAEH along with other organizations who have similar criminalization laws. | Yes | Yes

1D-5. Rapid Rehousing—RRH Beds as Reported in the Housing Inventory Count (HIC).

NOFO Section VII.B.1.i.

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
</table>
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.” | 752 | 375 |

1D-6. Mainstream Benefits—CoC Annual Training of Project Staff.

NOFO Section VII.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:

<table>
<thead>
<tr>
<th>Resource</th>
<th>CoC Provides Annual Training?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Food Stamps</td>
<td>Yes</td>
</tr>
<tr>
<td>2. SSI—Supplemental Security Income</td>
<td>Yes</td>
</tr>
<tr>
<td>3. TANF—Temporary Assistance for Needy Families</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Substance Abuse Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Employment Assistance Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Other (limit 150 characters)</td>
<td></td>
</tr>
</tbody>
</table>

1D-6a. Information and Training on Mainstream Benefits and Other Assistance.

NOFO Section VII.B.1.m

Describe in the field below how your CoC:

1. systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;
2. works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and

3. works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. GKCEEH holds monthly member meetings which includes updates from CoC member agencies located throughout the entire geographic area. Agencies report out on all community relevant mainstream benefit information to ensure the community has access. GKCEEH made available a searchable community resource guide on its website, informs the community via email any pertinent information regarding mainstream resources, and collaborated with the libraries to create and distribute a printable "Street Sheet", which contains local resources.

2. The University of Kansas Health Systems, Wyandot Center for Behavioral Healthcare, University Health and University Health Behavioral Health are active participants in multiple meetings throughout the community. Additionally, University Health has a CoC board member, and a MOU between University Health and GKCEEH to provide enhanced connection to medical, behavioral health and substance use services. Community outreach teams, such as Uplift and Care Beyond the Boulevard, coordinate with medical health providers. Both are active participants in coordination of health and homeless outreach.

3. The CoC membership includes PATH teams, which are required to employ SOAR workers to assist with application and follow-through of SSI/SSDI. Additionally, several CoC agencies employ SOAR workers as well as staff that are considered regional leads for SOAR. The CoC member agencies submit more SOAR applications in Missouri than any other region with the overall success rate just over 65%.


NOFO Section VII.B.1.n.

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

(limit 2,500 characters)
MO-604 has very few and extremely limited shelter options. There are two faith-based shelters that provide a modest number of high-barrier beds for the community. Because of this, addressing the vulnerability of those experiencing unsheltered homelessness was the first priority in the CoC’s pandemic response. When a stay-at-home order was issued in 2020, it was obvious that the available shelter resources were insufficient to meet the needs of the community. In response, CoC members dedicated funds to provide hotel rooms for those experiencing unsheltered homelessness in order to ensure social distancing. Funds were also used to quarantine those with confirmed cases of COVID-19 in hotel rooms. Additionally, the CoC played a large role in facilitating the City’s homeless hotel initiative, in which over 400 households experiencing homelessness were placed in hotel rooms for 90 days. Efforts were made to collect data and administer housing assessments for participants in the City’s program, which resulted in permanent housing and increased service engagement for many. Finally, in 2020, CoC members began discussions around establishing a housing navigation center as a housing-focused, low-barrier alternative to the existing emergency shelter options. This resulted in the establishment of a new CoC agency, Lotus Care House, a 35-room navigation center which operates out of a de-commissioned hotel. Lotus Care House spent the majority of the year providing temporary shelter for individuals on referral for housing programs from Coordinated Entry. In response to Missouri house bill 1606, which will criminalize unsanctioned camping in 2023, Lotus Care House will adopt a encampment decommissioning approach, which has been pioneered by other communities like Houston, Tx. Lotus Care House provides a much-needed alternative to emergency shelter for individuals experiencing homelessness on the journey to permanent housing.

<table>
<thead>
<tr>
<th>ID-8.</th>
<th>Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.o.</td>
<td></td>
</tr>
</tbody>
</table>

Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:

1. develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2. prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)
1. The pandemic presented unprecedented challenges that in retrospect, afforded the community a unique opportunity to reflect upon how to effectively strategize, share intellectual, and financial resources, and mount a much more targeted response. As silver lining to COVID-19, the COC and its partners have become much more adept at collaborative work and have begun to institutionalize some of the practices and procedures that were implemented out of necessity due to this public health emergency. The pandemic has further entrenched the connection between housing and healthcare in the community and the need for nimble and responsive services to address health, behavioral health, and disease prevention. Strategies implemented during the pandemic include: 1) formal agreements with health providers to create quicker access to health care; 2) working with health departments and emergency managers within the CoC to be responsive through pandemic and plan for future public health emergencies; 3) providing robust outreach and education to homeless encampments; 4) cross-sector partnerships emphasizing more effective service delivery; and 5) targeted and strategic communication.

More specifically, a CoC partner, the Kansas City Health Department (KCHD) is available to provide infectious disease outbreak updates and guidance both nationally and in the KC Metro area to the CoC, including recommended policies, procedures, and best practices. KCHD works closely with MODHSS, KDHE, and CDC to prepare for and address infectious disease outbreaks.

2. When people have access to all social determinants of health they are able to live healthy and safe lives. Access means we see positive healthy outcomes for Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, & Functional Limitations. For example, for people living with HIV, housing is one of the strongest predictors of their access to treatment, other health outcomes, and how long they will live.

Safe and stable housing is just the first step, but an important one, for persons living with HIV to gain access to and benefit from life-saving HIV treatments. Knowing this, we have ensured we have a CoC-funded project dedicated specifically to people living with HIV/AIDS to promote a good quality of life, access to treatment, and reduce community transmission of HIV.

| ID-8a. Collaboration With Public Health Agencies on Infectious Diseases. |
| NOFO Section VII.B.1.o. |
| Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by: |
| 1. sharing information related to public health measures and homelessness, and |
| 2. facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants. |

(limit 2,500 characters)
1. The Kansas City Health Department (KCHD) serves as lead public health agency in the KC Metro. KCHD provides updates on COVID-19, a recent syphilis outbreak, monkeypox, and any other relevant infectious disease information to GKCCEH members at meetings. Information shared includes the nature of variants/outbreaks, known risk factors, risk groups, treatment, preventive measures, best practices. The information is then distributed back to program participants. For example, when the COVID-19 pandemic began, our community rallied to ensure we had enough personal protective equipment (PPE) for not only staff members, but also program participants. Additionally, our programs were recommended to ensure program participants were given their own space as much as possible to limit the spread of the virus.

2. MO-604 CoC uses its' CoC membership meetings as a platform to distribute information regarding infectious disease outbreaks and the CoC's response to such outbreaks. Additionally, the CoC uses a mass email distribution to communicate vital information to the membership, which includes street outreach workers, housing and shelter providers. KCHD HIV Services Program coordinates and provides a comprehensive training on HIV Prevention and Care services in the region so CoC members know how to help link people experiencing homelessness to HIV/STI testing and care services.

<table>
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<tbody>
<tr>
<td>NOFO Section VII.B.1.p.</td>
</tr>
</tbody>
</table>

Describe in the field below how your CoC's coordinated entry system:

1. covers 100 percent of your CoC's geographic area;
2. uses a standardized assessment process; and
3. is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)
1. The MO-604 CoC covers the entirety of both Wyandotte County, Kansas and Jackson County, Missouri. Community agencies are positioned to cover all overreaching municipalities and serve all individuals throughout the area. To ensure access 24-hours a day, persons in need of assistance can access the CE process through the 2-1-1 phone system.

2. MO-604 CoC has incorporated a standardized assessment process across its CES. The same assessment process is used at each access point and across all populations, including the use of a Common Assessment Tool (CAT). The CAT collects sufficient information to assist making consistent prioritization decisions and facilitates access to housing and supportive services across MO-604’s service area. MO-604 currently utilizes the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) version 2. Three versions of the VI-SPDAT are used based on subpopulation - single adults, families, and youth.

3. MO-604’s Coordinated Entry Governance Committee (CEGC) is the new governing body of the CES and oversees the CES assessment process. The makeup of this group includes representatives from CE participating projects and people with lived experienced, specifically individuals who have gone through our local CES. The CEGC meets regularly to discuss and decide upon improvements and refinements to the current system, policies and procedures, special cases and broader systems change. This committee relies strongly on feedback from those outside of the committee, including participating projects and households that participated in CE.

1D-9a. Program Participant-Centered Approach to Centralized or Coordinated Entry.

NOFO Section VII.B.1.p.

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 preferences; and

4. takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)
1. MO-604 CoC recognizes the need for meeting people where they are in the field to ensure connection to homeless assistance. Agencies have partnered with local law enforcement, parks and recreation, and the city to conduct street outreach. These efforts have led to outreach workers engaging with persons experiencing homelessness who had not previously been engaged with homeless assistance providers and/or been resistant to services previously. It was identified in our community that there is a need for an innovative street outreach program tailored to our local public transit system. Outreach workers partner with faith-based and volunteer-run outreach efforts to identify persons experiencing homelessness not engaged in services.

2. The community utilizes the VI-SPDAT to prioritize individuals with the greatest need for assistance. The VI-SPDAT is an assessment tool that analyzes vulnerability and risk facts. These factors include mental health, physical disability, substance use, legal trouble, income barriers, and more. The VI-SPDAT also gives consideration for individuals experiencing DV or IPV, families with children under 18, chronically homeless adults, youth age 18-24, and veterans.

3. GKCCEH provides facilitation of weekly prioritization and housing solution meetings, which are open to all CoC participating agencies and is a requirement of at least one direct service provider per agency to attend. Weekly meetings allow for constant discussion of individual's situations and needs. These meetings allow agencies to coordinate care quickly and effectively. It is the community standard that individuals identified as in need of assessment are able to complete one within a week.

GKCCEH has implemented a standard for CE assessors to be present at prioritization meetings if one of their clients they have assessed is being discussed. This allows the assessor to communicate the client’s wants and needs prior to placing them in housing.

4. MO-604 CoC continues to takes steps to reduce burdens on people using CE. We have started utilizing our navigators to assist clients through the system more quickly by helping with document readiness, elimination of barriers, and housing location. Additionally, our outreach team has begun being more intentional about targeting encampments that are being decommissioned to get them connected to the necessary resources.

NOFO Section VII.B.1.q.

Describe in the field below:

1. your CoC’s process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and

2. what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. MO-604 CoC is doing the following to improve racial disparities and outcomes: organizations are encouraged to look at their data to determine if there is representation of the racial make up of the communities being served. The lead agency and programs provide regular and extensive cultural competency, diversity, and behavioral economics training. Many member agencies have begun or continued to use their influence and access with a broad range of community stakeholders to educate the larger community on racial inequalities and the need to address it across social sectors. This includes utilizing HMIS data to analyze and highlight any racial disparities within outcomes. After analysis we discuss causes and provide strategies to address the causes and reverse the harm. There is community-wide commitment to providing trauma-informed services. Providers value the expertise of those with lived experience in program development and evaluation.

2. In the past five years, GKCCEH staff have reviewed and analyzed HMIS and other data to first look for racial disparities within the homeless system. Local findings have proven consistent with those of other COCs where there is a dramatic overrepresentation of persons of color in homelessness. The most glaring disparity is seen in the percentage of persons identified as Black/African American who represent roughly 50% of the homeless population but only 28% of the general population. This disproportion is seen in every other non-white demographic group except for those who identify as Hispanic/Latinx. Over time, the COC Lead Agency has paid increased attention to the issue of race in homelessness and has sought to identify various means of communicating about and raising awareness of the issue as well as opportunities for training. GKCCEH staff regularly review HMIS data looking for trends but have only recently had the ability to look more closely at Coordinated Entry data. This August, while mining CE program data for insights, staff identified a new area of great concern emerged-- of the families on the community By-Name list

1D-10b. Strategies to Address Racial Disparities.

NOFO Section VII.B.1.q.

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.</td>
<td>Yes</td>
</tr>
<tr>
<td>3.</td>
<td>The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.</td>
<td>Yes</td>
</tr>
<tr>
<td>4.</td>
<td>The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.</td>
<td>Yes</td>
</tr>
<tr>
<td>5.</td>
<td>The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.</td>
<td>Yes</td>
</tr>
<tr>
<td>6.</td>
<td>The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.</td>
<td>Yes</td>
</tr>
<tr>
<td>7.</td>
<td>The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.</td>
<td>Yes</td>
</tr>
<tr>
<td>8.</td>
<td>The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.</td>
<td>Yes</td>
</tr>
<tr>
<td>9.</td>
<td>The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.</td>
<td>Yes</td>
</tr>
<tr>
<td>10.</td>
<td>The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.</td>
<td>Yes</td>
</tr>
<tr>
<td>11.</td>
<td>The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Other:(limit 500 characters)

12. |   |   |

1D-10c. Actions Taken to Address Known Disparities.

NOFO Section VII.B.1.q.

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)
MO-604 CoC is doing the following to improve racial equity, improve youth and LGBTQ+ access and outcomes:
- Organizations are focused on staffing diverse teams that are representative of the communities being served with most member agencies reporting diversity as a primary consideration in staffing decisions, including board membership.
- Lead agency and programs provide regular and extensive cultural competency and diversity training.
- Many member agencies have began or continued to use their influence and access with a broad range of community stakeholders to educate the larger community on racial inequalities and the need to address it across social sectors. This includes utilizing communication tools such as newsletters, social media, fundraising events, and other platforms to provide research data, stories, and analysis that highlight racial disparities, discuss causes and provide strategies to address the causes and reverse the harm.
- There is community-wide commitment to providing trauma-informed services.
- Providers value the expertise of those with lived experience in program development and evaluation. To best understand how effectively clients are being engaged at every level of the system, a robust, comprehensive, and ongoing analysis of the CES is being implemented.
- Determine points of entry and causes of homelessness and whether outreach, services, and housing opportunities are effectively reaching and engaging people of color.

| 1D-10d. Tracking Progress on Preventing or Eliminating Disparities. |
| NOFO Section VII.B.1.q. |

*Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.*

(limit 2,500 characters)
The CoC's Performance and Evaluation Committee, working alongside GKCCEH staff continue to deliberate this topic. We have come to realize Kansas City has a complex history of racism and housing segregation/discrimination and that recognizing there is a problem is the first of many steps that must be taken to address this issue. For these reasons, we have mutually agreed, in conversations between and among service providers and with individuals with lived experience, that our community's greatest hope for ending homelessness rests with open, honest dialog and perhaps, most importantly, with reconciliation. The community conversation on this topic continues to evolve, with ebbs and flows. MO-604 continues its efforts to improve racial equity, dismantle other forms of structural inequity and ultimately, to improve outcomes for all persons seeking assistance with specific attention paid to those most negatively and disproportionately impacted by the issue of homelessness. To that end, the following focus areas have been identified in the community's strategy to examine the needs of those who have historically been marginalized and excluded from upward mobility and greater life chances: 1) Incentivize agencies' commitment on staffing more diverse and representative teams, organizational leadership and governing bodies, 2) Providing regular and extensive Cultural Competency, Diversity, and Behavioral Economics training; and 3) Challenging CoC organizations to use their influence and access to educate the larger community on racial and systemic injustice and ways to address it across social sectors. There is community-wide commitment to investing in, teaching, and learning about equity by utilizing communication tools such as newsletters, social media, fundraising events, and other platforms to provide research data, stories, and analysis that highlight racial disparities, discuss causes and provide strategies to address the causes and reverse the harm. Kansas City is fortunate in that providers are truly well-meaning and value the expertise of those with lived experience in program development and evaluation. Still, more work must be done and the greatest challenge and opportunity for growth in the COC is to understand the ways in which homeless outreach, supportive services, and housing opportunities are effectively reaching and engaging people of color and other historically marginalized and excluded individuals, families, neighborhoods, and communities.


NOFO Section VII.B.1.r.

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

(limit 2,500 characters)
Recognizing the value and the critical importance of lived expertise and of using that wisdom to drive systems change, the CoC has sought to engage persons with lived expertise in a variety of ways. To start, after much more intentionally incorporating this perspective over the past two NOFO competitions, we recognized it is imperative that those who have been there, and who have participated in programs and services, be consulted when deciding how to allocate resources. For this reason, the NOFO Funding Review Committee now consists of half persons with lived experience. This subtle shift has ultimately resulted in much more focused and truthful conversations about the work that is underway in the community-- where there are gaps and challenges, what defines success, what defines customer satisfaction, and so on. This exercise has made it abundantly clear, those who have been in a homeless situation in our community are the best and most credible intellectual resource on the subject and so, to not ask them about their experiences-- what works/what doesn’t, is wasteful and to those who remain disengaged or in the housing queue, harmful in that it makes worse an already dire situation for them by prolonging their experience of homelessness and limiting their ability to successfully engage in and access services. In the beginning, feedback was sought from individuals in programs recruited by service providers. It did not take long to realize though that program participants experience a pressure to "perform," and more importantly, a sense that they might inadvertently disrupt their own housing stability by being "too honest." Fortunately, Lead Agency staff have a great deal of relationship capital amongst stakeholders, including those who continue to live unsheltered. For this reason, identifying individuals who have been on the street, in programs, and who are willing and able to candidly share their opinions has been relatively easy. Invariably, people who know what it is like to be in a homeless situation have a lot to say about that experience. What is missing from the provider perspective and what GKCCEH seeks to sort out is the need to engage folks who are unknown to the system and ways to provide better, more robust training and professional development, as well as longer-term opportunities for individuals to participate at a more "elite" level--in program design, peer mentorship, leadership, and COC governance.

### 1D-11a. Active CoC Participation of Individuals with Lived Experience of Homelessness.

**NOFO Section VII.B.1.r.**

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

<table>
<thead>
<tr>
<th>Level of Active Participation</th>
<th>Number of People with Lived Experience Within the Last 7 Years or Current Program Participant</th>
<th>Number of People with Lived Experience Coming from Unsheltered Situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Included and provide input that is incorporated in the local planning process.</td>
<td>112</td>
<td>23</td>
</tr>
<tr>
<td>2. Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.</td>
<td>87</td>
<td>15</td>
</tr>
<tr>
<td>3. Participate on CoC committees, subcommittees, or workgroups.</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>4. Included in the decisionmaking processes related to addressing homelessness.</td>
<td>58</td>
<td>14</td>
</tr>
<tr>
<td>5. Included in the development or revision of your CoC’s local competition rating factors.</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>

NOFO Section VII.B.1.r.

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

(limit 2,500 characters)

Individual funded projects provide a variety of professional development and employment opportunities. Across the CoC, programs provide internship opportunities, job skills training and job placement, employment coaching, resume preparation, job readiness training, and job retention. All CoC program participants are given preference for certificated training opportunities in the healthcare and construction fields through funded agencies.

1D-11c. Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.

NOFO Section VII.B.1.r.

Describe in the field below how your CoC:

1. how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and

2. the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)
1. Over the past two years, the COC has solicited feedback, at various points, from COC program participants, those residing in emergency shelter an on the streets. At a high level, the following themes emerged: 1) There need for more wrap-around services, 2) Agencies are understaffed, 3) The community needs more shelter options that do not require sobriety, 4) Kansas City does not have enough affordable housing; and 5) Services need to be more inclusive of LGBTQIA+ individuals, including sensitivity to language and issues affecting this population. In addition to the general feedback solicited about the homeless system's functioning, a multitude of questions were posed by those living in encampments regarding the Coordinated Entry process, indicating there is a need for much better communication and education to those experiencing homelessness and waiting for housing. Examples include: 1) What is the process to get housing? 2) What happens after I've had a housing assessment? 3) What types of housing are available to me? 4) What is a realistic timeframe for me to obtain housing? 5) Is there housing available that will take my pet(s)? 6) How many people are living outdoors? 6) What is the capacity of emergency shelters? 7) What type of supportive services are available? How often are they available? 8) Can I acquire housing (temporary) prior to obtaining my identification? 9) For someone who’s never lived indoors, is there transitional living with indoor life skills training? 10) For those with persistent mental illness, is there housing available (PSH or otherwise), that has someone who will check with me regularly about medications, regular health issues, and daily living issues?

2. Consulting with persons with lived expertise has proven invaluable to the ongoing work of the COC. To start, we recognized the need to not just ask questions, but to learn how to incorporate PLE into the development of plans and programs and into the decision-making bodies of the Continuum. While PLE are included in all the COC's committees and working groups, one of the greatest accomplishments to come from this effort has been restructuring the NOFO Funding Review Committee which is now comprised of half persons with lived experience. This simple action has been a value add that has enabled us to rapidly learn, adapt, and challenge ourselves to become more assertive about tackling challenges that seem overwhelming but that are crucial to improving system performance.

### 1D-12. Increasing Affordable Housing Supply.

**NOFO Section VII.B.1.t.**

Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC’s geographic area regarding the following:

- reforming zoning and land use policies to permit more housing development; and
- reducing regulatory barriers to housing development.

_(limit 2,500 characters)_

| FY2022 CoC Application | Page 40 | 09/28/2022 |
1. Since the last NOFO, the CoC has produced three supportive housing communities: Alhaven Kansas City, Eileen’s Place, and Bodhi Kansas City. Alhaven is a 50-unit integrated supportive housing community dedicated to transition age youth with a severe and persistence mental illness and/or a HIV/AIDS diagnosis. Alhaven opened in August 2021 and was fully leased within 90 days. Eileen’s Place is a 60-unit supportive housing community dedicated to families who are homeless in the Kansas City, KS school district, Eileen’s Place is completely project based and was fully leased within 60 days. Bodhi Kansas City is a 53-unit integrated supportive housing community dedicated to persons with a severe and persistent mental illness, slated to open in 2023. Each community went through neighborhood meetings and City Council support meetings for approval. It is to be noted that each community had proper zoning in place prior to funding. Unfortunately, the City of Grandview (Jackson County) had a supportive housing community dedicated to families and seniors who are homeless approved in their City, but the City Council voted against moving forward in housing, losing $12 million in tax credits. This issue in Grandview, led to many meetings with City Council members and letter writing campaigns to educate elected officials on every level to the severity of declining affordable housing.

2. Specific to the City of Kansas City, MO, there is an active group of housing advocates that continue to work towards zoning changes in the community. One of the most recent changes is the requirement for developers to devote 10% of their units for affordable housing. Even one step further, advocates are working towards an ordinance that would punish landlords for income discrimination, including a housing voucher.

The Missouri Housing Development Commission (MHDC) and Kansas Housing Resource Corporation (KHRC), the two housing finance agencies effecting the CoC, have both recently changed their requirements around City Resolutions and Letters of Support from elected officials. Eliminating this requirement, allows more inclusive communities.
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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

### 1E-1. Web Posting of Your CoC’s Local Competition Deadline—Advance Public Notice.

NOFO Section VII.B.2.a. and 2.g.

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

Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC’s local competition.

| Date: 08/04/2022 |

### 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 VII.B.2.a., 2.b., 2.c., and 2.d.

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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Established total points available for each project application type.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>4. Provided points for projects that addressed specific severe barriers to housing and services.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5. Used data from comparable databases to score projects submitted by victim service providers.</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

FY2022 CoC Application Page 42 09/28/2022
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 VII.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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What were the maximum number of points available for the renewal project form(s)?</td>
<td>100</td>
</tr>
<tr>
<td>How many renewal projects did your CoC submit?</td>
<td>22</td>
</tr>
<tr>
<td>What renewal project type did most applicants use?</td>
<td>PH-PSH</td>
</tr>
</tbody>
</table>


NOFO Section VII.B.2.d.

Describe in the field below:

1. how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;

2. how your CoC analyzed data regarding how long it takes to house people in permanent housing;

3. how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and

4. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)
1. A committee focused on system and project performance is now able to leverage a variety of tools to better understand what is reflected in HMIS data and to make decisions accordingly. In 2019, GKCCEH stood up a COC performance dashboard which displays data at both the program and system level. The CoC strives to make the most effective use of this data for evaluation and planning. A significant amount of staff time and resources are dedicated to data mining for the purpose of learning what is happening in the system and communicating that learning outward to drive system change.

2. This is one of the CoC’s greatest opportunities for growth. We recognize that the longer a person remains on the street, the more difficult it is for them to rebound from a homeless episode and the potential for greater harm increases. The average length of time from engagement to housed is currently 179 days, with outliers remaining homeless for much longer or never getting housed. This trend is unacceptable and we are developing strategies to shorten the timeline. Despite a shortage of decent, affordable housing in our region, examining/reflecting upon HMIS data has drawn attention to the need for greater focus on expediency and accountability to a higher standard of performance in this area.

3. CoC projects are committed to targeting resources to those with the highest barriers and service needs. A key consideration is that for a very long time (until recently), the COC has not been as active in street outreach as is necessary. For this reason, many individuals sleeping rough have remained outdoors for too long, posing greater difficulty to helping them end their homelessness. The CoC’s recently-published strategic plan identifies the need for more full-time outreach workers, an interdisciplinary triage team, and crisis/bridge housing options to more quickly connect people to housing and services. The CE Committee is also examining the CE assessment process as locally, the paradigm has begun to shift from one of assessing for vulnerability to one of assessing for resiliency.

4. Recognizing it is not easy, the COC places high demands on service providers to focus on those who have the least capacity to self-resolve. For the NOFO, projects are rated on their ability to serve those with the most challenges (long homeless history, disabling conditions, zero income, unsheltered vs. sheltered homelessness), with the highest point value assigned to the “high needs” outcome.

---

### 1E-3. Promoting Racial Equity in the Local Competition Review and Ranking Process.

**NOFO Section VII.B.2.e.**

**Describe in the field below:**

1. how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;

2. how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;

3. how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and

4. how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.
(limit 2,500 characters)

1. A recent accomplishment has been the move to first interrogate and reflect upon Kansas City’s racial history, then act. The CoC endeavors to understand how race impacts homelessness locally. We recognize People of Color, and Black men specifically, are overrepresented in homelessness. From there, the CoC has sought to engage the groups impacted to learn their needs and perspectives. This includes street-level engagement and targeted focus groups at local drop-in centers, agency-level engagement through extensive training on racial equity and power sharing and by evaluating projects according to this standard. GKCCEH focuses on diversity and representation in its own practices-- board development, hiring, training, marketing and communication and staff have taken on the challenge of modeling this approach by bringing voices of color into leadership and decision-making roles.

2. Persons impacted by the issue are closest to the problem, and are thus central to finding the solution. Rating factors for projects (for monitoring and the NOFO) are determined in collaboration with the CoC's NOFO and Performance committees, then vetted by PLE working with our community in a variety of ways. We are fortunate to benefit from strong working relationships with subject matter experts with homeless experience and continue to strengthen those relationships. We are committed to authentic collaboration and to paying individuals for their time and talents.

3. Another accomplishment is restructuring our NOFO process to include persons with lived experience. This year, the selection committee was more inclusive and representative than it was last year- with PLE representing various demographics and intersections of age, race, gender, family composition and life experience. Their participation and support of this work has changed the conversation and enabled our community to make much wiser decisions.

4. The local COC application addresses this topic in a couple of ways: 1) applicants are asked to identify the ways the project seeks to engage and include marginalized groups, 2) In the Racial Equity self-assessment, applicants are asked to define and provide supporting documentation their organization prioritizes the hiring of employees and board members who represent communities of color, immigrants, and refugees, linguistic competency, staff training, and structures that are fluid and work in collaboration with agencies led by persons of color.

<table>
<thead>
<tr>
<th>1E-4.</th>
<th>Reallocation—Reviewing Performance of Existing Projects.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOFO Section VII.B.2.f.</td>
</tr>
<tr>
<td></td>
<td>Describe in the field below:</td>
</tr>
<tr>
<td></td>
<td>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;</td>
</tr>
<tr>
<td></td>
<td>2. whether your CoC identified any projects through this process during your local competition this year;</td>
</tr>
<tr>
<td></td>
<td>3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and</td>
</tr>
<tr>
<td></td>
<td>4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.</td>
</tr>
</tbody>
</table>
1. The CoC recognizes reallocation is an important strategy to ensure optimal system performance but one that must be considered carefully. Rating factors utilized in this competition were much more rigorous than in years passed in assessing a project's performance and a project's impact on system performance, specifically returns to homelessness and length of time from referral to housed. This year, applicants were required to submit a formal MOU affirming their commitment to high performance standards and other locally defined priorities. GKCCEH also created, with the help of its HMIS system administrator, a much more sophisticated project scorecard which captures performance data directly from HMIS. Voluntary reallocation happens when, using local data, an agency determines their project: a. is not meeting local needs, b. does not have the capacity to continue the project, and/or c. the reduction of the project would better serve the CoC. CoC-funded project applicants interested in voluntarily reallocating (in whole or part) must notify GKCCEH in writing of their intent to reallocate during the Letter of Intent process.

2. No

3. No

4. The CoC did not reallocate any projects during this funding competition. All projects were justified and are needed in our community. Although we did not reallocate any projects, there were some projects we have determined need some additional support. In order to support those projects, we have allowed them to dedicate some of their funds to supportive services. The goal is to increase positive housing outcomes, housing retention, and the quality of service offered to program participants.

1E-4a. Reallocation Between FY 2017 and FY 2022.

<table>
<thead>
<tr>
<th>NOFO Section VII.B.2.f.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?</td>
</tr>
</tbody>
</table>

1E-5. Projects Rejected/Reduced–Notification Outside of e-snaps.

<table>
<thead>
<tr>
<th>NOFO Section VII.B.2.g.</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.</td>
</tr>
</tbody>
</table>

<p>| 1. Did your CoC reject or reduce any project application(s)? | Yes |
| 2. Did your CoC inform applicants why their projects were rejected or reduced? | Yes |
| 3. If you selected Yes for element 1 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 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022. | 09/12/2022 |</p>
<table>
<thead>
<tr>
<th>1E-5a.</th>
<th>Projects Accepted—Notification Outside of e-snaps.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.2.g.</td>
<td></td>
</tr>
<tr>
<td>You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.</td>
<td></td>
</tr>
<tr>
<td>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 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.</td>
<td>09/15/2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1E-5b.</th>
<th>Local Competition Selection Results—Scores for All Projects.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.2.g.</td>
<td></td>
</tr>
<tr>
<td>You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.</td>
<td></td>
</tr>
<tr>
<td>Does your attachment include:</td>
<td></td>
</tr>
<tr>
<td>1. Applicant Names;</td>
<td></td>
</tr>
<tr>
<td>2. Project Names;</td>
<td></td>
</tr>
<tr>
<td>3. Project Scores;</td>
<td></td>
</tr>
<tr>
<td>4. Project Rank—if accepted;</td>
<td></td>
</tr>
<tr>
<td>5. Award amounts; and</td>
<td></td>
</tr>
<tr>
<td>6. Projects accepted or rejected status.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1E-5c.</th>
<th>1E-5c. Web Posting of CoC-Approved Consolidated Application.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.2.g.</td>
<td></td>
</tr>
<tr>
<td>You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.</td>
<td></td>
</tr>
<tr>
<td>Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included:</td>
<td></td>
</tr>
<tr>
<td>1. the CoC Application; and</td>
<td></td>
</tr>
<tr>
<td>2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.</td>
<td>09/26/2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1E-5d.</th>
<th>Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.2.g.</td>
<td></td>
</tr>
<tr>
<td>You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.</td>
<td></td>
</tr>
<tr>
<td>Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.</td>
<td>09/26/2022</td>
</tr>
</tbody>
</table>
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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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.  
CaseWorthy

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

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

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

Enter the date your CoC submitted its 2022 HIC data into HDX.  
04/29/2022

NOFO Section VII.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 databases that meet HUD’s comparable database requirements; and
1. As MO-604’s CoC Lead and HMIS Lead Agency, GKCCEH values the roles played by DV housing providers and integrates aggregate data from them to inform planning, evaluation, and service delivery. GKCCEH has taken multiple steps to ensure that DV housing and service providers in MO-604 collect data in databases that meet HUD’s comparable database requirements. Consistently, GKCCEH takes the following steps: A) Informs applicants during each NOFO competition of HMIS and comparable database requirements; B) Collects what comparable database is used and how they know it to be comparable at time of application; C) Conducts annual training for grantees, including VSPs, which includes current data standards, data quality standards, and system performance measures; and E) Invites VSPs to participate in data standards meetings. In fact, GKCCEH staff hold office hours weekly where CoC and ESG-funded project staff can ask questions and problem solve database concerns. VSPs are invited and attend as needed. VSPs similarly participate regularly in MO-604’s HMIS System Admin/User group.

Additionally, GKCCEH periodically requests VSPs provide de-identified aggregate reports to give insight into project performance. During the FY22 NOFO process, all renewal housing projects submitted a HMIS report that generated a “scorecard” of system performance and other outcomes. This allowed GKCCEH to set benchmarks for the CoC and evaluate individual projects’ performance. For equitable comparison, DV projects also submitted reports from their comparable databases, with personally identifying information removed, so they too could have a scorecard. Going forward, GKCCEH will implement a process to generate scorecards periodically for VSPs. VSPs also submit de-identified aggregated system performance measures data in preparation for site visits, community needs assessments, and grant proposals/reports.

Finally, GKCCEH staff and its system administrator worked with MO-604’s DV SSO-CE project and the DV SSO-CE project’s comparable database’s system administrator to create a SSO-CE workflow and report that mirrors the mainstream CE workflow and by-name prioritization list for housing assistance. Ongoing communication occurs among all parties.

2. Yes, MO-604 is compliant with the 2022 HMIS Data Standards.
<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds 2022 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emergency Shelter (ES) beds</td>
<td>1,059</td>
<td>251</td>
<td>192</td>
<td>23.76%</td>
</tr>
<tr>
<td>2. Safe Haven (SH) beds</td>
<td>25</td>
<td>0</td>
<td>25</td>
<td>100.00%</td>
</tr>
<tr>
<td>3. Transitional Housing (TH) beds</td>
<td>999</td>
<td>24</td>
<td>778</td>
<td>79.79%</td>
</tr>
<tr>
<td>4. Rapid Re-Housing (RRH) beds</td>
<td>375</td>
<td>190</td>
<td>185</td>
<td>100.00%</td>
</tr>
<tr>
<td>5. Permanent Supportive Housing</td>
<td>1,849</td>
<td>0</td>
<td>1,849</td>
<td>100.00%</td>
</tr>
<tr>
<td>6. Other Permanent Housing (OPH)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.

NOFO Section VII.B.3.c.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and

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

(limit 2,500 characters)

1. MO-604 CoC will take the following steps to assure the increase of bed coverage rates.
   - Provide training on Bed coverage and its importance
   - Set goals for improving data quality to allow for better HMIS reporting
   - Remove any HMIS duplicate entries (clients and enrollments)
   - Provide training on the Coordinated Entry process

   We do take into consideration that some organizations may not be able to increase bed coverage rates due to staffing.

2. MO-604 will take the following steps to implement the increase of bed coverage rates.
   - Offer quarterly training to CoC membership
   - Provide specific bed coverage training to all staff with HMIS access and other membership
   - Place training tools on LMS
   - Implement duplicate prevention tools within HMIS


NOFO Section VII.B.3.d.

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST? Yes
2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1. PIT Count Date.

NOFO Section VII.B.4.b

Enter the date your CoC conducted its 2022 PIT count. 03/02/2022

2B-2. PIT Count Data–HDX Submission Date.

NOFO Section VII.B.4.b

Enter the date your CoC submitted its 2022 PIT count data in HDX. 04/29/2022

2B-3. PIT Count–Effectively Counting Youth.

NOFO Section VII.B.4.b.

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1. engaged stakeholders that serve homeless youth;
2. involved homeless youth in the actual count; and
3. worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)
1. MO 604 CoC has an established and on-going Point-In-Time committee that meets monthly. Youth providers are invited to be members of the committee and meet as a sub-committee to address specific plans and processes for engaging and surveying youth. Youth providers host an annual meeting with school district McKinney-Vento Liaisons, counselors, social workers, and administrators to educate them about the point-in-time count and the importance of counting youth. School staff are engaged and recruited to help identify youth who should be counted.

2. Youth for Change, Kansas City regional youth advisory council, was regularly updated and engaged in providing feedback and suggestions for the point-in-time survey and locations. In previous counts, Youth for Change members were invited to conduct the survey and help other volunteers locate and engage youth during the actual count. Due to Covid concerns in 2022, there was limited opportunity to have Youth for Change members involved in the day of the count activities.

3. The CoC Point-in-time Youth subcommittee spent significant time during the monthly meetings determining which locations were most frequented by youth experiencing homelessness. Youth providers’ staff members were recruited to volunteer at the identified locations during the day of the count. Also, high volume locations where youth frequent were shared with the mapping subcommittee to ensure those locations were included and distinguished on the maps provided to providers participating on the day of the count. Youth for Change members were asked for feedback and suggestions on the locations and processes used to engage and survey youth on the day of the count. In previous counts, the Youth subcommittee has coordinated with youth providers to host events where youth can come and get supplies, hygiene items, food, medical care, leisure, recreation, and entertainment. During these events, surveys were conducted for youth in attendance.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOFO Section VII.B.5.a and VII.B.7.c.</td>
</tr>
</tbody>
</table>

In the field below:

1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;

2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and

3. describe how the changes affected your CoC’s PIT count results; or

4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

(limit 2,500 characters)
1. For the 2022 PIT Count, MO-604 required all projects to manually enter their sheltered data in order to ensure the most accurate reflection of that day. Typically, MO-604 would utilize APRs alone, however, we found there were discrepancies between who was counted vs. who was actually enrolled in the project. This new way allowed us to analyze and confirm the numbers in a timelier manner, while allowing for projects to clean up their APRs in tandem.

2. In response to a surge in COVID-19 cases due to the new Omicron variant, MO-604’s submitted a waiver to conduct the unsheltered PIT at a later date to mitigate further transmission of the illness. Our PIT was rescheduled to March 2nd-3rd. The change in date caused the weather to be significantly warmer than previous years. Additionally, our street outreach team identifies known encampments prior to the count to ensure at many persons were surveys as possible. In previous years, we have only counted within a 24 hour window. This year we allowed surveyors to count outside of the 24 hour window at drop-in centers that only operate or are busiest outside of the 24 hour window.

3. It is suspected that the change in weather may have had an impact on the number of individuals counted during the unsheltered PIT. We believe that being more intentional about identifying encampments and allowing surveyors to count outside of the normal 24 hour window allowed us to capture a more realistic count than in past year.
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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1. Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.

NOFO Section VII.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 determined risk factors to identify a person’s chance of becoming homeless for the first time through evaluation of those who are seeking assistance. Additionally, a few of our CoC-funded agencies developed a vulnerability assessment and prevention/diversion assessment to assist with articulating what risk factors may cause a household to be at greater risk for becoming homeless for the first time. We determined risk factors, such as medical fragility, large and/or nontraditional household composition, and senior status, are often per-determinants to a person becoming homeless for the first time. These risk factors influenced the revisions of our prioritization policy.

2. Our community developed a Emergency Rental Assistance Program (ERAP) task force to address the risk of individuals and families becoming homeless. This task force initiated the development of a website, www.KCRelief.org, which is a streamlined tool to allow persons to access resources focused on preventing homelessness. This sent a precedent towards working in a transparent, collaborative way amongst all agencies to serve persons at risk of homelessness.

In addition, Kansas City passed an ordinance that all persons residing Kansas City, MO has the right to a free attorney. This allows households facing eviction to have representation if they chose to appeal the eviction.

3. GKCCEH's Director of Programs and the Coordinated Entry Program Manager are responsible for this metric.
2C-2. Length of Time Homeless—CoC's Strategy to Reduce.

NOFO Section VII.B.5.c.

In the field below:

1. describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;

2. describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and

3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1. MO-604 tracks all clients on referral to housing programs. The continuum-wide expectation for target move-in date is 30 days or less. The continuum has bi-weekly Housing Solutions meetings where all housing providers case conference households who have been on referral for the longest length of time that have not yet been housed. This allows for community collaboration to ensure households are accessing housing as quickly as possible.

2. MO-604 recognizes the longer a person is on the street, the more vulnerable the person may become to various types of victimization. Recently, MO-604 updated the Coordinated Entry Policies and Procedures to ensure that individual's length of time homeless is factored into the prioritization of the by-name list (BNL). The staff member responsible for prioritizing the BNL (Coordinated Entry System Manager) is able to export the BNL, which allows them to see the date the household became homeless, enabling them to properly prioritize individuals with the longest time homeless to housing opportunities.

3. GKCCEH's Director of Programs and Coordinated Entry System Manager.

2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy

NOFO Section VII.B.5.d.

In the field below:

1. describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;

2. describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and

3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)
1. MO-604's lead agency, GKCCEH, holds close working relationships with the 3 largest Public Housing Authorities (PHA) in the CoC, and these relationships have increased the rate households are able to access permanent housing and retain their housing. For example, our COC was awarded 164 Emergency Housing Vouchers (EHV). In our community, we are prioritizing households at risk of losing their housing and at risk of returning to street homelessness. We have partnered with our local Housing Authority to streamline this process. Additionally, GKCCEH is prioritizing landlord engagement for the 2022-2023 NOFO which will include a staff position dedicated to landlord outreach and mitigation with the end goal of increasing housing stock in the MO-604 geographic region.

2. In 2022, the Coordinated Entry Governance Committee restructured and provided clearer policies and procedures for the Housing Retention Committee (HRC). The HRC reviews cases of clients struggling to stay in housing, and allows those clients to advocate for themselves and to accept local resources to help them stay housed. The HRC uses client feedback to draft relevant policies and processes that improve client housing retention. GKCCEH created a formal transfer policy and process that includes an oversight panel to review all requested transfers of clients from programs to ensure client needs are centered in the process. MO-604 is also utilizing the Emergency Housing Vouchers as a move on strategy, targeting individuals and families in RRH projects who are nearing the end of their assistance.

3. GKCCEH's Director of Programs and Coordinated Entry System Manager.

2C-4. Returns to Homelessness—CoC’s Strategy to Reduce Rate.

NOFO Section VII.B.5.e.

In the field below:

1. describe your CoC’s strategy to identify individuals and families who return to homelessness;

2. describe your CoC’s strategy to reduce the rate of additional returns to homelessness; and

3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)
1. GKCCEH's has consistently adapted to changing economic realities and housing availability and affordability issues as contributing factors to client challenges with housing retention and subsequent returns to homelessness. GKCCEH uses the same strategies to retain clients in permanent housing as it does to avoid exits to homelessness. To identify characteristics of clients vulnerable to episodic homelessness, GKCCEH program staff rely on HMIS data, agency staff reports, and review of client-level data during monitoring visits. Most notable among these are clients presenting with severe mental illness and acute health problems, and those engaged in chronic substance use. GKCCEH staff have implemented processes during Case Consultations that require all housing programs to staff any household that might be having challenges retaining housing for possible creative solutions and ideas from other providers. The Progress and Evaluation committee has also designed a form that must be filled out at any time a client is exited from a program and these are heavily monitored during agency visits.

2. During program monitoring, agency staff are asked to indicate what policies are in place to continue to engage with clients post-exit. Most programs do not have specific policies in place and while they do maintain contact with clients post-exit, the majority do so for approximately 6 months or less. GKCCEH has compiled this information and is using this to inform system-wide strategies, being created by the Progress and Evaluation committee, for increased long-term engagement with clients.

3. GKCCEH's Director of Programs and the Coordinated Entry Program Manager are responsible for this metric.

<table>
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<tbody>
<tr>
<td>NOFO Section VII.B.5.f.</td>
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</tbody>
</table>

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 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. COC funded agencies focused on improving wages for participants system wide by participating in a quality improvement project with their staff focused on improving income for the clients served. Additional efforts included a partnership with a construction company, the State of MO, and the Full Employment Council. This partnership allowed participants the opportunity to gain trade skills leading to careers. Other new partnerships included an IT training company that offered scholarships to clients. Both resulting in jobs with a starting wage of over $50,000 a year.

2. Additional partnerships include Magic Kitchen and other employment placement agencies. GKCCEH works with a HUD-funded housing provider, that offers job training services in the fields of obtaining Certified Nursing Assistant certificates, as well as Welding certificates. These certification programs work to increase the wages of individuals from minimum to well over $15/hour. Both programs involve an application process with prioritization of homeless clients, whether they have been homeless in the past or are currently homeless. Two COC funded agencies are certified Financial Opportunity Centers (FOC), part of a national model of LISC which provides a continuum of coaching services designed to assist participants in increase financial and employment stability. Participants of CoC funded programs may easily refer clients to an FOC program for services. GKCCEH partners with Workforce Partnership (WP), an entity that operates throughout the state of KS. WP’s offices each contain computer labs, classes on building resumes and interview skills, and other opportunities for job seekers who wish to increase their income. WP and GKCCEH signed an MOA in 2019 to help connect RRH and PSH clients to their workforce services. Also, employment specialists are embedded into most member agencies’ programs. GKCCEH is responsible for overseeing the strategy to increase jobs and income from employment.

3. Greater Kansas City Coalition to End Homelessness

<table>
<thead>
<tr>
<th>2C-5a.</th>
<th>Increasing Non-employment Cash Income—CoC’s Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.5.f.</td>
<td></td>
</tr>
</tbody>
</table>

In the field below:

1. describe your CoC’s strategy to access non-employment cash income; and

2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

(limit 2,500 characters)
1. One of GKCCEH’s focuses is to ensure that all individuals that qualify for non-employment cash income can acquire them. Thus, GKCCEH created the Supportive Services committee and tasked it with improving access to these necessary benefits. Over the last year, the committee has continued to focus on ensuring that all projects and homeless serving agencies have training and resources to support an initiative known as SOAR (SSI/SSDI Outreach, Access, and Recovery). GKCCEH’s involvement with the SOAR initiative is increasing access to SSI/SSDI for individuals who are eligible by training area providers on the application process for SSI/SSDI—ultimately growing individuals’ non-employment cash income. This strategy led to monthly sub-committee meetings with Disability Determination Services (DDS), Social Security Administration (SSA), along with multiple SOAR cohort trainings in the area. It is also important to note, that state SOAR leads in both Kansas and Missouri are directly involved in the strategy through connections with GKCCEH staff, board members, and GKCCEH member agencies. GKCCEH’s primary focus has been to increase SOAR expertise of area providers. This focus works to address the MO and KS "benefit cliff" that prevents individuals sustaining long-term, non-employment cash benefits. The CoC has supported regular meetings and collaborations with the local DDS office as well as all the local SSA offices. SOAR local leads have supported local trainings through cohort style trainings. This has led to several agencies and even local funders increasing their interest in supporting the SOAR process and considering a funding tool to support the process. Empower MO is also engaged in efforts to make local access to non-employment cash sources more sustainable.
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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions


NOFO Section VII.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


NOFO Section VII.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


NOFO Sections VII.B.6.a. and VII.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.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Type</th>
<th>Rank Number</th>
<th>Leverage Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLCO Hope for Hou...</td>
<td>PH-RRH</td>
<td>41</td>
<td>Healthcare</td>
</tr>
<tr>
<td>2022 - SCZ Shelte...</td>
<td>PH-PSH</td>
<td>17</td>
<td>Housing</td>
</tr>
</tbody>
</table>

09/28/2022

1. What is the name of the new project? CLCO Hope for Housing RRH 2022

2. Enter the Unique Entity Identifier (UEI): E5XZZSK48828

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC’s Priority Listing: 41

5. Select the type of leverage: Healthcare


1. What is the name of the new project? 2022 - SCZ Shelter Plus Care Expansion

2. Enter the Unique Entity Identifier (UEI): QLUAWH28TG83

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC’s Priority Listing: 17

5. Select the type of leverage: Housing
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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions


NOFO Section VII.B.1.s.

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?

No


NOFO Section VII.B.1.a.

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)

n/a
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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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 Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

NOFO Section VII.C.

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

**3C-2. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

NOFO Section VII.C.

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 homelessness 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)

N/A
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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions


| NOFO Section II.B.11.e. |

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

4A-1a. DV Bonus Project Types.

| NOFO Section II.B.11.e. |

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 2022 Priority Listing.

<table>
<thead>
<tr>
<th>Project Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SSO Coordinated Entry</td>
<td>No</td>
</tr>
<tr>
<td>2. PH-RRH or Joint TH and PH-RRH Component</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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


| NOFO Section II.B.11.(e)(1)(c) |

1. Enter the number of survivors that need housing or services: 6,096
2. Enter the number of survivors your CoC is currently serving: 882
3. Unmet Need: 5,214
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 need was determined by combining the number of households sheltered, turned away, housed in transitional housing and in CoC-funded and non-CoC-funded housing programs from the four DV agencies in the CoC. Additionally, we factored in households on the BNL experiencing DV. The numbers differ from last year’s NOFO, because we counted the number of households this year versus the number of individuals.

2. Data came from the DV service agencies’ comparable databases and the CoC’s HMIS.

3. Sheer volume of DV, combined with deficient funding availability, leaves the CoC with inadequate housing and service availability for all the survivors that desperately need them. Take, for example, the lack of available DV shelter beds; in 2021 DV agencies turned away 4,860 households due to lack of space. Also consider data from the July 2022 compilation of the mainstream and DV BNLs. The combined list had 1,205 active households. Of those, 22% reported fleeing or attempting to flee DV. At the same time, only 12.7% of current CoC-funded projects are designed specifically to serve those fleeing DV. COVID-19 has produced challenges. Shelters have had to reduce bed capacity to provide for sufficient social distancing; staffing positions at DV agencies have been hard to fill; and the pandemic has exacerbated the affordable housing crisis. Local DV shelters have chosen to remain at or near their COVID-19 levels; while bringing trauma-informed care benefits, this means the available shelter beds will remain lower than the need. In addition, rental and utilities arrears have been a challenge to getting people into housing quickly, as property managers and utility companies often will not work with individuals until those are paid off. While federal emergency rental assistance funds exist for arrears incurred since the pandemic began, fewer resources exist for arrears incurred prior to the pandemic. DV survivors also face issues accessing housing that other homeless households face, such as a lack of housing units, high rent costs, previous eviction, criminal history barriers, and mental health, in addition to credit and rental history issues as a result of their partners’ financial abuse.

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

<table>
<thead>
<tr>
<th>Applicant Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Brooks Center</td>
</tr>
<tr>
<td>Newhouse, Inc.</td>
</tr>
<tr>
<td>Rose Brooks Center</td>
</tr>
</tbody>
</table>
Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects


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

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2022 Priority Listing:

<table>
<thead>
<tr>
<th>1. Applicant Name</th>
<th>Rose Brooks Center, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Project Name</td>
<td>Rose Brooks Center Housing Program FY22 - Expansion</td>
</tr>
<tr>
<td>3. Project Rank on the Priority Listing</td>
<td>45</td>
</tr>
<tr>
<td>4. Unique Entity Identifier (UEI)</td>
<td>VJLDGWL2J5E1</td>
</tr>
<tr>
<td>5. Amount Requested</td>
<td>$472,671</td>
</tr>
<tr>
<td>6. Rate of Housing Placement of DV Survivors–Percentage</td>
<td>83%</td>
</tr>
<tr>
<td>7. Rate of Housing Retention of DV Survivors–Percentage</td>
<td>87%</td>
</tr>
</tbody>
</table>


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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1. how the project applicant calculated both rates;
2. whether the rates accounts for exits to safe housing destinations; and
3. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)
Rose Brooks Center (RBC) is a DV-dedicated agency providing over 70 rapid re-housing (RRH) beds and a comprehensive array of trauma-informed services. RBC calculated its rates as follows: Housing Placement: Rose Brooks Center’s RRH program receives its referrals from the CE System, 100% of whom are fleeing DV. Of the 65 enrolled households during 2021, 54 or 83% were successfully housed. RBC was unable to maintain contact with the 11 households who were not placed, despite multiple attempts over weeks and community-wide case conferencing. Housing Retention: In 2021, 15 households exited RBC’s RRH program, 13 or 87% of whom exited to positive housing destinations.

Yes. RBC’s Housing Retention calculation accounts for exits to positive housing destinations, including safety. Fourteen households (inclusive of the 13 households with positive housing destinations plus one household’s temporary exit destination) exited to safe housing. The fifteenth exiting household refused to disclose their destination.

RBC calculated these rates using two data sources: a) an internal, department-specific spreadsheet that tracks referral status, which was then compared with b) data from an Annual Performance Report generated in its comparable database, CaseWorthy.

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<tbody>
<tr>
<td>NOFO Section II.B.11.e.(1)(d)</td>
</tr>
<tr>
<td>Describe in the field below how the project applicant:</td>
</tr>
<tr>
<td>1. ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;</td>
</tr>
<tr>
<td>2. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;</td>
</tr>
<tr>
<td>3. determined which supportive services survivors needed;</td>
</tr>
<tr>
<td>4. connected survivors to supportive services; and</td>
</tr>
<tr>
<td>5. moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.</td>
</tr>
</tbody>
</table>

(limit 2,500 characters)
RBC makes every attempt to connect with and enroll a survivor within 10 business days of referral from the CES. In line with Housing First, "fleeing DV" is the only eligibility criteria; sobriety, income, rental and criminal history, etc. are not factors. The housing search begins immediately following enrollment, with staff available to guide, support, and assist in securing safe, affordable housing. To help house a survivor as quickly as possible, the staff and survivor team together set a target move-in date to work toward, finding that setting a realistic timeframe helps with motivation and accountability for both parties. Staff also maintain relationships with property managers and seek out new relationships.

RBC exclusively serves those that meet HUD’s Category 4 definition of homelessness and fills its CoC-funded units strictly through the CoC’s CE System’s prioritization list. RBC uses the CoC’s emergency transfer plan as necessary.

To determine which supportive services survivors need, staff assist with safety planning and offer comprehensive case management. Provided in-home, at RBC, or in the community depending on safety, goal type, and client preference, participants determine intensity and frequency. CMs are responsible for ongoing, progressive service engagement, starting with an assessment considering several life domains of the client. From this assessment, participants may opt in to or out of case management to help them pursue their self-determined goals. Clients may change their mind at any time. RBC ensures survivors are connected to supportive services through both internal and external referrals. RBC CMs connect survivors to other RBC programming, which is tailored to meet the needs of those fleeing DV, i.e., trauma-informed and prioritize safety and confidentiality. CMs also facilitate access to external services, often connecting to mainstream resources, attending initial meetings with new service providers (with client consent) to ensure a connection is established, and advocating with and on behalf of participants to remove barriers to goal achievement.

Staff support survivors in choosing where they reside and in considering long-term affordability and accessibility to transportation and other daily living amenities. From the beginning of assistance, staff discuss with clients what they aim for when assistance ends. This helps to guide their work during the program and promotes housing stability when assistance ends.

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

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2. making determinations and placements into safe housing;
3. keeping information and locations confidential;
4. training staff on safety and confidentially policies and practices; and
5. taking security measures for units (congregate or scattered site), that support survivors’ physical safety and location confidentiality.
As a DV service agency, RBC keeps survivor safety and privacy at the forefront of all activities. RBC works solely with the survivor, empowering client choice and working to alleviate the abuser's coercion. Initial communication includes safety considerations which help in selecting a mutually safe meeting location if meeting in the community. When meeting in public, forms have been modified to limit the likelihood that others may be able to identify the client as working with RBC. Meetings are also always available at RBC’s secure campus, including use of a private intake room to ensure client confidentiality and emotional safety.

In order to support survivors in making determinations and placements into safe housing, RBC employs a scattered site model. Scattered site housing allows client choice in selecting a unit – considering geography, amenities, and safety. Safety planning and confidentiality protocols guide the entire housing process. RBC utilizes client-centered practices that maximize client choice while maintaining safety and confidentiality.

The de-identified By-Name list for DV survivors helps ensure client information is confidential, even within the CoC. RBC proactively addresses safety and confidentiality with clients, and with property owners/managers. RBC’s scattered-site program does not maintain dedicated units or congregate living spaces, minimizing the likelihood that someone could identify someone as a participant. When needed, RBC staff are certified agents with Safe at Home, the address confidentiality program through the Missouri Secretary of State's Office.

RBC requires all agency direct staff members to complete 40-hours of training (including specific trainings and required reading on safety planning, confidentiality, and releases of information that comply with VAWA) before providing direct services, as outlined by Missouri Coalition Against Domestic and Sexual Violence. Any pertinent trainings provided by partner victim-service providers are shared widely with all staff.

RBC uses a scattered-site model, and clients determine what geographic area is safest and supports their goals. Staff assist in safety planning around the selected location, and the plan is re-evaluated regularly to ensure continued safety. RBC staff are certified agents with Missouri’s address confidentiality program. Staff also ensure the lease includes the VAWA Lease Addendum, and assist survivors with relocation when needed for safety.


Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.
(limit 2,500 characters)

RBC maintains a culture of improvement, and regularly evaluates its practices to ensure the safety of DV survivors in multiple ways. Over its 4 decades of operation, RBC has gained expansive knowledge and experience developing and strengthening services which address the safety and other needs of those fleeing DV, particularly those experiencing abuse, sexual assault, stalking and human trafficking within intimate partner relationships. Based on this expertise, RBC offers a full continuum of services to increase survivor safety and to heal and rebuild lives. RBC has operated housing services since 1994, initially transitional housing and since 2014 rapid re-housing. In 1998, 2003, and 2009, HUD awarded the program Best Practice Awards. RBC exceeds the quality standards set by the Missouri Coalition Against Domestic and Sexual Violence and the Council on Accreditation regarding evaluating clients' service needs and offering strengths-based interventions that maximize choice. Program staff utilize safety planning with survivors throughout their engagement, and the priority to assist survivors in meeting their safety outcomes is intricately woven into all levels of the agency and its services. In Housing, program staff partner with survivors to locate safe housing in a location of their choosing, regularly re-evaluate their safety plan, and re-house a survivor if they become unsafe in their home. Interventions include educating survivors on the dynamics of DV, to help survivors understand their current situations and to help them recognize red flags and healthy relationships in the future. In addition, staff educate property managers/owners about the impact of DV on credit, rental, and work histories, and they also ensure each lease includes the VAWA Addendum. In the past year in an effort to improve direct service staff accessibility and client confidentiality, RBC implemented a new phone system that includes computer and phone apps with phone calling, video conferencing, and texting capabilities. This increases clients' accessibility to staff support and safety planning while staff are in the field and promotes clients' confidentiality by saving client contact information within the app rather than their personal cell phone; RBC manages the secure app and can shut down access if the staff's phone is lost or stolen or upon employment termination.

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<tbody>
<tr>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>1. prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;</td>
<td></td>
</tr>
<tr>
<td>2. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;</td>
<td></td>
</tr>
<tr>
<td>3. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;</td>
<td></td>
</tr>
<tr>
<td>4. emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;</td>
<td></td>
</tr>
<tr>
<td>5. 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;</td>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>6.</td>
<td>providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and</td>
</tr>
<tr>
<td>7.</td>
<td>offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.</td>
</tr>
</tbody>
</table>

(limit 5,000 characters)
RBC is committed to being a trauma-informed, victim-centered organization and has long been incorporating trauma-informed care principles at all levels of the agency.

To prioritize rapid placement and stabilization in permanent housing, the program considers survivors’ unique needs and institutes low-barrier eligibility requirements to screen participants in (not out). Aligned with Trauma Informed Care principles, RBC ensures prioritizing participant choice within its scattered-site program model, with survivors self-selecting their own unit throughout the the CoC region and leasing it in their name.

RBC utilizes a Housing-First, voluntary service model, which prioritizes survivor autonomy and ability to choose services which best align with their goals for safety. This model also supports an environment of mutual respect and minimizes power differentials as staff are available to support the goals of the participant without having to enforce strict program requirements or employing punitive measures that dictate goals for participants.

RBC is dedicated to trauma-informed practices and policies. Staff at all levels of the organization are trained in the Trauma-Informed Care practice and principles, which provides a conceptual framework for helping us align our thinking and culture with principles of trauma-informed care and recovery from trauma. Client education related to domestic violence and the impact and the effects of trauma is woven into all aspects of RBC’s programs and service delivery.

Participant strengths and capacity for resiliency provide the foundation for all services provided by RBC. RBC uses a strength-based approach across all programing, ensuring questionnaires, intakes, and goal plans are participant driven and build upon the strengths and self-determination of clients. For example, the case management assessment was designed to include motivational interviewing techniques to understand clients’ priorities, motivation level for change, and barriers to motivation. In another example, when setting goals with clients, Case Managers encourage clients to pull from strengths and previous experiences to move forward toward their self-identified goals; clients also sign the goal plan indicating that they actively have chosen this goal themselves.

RBC operates with a service philosophy, derived from our mission-driven commitment to end the cycle of domestic violence, that ALL survivors deserve the right to access shelter and support services in an environment that is both safe and welcoming, and facilitates cultural responsiveness and inclusivity. In order to ensure our ongoing commitment, RBC operates with an active Diversity Connections committee tasked with development and implementation of the agency’s Equity and Inclusion Plan. A two-part training is required of all new staff at all levels of the agency to ensure equal access to services (ie. cultural competency, equal language access, accessible to survivors with disabilities, and trauma-informed), and at least three learning activities are required to be completed annually thereafter for each staff member; this is monitored annually through the performance review process.

Isolation is a tool of abuse in situations of domestic violence. Oftentimes, abusers have purposefully isolated the survivor from their support system of friends, family and others in their community. That is why RBC offers
opportunities to for social connections, through a wide variety of therapeutic
groups, as well as agency activities and celebrations which support the
development of positive social relationships among participants. Case
Managers also offer a supportive connection to clients, as they are available
throughout the duration of the program, and facilitate connections through a
vast network of community partners, including for mentorships and spiritual
needs, that can continue beyond the survivors' involvement with RBC.

RBC knows that being a parent can be very stressful, especially when this role
is compounded by the trauma of DV. The Children's Program provides a wide
range of parent support that includes one-on-one meetings (case management,
children's therapy) and group settings (parenting classes, family therapy, family
activities). Additionally, RBC's Kid Zone offers childcare for children of all ages
to utilize while their parents are receiving support. Kid Zone is equipped with
toys, art supplies, computers and stations. RBC's hosts multiple opportunities
per month for survivors to connect with a family law attorney for advice and
possible representation.

| 4A-3f. | Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New
        | PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. |
|--------|-------------------------------------------------------------|
| NOFO Section II.B.11.e.(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)
RBC policy dictates expectations for assessing and meeting survivors' needs by providing supportive services while quickly moving them into permanent housing and addressing their safety needs, including ongoing safety planning. All participants are eligible for HUD-funded and leveraged agency services, which include:

Housing Search and Counseling - RBC Navigators assist survivors with developing personalized housing plans, overcoming barriers, and securing placement as quickly as possible. Navigators build and maintain relationships with property managers so survivors may be housed quickly, even those with criminal histories or other traditionally undesirable factors. Housing case managers (CMs) educate housed survivors on their lease requirements, being a good neighbor, and landlord/tenant relationships. CMs also use MO-604’s case conferencing sessions to support housing retention.

Long-term housing stability safety planning - The housing program works with participants to develop long-term housing safety plans in preparation for participants exiting the project. Program staff educate survivors on realistic housing costs, affordability based on clients’ current and potential income, and creating and working toward a long-term housing plan for when rental assistance ends. CMs are Safe at Home agents, registering clients with the State’s address confidentiality program for survivors who fear future harm if their new address is available in new public records. Staff teach clients to ride the bus, if needed, and also transport clients. The following services also support participants' development of long-term housing safety plans in preparation for their exiting the project:

Case management - Provided in-home, at RBC, or in the community depending on safety, goal type, and client preference, participants determine intensity and frequency. RBC CMs provide ongoing, progressive, assertive service engagement that builds on survivors' strengths and develops life skills. Services include an assessment of the participant's self-determined needs; goal planning; applying to mainstream benefits; linkage to resources; and advocating with and on behalf of participants to remove barriers to goal achievement.

Bad Credit History/Financial Literacy - Relationship-building with property managers includes education on the impact of financial abuse on survivors’ credit and rental histories. All CMs are trained in a financial literacy curriculum that considers the impact of DV in a survivors' path to financial stability. Each housing client have an opportunity to explore the messages they learned about money, how to budget, and what credit is. The Housing Program also partners with a Financial Opportunity Center that specializes in credit repair and employment.

Income/Employment - RBC's Employment Advocate assists survivors in the job search and retention process. This Advocate conducts an income assessment shortly after a participant's move-in to begin the conversation about income as part of the client's housing safety and stability plan.

Education – Program staff provide McKinney-Vento information to households with children during program enrollment to ensure the educational rights of homeless children are met. Education for adults generally is addressed after securing housing.

Child Custody/Legal Services - RBC’s partnership with 3 legal service organizations results in the offering legal clinics each month where survivors gain direct legal advice from a family law attorney. Common topics include protection orders, paternity cases, visitation arrangements, and securing a “Good Cause” waiver to avoid child support enforcement when applying for public benefits when dangerous to do so. RBC also employs legal advocates in
municipal and protection order courts and in the police department. RBC works with a warrant relief program for traffic tickets and periodically with pro bono attorneys for felony expungement.

Childcare – Securing childcare happens once housed. While clients meet with staff onsite, their children can go to KidZone, where they can play with and be cared for by RBC staff.

Physical/Mental Healthcare – Survivors often neglect their physical and mental health, due to abusers’ control and/or due to prioritizing safety. RBC connects clients to healthcare, including an onsite medical clinic, community-based dental offices, and onsite and off-site mental healthcare through a safety net clinic. RBC also employs adult and child/family therapist.

Drug and Alcohol Treatment – RBC follows a harm reduction model. Those seeking intervention are connected with RBC’s Substance Abuse Counselor or external resources.

Crisis DV Services - RBC offers crisis DV services, including a 24/7 DV crisis hotline, that provides trauma-informed confidential support, safety planning, emergency shelter access, and assistance in the restraining order process. These are available to any survivor, including housing

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

Provide examples in the field below of how the new project will:

| 1. | prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs; |
| 2. | establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; |
| 3. | provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma; |
| 4. | emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations; |
| 5. | 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; |
| 6. | provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and |
| 7. | offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. |

(limit 5,000 characters)
RBC will institute low-barrier eligibility requirements to screen participants in (not out) for program eligibility. RBC will use scattered site housing, allowing client choice in selecting a unit—considering geography, amenities, and safety. RBC’s program will use housing navigators to support clients throughout this process. Navigators will support each household depending on their needs, taking on roles such as guide, cheerleader, or advocate. The navigators’ knowledge of the housing market and relationships with property managers will help prioritize rapid placement. Once housed, clients will transition to an RBC case manager who will help clients with self-identified needs, ultimately supporting housing stabilization.

Through a commitment to trauma-informed care, and with an understanding DV dynamics, RBC will train all staff to recognize and minimize power differentials. RBC will utilize a Housing-First, voluntary service model, which prioritizes survivor autonomy and ability to choose services which best align with their goalsy. This model supports an environment of mutual respect and minimizes power differential, as staff can focus on client-led goals without having to enforce program requirements. RBC has long adopted a voluntary service model across programs, and seeks to minimize rules and restrictions where possible, as to not replicate the toxic power dynamics within a DV situation. RBC will weave client education related to DV and the impact of trauma into all aspects of programs and service delivery, including individual therapy, case management, and support groups. Safety plans and support plans will be completed with all consenting clients, providing individualized support surrounding physical and emotional safety and safe responses to trauma effects and triggers. RBC will provide all staff a foundational knowledge of trauma-informed care, which will underscore all service delivery and functions throughout the organization. Agency programs and policies will support the provision of trauma-informed services, which includes educating program participants on the impacts of trauma.

RBC’s service philosophy is built around a strengths-model, which recognizes clients’ strengths and resilience factors as the most critical resources in building a life free from violence. With each client, RBC will complete a thorough intake assessment, taking into account clients strengths and goals across life domains to ensure broad support for the needs of clients and their families. Following this initial assessment, case managers will use strength-based goal planning so clients will build upon their strengths to achieve their self-identified goals. The initial assessments and goals will be revisited on an ongoing basis to illuminate progress made and guide the survivor’s next steps.

RBC will operate with a service philosophy that ALL survivors deserve the right to access shelter and support services in a safe and welcoming environment. RBC will address issues of racial disparity and social inequity through policy, practice, allocation of resources, and guiding trauma informed care principles. RBC will continue to require Equity and Inclusion training for all staff, at hire and annually. RBC will also continue to: 1. Maintain its Diversity Connections committee responsible for developing and implementing the diversity and inclusion strategic plan, 2. Maintain its Equal Access/Language Access Committee, 3. Maintain the performance and quality improvement process for evaluating equity of service and 4. Continue evaluation of universal design and needed accessibility updates.

Isolation is often a control tactic used by the abuser in a DV relationship, purposefully isolating the survivor from their support system of friends, family and their community. RBC will recognize social supports and connections to community resources as key to survivors’ healing. Staff will continue to prioritize
making warm referrals and encouraging clients to engage in community resources (including churches, other services providers or support groups.) Current and former housing clients will be invited to participate in a program advisory board, as well as referred to onsite therapeutic groups and enrichment activities. RBC will measure community referrals and connections as part of the program’s outcome measures.

Housing clients will be able to access RBC's in-house Children's Program services at any time. RBC's Children's Program will help children heal as their families reclaim their lives after violence, with the goal of helping children and families overcome the mental and emotional trauma they have experienced. Clients may access the program's comprehensive services, including five primary activities: Case Management, Parental Support, Therapy Services, Kid Zone (child care), and Family Enrichment Activities.

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Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project’s operation.

(limit 2,500 characters)
RBC fosters a culture of connection and improvement agency-wide, with a focus on client voice and lived experience, and therefore has a plan in place to involve survivors in policy and program development throughout the duration of the program. All client voices are welcome and invited through focus groups, individual interviews, and participant satisfaction surveys. RBC accommodates the written and oral communication needs of clients by providing bilingual personnel, interpreters, or needed technology.

Survivors are encouraged to share their opinions and ideas during any part of the housing process. For example, the Housing Program conducted a 6-week program evaluation aimed at increasing client income. This project allowed RBC to evaluate its current advocacy services and make evidence-based program adjustments as needed, in order to effectively respond to survivor-identified needs and improve employment/income outcomes.

The Housing Program is also launching a participant advisory board to guide program design, service needs, and program changes. The board will be co-facilitated quarterly by a current or former program participant and non-direct service staff member. RBC has engaged survivors with lived experience in focus groups to determine survivors’ recommendations for the advisory board’s structure and function. Current steps include identifying funding sources to appropriately compensate the members of the advisory board for their time and expertise. Initial feedback from prospective members is positive, and all believed involvement would be useful and worthwhile. This board will represent households in different stages of the housing program.

RBC centralizes the importance of equity and inclusion for both staff and clients. RBC has an active Diversity Connection committee, ongoing Limited English Proficiency Meetings and a Black Leadership Advocacy Council. All exist to ensure RBC is informed by equity and inclusion guiding philosophies, and serve to shift the agency toward ending the different intersectional oppressions which impact survivors of DV.

RBC ensures that survivors of DV are on the agency's Board of Directors, with a current Board member serving who was homeless due to fleeing DV. The feedback gathered from all sources listed above is used to update both program and agency-wide policies, practices, and procedures- secure additional resources- and guide budgets, staffing, and training plans.

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

<table>
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<tr>
<th>4A-3b. Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.</th>
<th>NOFO Section II.B.11.e.(1)(d)</th>
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| FY2022 CoC Application | Page 79 | 09/28/2022 |
Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2022 Priority Listing:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Applicant Name</td>
<td>Newhouse, Inc,</td>
</tr>
<tr>
<td>2. Project Name</td>
<td>Expansion of CoC Housing Support and Services</td>
</tr>
<tr>
<td>3. Project Rank on the Priority Listing</td>
<td>44</td>
</tr>
<tr>
<td>4. Unique Entity Identifier (UEI)</td>
<td>D27KFDTMWXU1</td>
</tr>
<tr>
<td>5. Amount Requested</td>
<td>$335,214</td>
</tr>
<tr>
<td>6. Rate of Housing Placement of DV Survivors—Percentage</td>
<td>90%</td>
</tr>
<tr>
<td>7. Rate of Housing Retention of DV Survivors—Percentage</td>
<td>86%</td>
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NOFO Section II.B.11.e.(1)(c)

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1. how the project applicant calculated both rates;
2. whether the rates accounts for exits to safe housing destinations; and
3. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

In past 12 months, Newhouse offered non-CoC transitional housing (TH) program. Our confidential client database allows case managers (CMs) to note clients a) immediately requested housing, b) acquired housing, c) service participation, d) purpose of exiting housing program. Of the 22 clients requesting immediate housing, 20 acquired a housing unit (20/22=90%), 17 continued to utilize at least two types of supportive services, 6 exited the program for any purpose. Purpose of the exit is noted in database for future trend analysis. Overall, safe housing destinations - including permanent housing - account for majority of the known exits. Data sources for the above information is calculated per our internals databases: APRICOT for client's milestones and QuickBooks to cross-check for security deposits and rental payments on active units. A SharePoint spreadsheet maintains a color-coded spreadsheet that reconciles data from both resources to help track progress toward department goals and CM caseload.


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

Describe in the field below how the project applicant:

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

(limit 2,500 characters)

Clients referred to us per the Coordinated Entry (CE) will be contacted by our dedicated Housing Case Manager (HCM) within one week with expected of setting an immediate appointment if not unable to connect on the spot to start the conversation. The first contact typically consists of safety planning, allowing clients to indicate preference of location and housing type: two key means allowing the HCM to pinpoint appropriate units for client to tour fairly soon. Newhouse has an extensive list of DV-supportive landlords with additional safety components. Additionally, positive relationships between CM’s and landlords (LL) oftens leads to information regarding unit availability in advance. Newhouse CoC housing project is dedicated to supporting only those clients who are referred via the Coordinated Entry system process. A dedicated Housing Case Manager is focusing exclusively on this CoC housing program and those clients; no other duties are expected of this position. When required, the CoC emergency transfer plan may be employed.

The Housing Case Manager will maintain communication with the CoC CE referred client. Employing safety planning and strengths-based case management tools, the HCM and client will discuss the merits of selected goals, potential/real barriers, and action plans. Topic include employment, education, community, social, cultural, and children’s connections. These efforts will underscore and help prioritize the supportive services best support the client in reaching any and all goals.

Newhouse, active since 1971, had developed an extensive list of community relationships to better serve our clients. HCM can identify which supportive services are available via Newhouse programming and those community partners with supplemental services or ability to best address those outside Newhouse scope.

Driven by client’s participation, Newhouse HCM maintains communication and offers means to meet new goals. Underscoring the survivor-centric model, those goals, including sustainable housing, are established by the client. HCM supports this goal and highlights positive movements toward this goal. Reviewing goals and safety plans become consist with each meeting.


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

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2. making determinations and placements into safe housing;
3. keeping information and locations confidential;
4. training staff on safety and 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)

Setting healthy boundaries is critical skill, and it starts with our staff honoring the boundary of privacy and time. Upon contact, CE referred clients are requested to share their preference for time and place (if meeting) of first initial intake. Newhouse offers private meeting rooms with white noise machines. A list of private rooms (libraries, colleges, etc.) around the community are also on hand as an option. Those spaces are reserved under HCM name only without mention of Newhouse or client. Safety planning during this intake also allows space to review and develop means to address concerns of coercion from unsupportive family/friends and the abuser.

Newhouse follows the Coordinated Entry’s process that has demonstrated a steadfast ability to safeguard the client’s privacy and confidentiality. As a client is referred to our HCM for CoC housing, a record in our internal confidential database allows the HCM to track the client’s housing goals and potential placements. Clients are assigned a unique identifying number to protect names. As HCM schedules tours with landlords, the client’s identity is not revealed. All landlords policy of protecting client’s identity and information must meet our confidentiality standard. Newhouse APRICOT system contains copy of lease but is only viewed by few staff. Accountant tracks rental payments to property agency address with only client unique id noted for reconciling. Clients also sign confidential agreements with verbal discussion of rare chance of recognizing and/or identifying another.

Newhouse new training officer reviews safety and confidentiality policies while onboarding new staff. Ongoing / updated training for all-staff is provided during annual retreats. While the Missouri Coalition Against Domestic and Sexual Violence sets the local standard for training in confidentiality, Newhouse exceeds the standard. All staff members must sign a detailed confidentiality and privacy statement, which is added to their HR file. Any violations of this statement have immediate repercussions.

Our CoC housing programming employs a scattered-site housing model. Kansas City is 23rd largest city in the US with housing units available all across. Units are rented based upon availability and landlords do not segregate nor reserve unit groups for our clients only. DV-supportive landlords are often willing to take extra safety measures upon request, including parking garage, motion lights, ring cameras, and new blinds.

Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.

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

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)
"In review of our updated mission statements over the past 50 years, the word “safety” is always predominant. Regardless of how much the times has changed, safety continues to be a primary focus. Over time, we have come to this crucial understanding: the community is safer only when each household is safe, and that includes living free from domestic violence. But to dismantle the generational cycle of violence, we must address the root causes unique to each survivor. Only then, can we craft an Ecosystem of Services (including housing and supportive services) personalized to the survivor. Our CM’s and HCM are the primary leaders of developing this Ecosystem for each client. Over past few years, Newhouse has tested a variety of client feedback loops to help determine the most comprehensive means to learn directly from the clients’ views of programs and policies efficiencies. Safety is a primary topic and component of each feedback loop. As a result, Newhouse has implemented a policy for each client – even a Hotline caller – to have a safety plan discussed and on file. This safety plan has proven to be a critical tool to encourage clients to consistently focus on safety, for themselves and their children, especially as circumstances change or goals are met. To allow Newhouse to build context and concise evaluation of these feedback loops, Newhouse hired a Chief Acceleration + Innovation Officer (CAIO) in May 2022. She has parlayed her skills as a social scientist at Stowers Institute into the compliance and programming evaluation efforts at Newhouse. A dashboard with Key Performance Indicators of over 44 points of review has been built with a direct line to an evaluation tool. Monthly executive leadership and operations meetings discuss the emerging data and changing trends. Another key area of improvement for safety includes hiring two bilingual staff members as Client Care Coordinator’s, a position combining case management with advocacy. They are available whenever bilingual services are needed, and accompany HCM appointments. National studies indicate ESL clients in general feel safer with staff of fluency in language and culture and are more likely to request additional supportive services - including housing - compared to their peers without such first-person support. Latina/Hispanic population is currently the fastest growing demographic in Kansas City per the US Census, thus underscoring the critical need for services."

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<th>NOFO Section II.B.11.e.(1)(d)</th>
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<td>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:</td>
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<tr>
<td>1. prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;</td>
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<td>2. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;</td>
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<td>3. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;</td>
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<td>5. 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;</td>
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(limit 5,000 characters)
Newhouse believes each client is "housing ready" at first meeting. Implementing a true Housing First model places the focus on rapid placement. The Newhouse CoC housing program policies communicated to both staff and client indicate the only criteria is client's DV experience; there is no additional requirements nor expectations for service participation. We believe Housing First provides the stability will allow space for supportive services to take root and client to shift their focus to shattering barriers to self-sustainable, violent-free living and true healing.

The HCM is a connector by design, whose sole focus is upon CoC referred clients to find appropriate housing quickly within their preferred cultural and geographic preferences. A focused caseload allows creative outreach and proactive engagement practices to build trust and mutual respect. Ongoing shelter-wide intensive DEI+B training underscores historical disempowerment factors and celebrates diversity and personal choices. Therefore, positive solutions-based planning is the focus without any reference to punitive interventions or quid pro quo.

We share with clients our Ecosystem of Services philosophy that is built around whole-person healing from trauma. As trauma is unique to each survivor, so is their healing process. Therefore, there is no cookie-cutter or service expectations. Clients are provided a detailed list of NH services with description of how they may help heal what trauma. Most services provide introductions to trauma sessions which clients may choose to attend. We ask "what happened to you" and never "what is wrong with you." All services are coached in trauma-informed language and support.

"Being YOU is your superhero power!" is a core value statement all staff members present to clients at every level of services. At its core, domestic violence is about control and removing self-worth. Clients gain this back by discovering their strengths. CM's employ strengths-based case management tools to guide a client through various topics in self-sufficiency to build goals and action plans. The therapists employ Solutions-Focused therapy with DBT, EMDR, and strengths-based vision exercises. Advocates provide TIC crisis-de-escalation and meeting basic needs. And every client has self-selected S.M.A.R.T.I.E goals added to their record, which is then reviewed by HCM to remind clients of their strengths and take joy in the progress made.

Newhouse has invested significant resources in shelter-wide cultural competency training. Quarterly healing circles provides staff safe space for difficult conversations. Onboarding training for all staff members includes over six hours exploring and understanding DEI+B topics. Ongoing DEI+B training is provided to all staff during the annual mandatory retreat. An internal DEI+B committee reviews staff and client's related concerns (grievance form) and forms immediate action plans. Employee handbook and all job postings outline our non-discrimination policy.

CM's and HCM strengths-based tools include topics addressing personal growth in connecting with family, friends, occupations, hobbies, cultural, spiritual, physical, and other personal interests. All direct services staff add to a live SharePoint directory listing known positive connections to growing these personal interests. In short, we encourage and aid clients in bullying their village or unique support system to further their efforts in reaching their goals, which in turn promotes long-term success.

Newhouse policy maintains that all support services continue to be available and free of charge for all clients even after departing NH shelter or living off-site. The most frequently utilized service is child care, youth tutoring, and children's therapy. Further, Newhouse is the first and only DV shelter to be tapped by
local predominant foundation to have teachers trained in Conscious Discipline and Creative Curriculum modalities. CD+CC focuses on three pillars (education, socio-emotional regulation, and parental-bonding) for Kindergarten-readiness and High School readiness - both key indicators of success later in life and breaking the cycle of poverty and violence. CD+CC provides a detailed daily curriculum to highlight a variable within one of the three pillars. This includes parenting classes, an indoor sensory-supportive gym, baby-sign taught to both child and parent, and STEM education summer and school-breaks camps. In addition, our on-site attorney and paralegal provide legal support for clients with custody, divorce, visitation concerns.


NOFO Section II.B.11.e.(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)
"With a team of 41 experienced and highly trained direct staff members, Newhouse Ecosystem of Transformational Services supports clients in areas of safe beds/emergency shelter, job readiness, employment, nutrition + physical well-being, overcoming homelessness, transportation, legal services + court advocacy, financial stability, first-person interpreters, case management, housing, child-focused education + therapy, substance dependency + recovery stabilization, advanced mental health support, educational enrichment, mentorships, and overcoming racial and socio-economic disparities.

In review of last 12 months, Newhouse project staff provided the following supportive services to DV survivors:

• Transportation – Previously the most significant barrier to medical, legal, and housing appointments and community events, Newhouse Advocates and Case Managers organized and supported 415 ride-sharing trips. The vast majority of appointments were for medical care. In August 2022, an online campaign raised over $20,000 in three days to allow Newhouse to purchase a well-maintained pre-owned van to provide immediate transport for any size family.

• Bilingual Services – Bilingual staff provided first-person support for non-English speaking clients. First-person interpreters allow parents to not rely on children to translate, which further shares the trauma. Bilingual staff provided 368 service deliveries with 72 in case management, 71 group therapy, 57 personal advocacy, 49 individual therapy, and 36 intake sessions.

• Hot, Homecooked Meals – A team of three chefs provided over 17,278 hot homecooked meals. Food insecurity was a fact for over 2/3 of our clients. Chefs meal planning abided by the Missouri Department of Health guidelines for nutrition and portions.

• Assessment of Therapeutic Progress – Under leadership of the new Chief Clinical Officer, Dr. Grey Endres, Newhouse Therapists received intensive training on the implementation of and understanding of the CORS/ORS (Outcomes Rating Scale) evaluation tools that provides an immediate client feedback loop at end of each session. A positive progress in resiliency is noted by a positive increase in score. Only 9% of client had no change while 26% increased by 6 to 10 points and another 29% increased by 11 to 15 points.

• Child Care, Early Pre-K School, and STEM Summer Camp – Children’s Services team provided over 10,561 service units in pre-K education, childcare and STEM summer camp for all ages. And 166 children joined the fun while 51 children received more than 20 service hours of individual and group therapy and 80 children received over 13 hours of specialized case management.

• Creating New Memories – A staff committee organizes the monthly family fun evening event, of which over 90% of shelter families and 50% of transitional housing clients participated. Roughly 7 staff members and 7 community volunteers run carnival-type games while parents receive season-appropriate clothes for the family and home décor.

• Engaged Volunteers – 374 volunteers provided over 5,305 hours of their time to directly support survivors in multiple means. 60 children participated in a monthly evening art therapy and life-skills development session create in conjunction with community volunteer and Newhouse staff member. And 722 items from individual Wish Lists were wrapped for over 90 adults and children – including those living in transitional housing - to make the holiday more meaningful.
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1. prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;  
2. establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;  
3. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;  
4. emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;  
5. 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;  
6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and  
7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.  

(limit 5,000 characters)
Newhouse CoC Housing Program will be reserved for only those clients referred by the CE system. Our policies underscore the Housing First modality success dependent upon survivor-centric empowerment by honoring the client's choices. HCM will employ safety-planning, strengths-based goals assessment, and SMARTIE goal development to clarify the clients vision for their future with deadlines. Understanding the priorities and timetable guides the client and HCM to determine the immediate next steps, particularly if housing is identified as an immediate priority. Safety plan helps identify key geographic and cultural needs per client. HCM can then identify those housing units within those parameters and present the choices to the client.

Once a CE client is referred, the HCM will contact and follow clients lead for means and place of first intake session. HCM will share with CE our overall policies, including no barriers to housing program and respecting their choices. HCM is trained in trauma-informed and evidence-based practices to encourage and support client's decision-making process. Further, our DEI+B Committee will review all aspects of the Housing Program through a historical inequality and power differentials lenses. Their feedback will promote adjustments to enhance the experience for the clients.

Each survivor is unique in their trauma and the recovery process, especially children who may not yet have the vocabulary to express their big feelings. HCM will share with survivors the list of available services we can provide or locate in the community to support what aspect of the trauma. Also includes sharing information on specialized sessions to help parents understand children's processing trauma. If transportation is a barrier, our new van will be available to bring the family to the shelter or off-site service provider. Children may join our trauma-informed childcare and teen hangouts while adults focus on services coping with their own trauma.

CE referred clients will discuss a safety plan during the first HCM meeting. They will then progress to our adopted strengths-based goals assessment tool with the HCM. If wish to do so, therapy session employ solutions-focused therapy while teaching DBT options as coping skills. All safety plans and strengths-based client-selected goals are added to their electronic file in APRICOT. The direct services staff may then review goals and safety plan with clients at any time they wish to do so. As goals are met and celebrated, new goals and revised safety plans are then developed and uploaded. Vision boards are popular art group therapy sessions as clients are encouraged to find images that highlight their personal strengths and goals for the future.

CE clients may divulge their demographics, including preferred languages and spiritual beliefs. Clients APRICOT records are populated with data, which may trigger unique holiday reminders to celebrate (or not to celebrate). All staff members receive over 6 hours of cultural competency training. Further, internal DEI+B committee reviews all elements of the Housing Program through lenses of racial and cultural inequality. Clients receive copy of our non-discrimination policy within their Intake Packet.

As part of their safety planning and housing planning, clients are guided through topics related to spiritual, cultural, children's, and community connections that will help them feel safe. HCM will review Newhouse internal notes and research geographic area to identify resources that match the client's identified connections. Later HCM meets may follow-up on those suggestions to learn of clients experience. If not satisfied, a new resource for connections will be quickly identified.

CE parents are provided a brochure describing our children's services education, therapy, and campus. In addition, also explains parenting sessions in
baby sign, sensory sensitivity, drug prevention, parent-child DBT co-skills, and more. All services are provided free of charge, regardless of income or lack thereof. If transportation is a barrier, our new van and staff driver is available. Shelter case managers are also available to support connections to schools, supplies, uniforms, IEP plans, and more. If transportation or time is a barrier, then virtual sessions are available too.


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

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project’s operation.

(limit 2,500 characters)

"Newhouse historical roots were planted by the strength of survivors with lived expertise in domestic violence, homelessness, or both. We respect the privacy and also appreciate the candidness any person with lived expertise who chooses Newhouse as place to volunteer, work, or be served. At the Board level, past experience with DV and/or homelessness is listed on the required demographic survey. Over one-third of current Board members have answered in the affirmative. They also indicate their level of willingness to share their story. The Board focuses on developing long-term strategic planning and infrastructure policies. Staff members may also complete similar survey. This survey allows us to demonstrate how we resemble the clients we serve as representation matters. The case management department has leadership in crafting the housing program along with CEO and VP of Program Funding; over half have lived expertise. One Bilingual Case Manager actually lived at Newhouse as a child when their mother courageously choose to leave. Newhouse policies and culture agreement promote hearing all voices. At this time, the CM team looking to copy a new procedure implemented by the DEI+B committee. The DEI+B committee (formerly Cultural Competency Committee) is currently being co-organized by Therapist and former client. They nominate a current client to join the monthly meeting and share their perspectives. The monthly meetings focus on assigned reading/video materials while applying to Newhouse policies, individual programs, facility and shelter climate. The shelter client is then asked to nominate another shelter client to join the next session. Over time, consistently there has been up to two current shelter clients involved. Feedback loops are also being developed for each department so they may solicit in person from current clients regarding the efficiency of the program(s) and service(s) provided. These feedback loops will then be scrutinized for both raw data trend analysis and provide context. All feedback must be evaluated. Further discussion within both DEI+B and executive leadership will allow us to enhance, expand, or adjust the program and/or policies. We expect for the DEI+B and executive leadership committee to soon formalize an advisory committee of former clients and volunteers with lived experiences prior to start of this project start time."
Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

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Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2022 Priority Listing:

1. Applicant Name | Rose Brooks Center, Inc. |
2. Project Name | Rose Brooks Center Housing Program FY22 - Expansion |
3. Project Rank on the Priority Listing | 45 |
4. Unique Entity Identifier (UEI) | VJLDGWL2J5E1 |
5. Amount Requested | $472,671 |
6. Rate of Housing Placement of DV Survivors–Percentage | 90% |
7. Rate of Housing Retention of DV Survivors–Percentage | 86% |


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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1. how the project applicant calculated both rates;
2. whether the rates accounts for exits to safe housing destinations; and
3. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)
Rose Brooks Center (RBC) is a DV-dedicated agency providing over 70 rapid re-housing (RRH) beds and a comprehensive array of trauma-informed services. RBC calculated its rates as follows: Housing Placement: Rose Brooks Center’s RRH program receives its referrals from the CE System, 100% of whom are fleeing DV. Of the 65 enrolled households during 2021, 54 or 83% were successfully housed. RBC was unable to maintain contact with the 11 households who were not placed, despite multiple attempts over weeks and community-wide case conferencing. Housing Retention: In 2021, 15 households exited RBC’s RRH program, 13 or 87% of whom exited to positive housing destinations.

Yes. RBC’s Housing Retention calculation accounts for exits to positive housing destinations, including safety. Fourteen households (inclusive of the 13 households with positive housing destinations plus one household’s temporary exit destination) exited to safe housing. The fifteenth exiting household refused to disclose their destination.

RBC calculated these rates using two data sources: a) an internal, department-specific spreadsheet that tracks referral status, which was then compared with b) data from an Annual Performance Report generated in its comparable database, CaseWorthy.

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

Describe in the field below how the project applicant:

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

(limit 2,500 characters)
RBC makes every attempt to connect with and enroll a survivor within 10 business days of referral from the CES. In line with Housing First, "fleeing DV" is the only eligibility criteria; sobriety, income, rental and criminal history, etc. are not factors. The housing search begins immediately following enrollment, with staff available to guide, support, and assist in securing safe, affordable housing. To help house a survivor as quickly as possible, the staff and survivor team together set a target move-in date to work toward, finding that setting a realistic timeframe helps with motivation and accountability for both parties. Staff also maintain relationships with property managers and seek out new relationships.

RBC exclusively serves those that meet HUD’s Category 4 definition of homelessness and fills its CoC-funded units strictly through the CoC’s CE System’s prioritization list. RBC uses the CoC’s emergency transfer plan as necessary.

To determine which supportive services survivors need, staff assist with safety planning and offer comprehensive case management. Provided in-home, at RBC, or in the community depending on safety, goal type, and client preference, participants determine intensity and frequency. CMs are responsible for ongoing, progressive service engagement, starting with an assessment considering several life domains of the client. From this assessment, participants may opt in to or out of case management to help them pursue their self-determined goals. Clients may change their mind at any time.

RBC ensures survivors are connected to supportive services through both internal and external referrals. RBC CMs connect survivors to other RBC programming, which is tailored to meet the needs of those fleeing DV, i.e., trauma-informed and prioritize safety and confidentiality. CMs also facilitate access to external services, often connecting to mainstream resources, attending initial meetings with new service providers (with client consent) to ensure a connection is established, and advocating with and on behalf of participants to remove barriers to goal achievement.

Staff support survivors in choosing where they reside and in considering long-term affordability and accessibility to transportation and other daily living amenities. From the beginning of assistance, staff discuss with clients what they aim for when assistance ends. This helps to guide their work during the program and promotes housing stability when assistance ends.

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Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2. making determinations and placements into safe housing;
3. keeping information and locations confidential;
4. training staff on safety and confidentiality policies and practices; and
5. taking security measures for units (congregate or scattered site), that support survivors’ physical safety and location confidentiality.
As a DV service agency, RBC keeps survivor safety and privacy at the forefront of all activities. RBC works solely with the survivor, empowering client choice and working to alleviate the abuser's coercion. Initial communication includes safety considerations which help in selecting a mutually safe meeting location if meeting in the community. When meeting in public, forms have been modified to limit the likelihood that others may be able to identify the client as working with RBC. Meetings are also always available at RBC’s secure campus, including use of a private intake room to ensure client confidentiality and emotional safety.

In order to support survivors in making determinations and placements into safe housing, RBC employs a scattered site model. Scattered site housing allows client choice in selecting a unit – considering geography, amenities, and safety. Safety planning and confidentiality protocols guide the entire housing process. RBC utilizes client-centered practices that maximize client choice while maintaining safety and confidentiality.

The de-identified By-Name list for DV survivors helps ensure client information is confidential, even within the CoC. RBC proactively addresses safety and confidentiality with clients, and with property owners/managers. RBC’s scattered-site program does not maintain dedicated units or congregate living spaces, minimizing the likelihood that someone could identify someone as a participant. When needed, RBC staff are certified agents with Safe at Home, the address confidentiality program through the Missouri Secretary of State’s Office. RBC requires all agency direct staff members to complete 40-hours of training (including specific trainings and required reading on safety planning, confidentiality, and releases of information that comply with VAWA) before providing direct services, as outlined by Missouri Coalition Against Domestic and Sexual Violence. Any pertinent trainings provided by partner victim-service providers are shared widely with all staff.

RBC uses a scattered-site model, and clients determine what geographic area is safest and supports their goals. Staff assist in safety planning around the selected location, and the plan is re-evaluated regularly to ensure continued safety. RBC staff are certified agents with Missouri’s address confidentiality program. Staff also ensure the lease includes the VAWA Lease Addendum, and assist survivors with relocation when needed for safety.

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(limit 2,500 characters)
RBC maintains a culture of improvement, and regularly evaluates its practices to ensure the safety of DV survivors in multiple ways. Over its 4 decades of operation, RBC has gained expansive knowledge and experience developing and strengthening services which address the safety and other needs of those fleeing DV, particularly those experiencing abuse, sexual assault, stalking and human trafficking within intimate partner relationships. Based on this expertise, RBC offers a full continuum of services to increase survivor safety and to heal and rebuild lives. RBC has operated housing services since 1994, initially transitional housing and since 2014 rapid re-housing. In 1998, 2003, and 2009, HUD awarded the program Best Practice Awards. RBC exceeds the quality standards set by the Missouri Coalition Against Domestic and Sexual Violence and the Council on Accreditation regarding evaluating clients’ service needs and offering strengths-based interventions that maximize choice. Program staff utilize safety planning with survivors throughout their engagement, and the priority to assist survivors in meeting their safety outcomes is intricately woven into all levels of the agency and its services. In Housing, program staff partner with survivors to locate safe housing in a location of their choosing, regularly re-evaluate their safety plan, and re-house a survivor if they become unsafe in their home. Interventions include educating survivors on the dynamics of DV, to help survivors understand their current situations and to help them recognize red flags and healthy relationships in the future. In addition, staff educate property managers/owners about the impact of DV on credit, rental, and work histories, and they also ensure each lease includes the VAWA Addendum. In the past year in an effort to improve direct service staff accessibility and client safety and confidentiality, RBC implemented a new phone system that includes computer and phone apps with phone calling, video conferencing, and texting capabilities. This increases clients’ accessibility to staff support and safety planning while staff are in the field and promotes clients’ confidentiality by saving client contact information within the app rather than their personal cell phone; RBC manages the secure app and can shut down access if the staff’s phone is lost or stolen or upon employment termination.

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

(limit 5,000 characters)
"RBC is committed to being a trauma-informed, victim-centered organization and has long been incorporating trauma-informed care principles at all levels of the agency.

To prioritize rapid placement and stabilization in permanent housing, the program considers survivors’ unique needs and institutes low-barrier eligibility requirements to screen participants in (not out). Aligned with Trauma Informed Care principles, RBC ensures prioritizing participant choice within its scattered-site program model, with survivors self-selecting their own unit throughout the CoC region and leasing it in their name.

RBC utilizes a Housing-First, voluntary service model, which prioritizes survivor autonomy and ability to choose services which best align with their goals for safety. This model also supports an environment of mutual respect and minimizes power differentials as staff are available to support the goals of the participant without having to enforce strict program requirements or employing punitive measures that dictate goals for participants.

RBC is dedicated to trauma-informed practices and policies. Staff at all levels of the organization are trained in the Trauma-Informed Care practice and principles, which provides a conceptual framework for helping us align our thinking and culture with principles of trauma-informed care and recovery from trauma. Client education related to domestic violence and the impact and effects of trauma is woven into all aspects of RBC’s programs and service delivery.

Participant strengths and capacity for resiliency provide the foundation for all services provided by RBC. RBC uses a strength-based approach across all programing, ensuring questionnaires, intakes, and goal plans are participant driven and build upon the strengths and self-determination of clients. For example, the case management assessment was designed to include motivational interviewing techniques to understand clients' priorities, motivation level for change, and barriers to motivation. In another example, when setting goals with clients, Case Managers encourage clients to pull from strengths and previous experiences to move forward toward their self-identified goals; clients also sign the goal plan indicating that they actively have chosen this goal themselves.

RBC operates with a service philosophy, derived from our mission-driven commitment to end the cycle of domestic violence, that ALL survivors deserve the right to access shelter and support services in an environment that is both safe and welcoming, and facilitates cultural responsiveness and inclusivity. In order to ensure our ongoing commitment, RBC operates with an active Diversity Connections committee tasked with development and implementation of the agency's Equity and Inclusion Plan. A two-part training is required of all new staff at all levels of the agency to ensure equal access to services (ie. cultural competency, equal language access, accessible to survivors with disabilities, and trauma-informed), and at least three learning activities are required to be completed annually thereafter for each staff member; this is monitored annually through the performance review process.

Isolation is a tool of abuse in situations of domestic violence. Oftentimes, abusers have purposefully isolated the survivor from their support system of friends, family and others in their community. That is why RBC offers opportunities to for social connections, through a wide variety of therapeutic groups, as well as agency activities and celebrations which support the development of positive social relationships among participants. Case Managers also offer a supportive connection to clients, as they are available
throughout the duration of the program, and facilitate connections through a vast network of community partners, including for mentorships and spiritual needs, that can continue beyond the survivors' involvement with RBC. RBC knows that being a parent can be very stressful, especially when this role is compounded by the trauma of DV. The Children's Program provides a wide range of parent support that includes one-on-one meetings (case management, children's therapy) and group settings (parenting classes, family therapy, family activities). Additionally, RBC's Kid Zone offers childcare for children of all ages to utilize while their parents are receiving support. Kid Zone is equipped with toys, art supplies, computers and stations. RBC's hosts multiple opportunities per month for survivors to connect with a family law attorney for advice and possible representation.

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"RBC policy dictates expectations for assessing and meeting survivors' needs by providing supportive services while quickly moving them into permanent housing and addressing their safety needs, including ongoing safety planning. All participants are eligible for HUD-funded and leveraged agency services, which include:

Housing Search and Counseling - RBC Navigators assist survivors with developing personalized housing plans, overcoming barriers, and securing placement as quickly as possible. Navigators build and maintain relationships with property managers so survivors may be housed quickly, even those with criminal histories or other traditionally undesirable factors. Housing case managers (CMs) educate housed survivors on their lease requirements, being a good neighbor, and landlord/tenant relationships. CMs also use MO-604’s case conferencing sessions to support housing retention.

Long-term housing stability safety planning - The housing program works with participants to develop long-term housing safety plans in preparation for participants exiting the project. Program staff educate survivors on realistic housing costs, affordability based on clients’ current and potential income, and creating and working toward a long-term housing plan for when rental assistance ends. CMs are Safe at Home agents, registering clients with the State’s address confidentiality program for survivors who fear future harm if their new address is available in new public records. Staff teach clients to ride the bus, if needed, and also transport clients. The following services also support participants' development of long-term housing safety plans in preparation for their exiting the project:

Case management - Provided in-home, at RBC, or in the community depending on safety, goal type, and client preference, participants determine intensity and frequency. RBC CMs provide ongoing, progressive, assertive service engagement that builds on survivors' strengths and develops life skills. Services include an assessment of the participant’s self-determined needs; goal planning; applying to mainstream benefits; linkage to resources; and advocating with and on behalf of participants to remove barriers to goal achievement.

Bad Credit History/Financial Literacy - Relationship-building with property managers includes education on the impact of financial abuse on survivors' credit and rental histories. All CMs are trained in a financial literacy curriculum that considers the impact of DV in a survivors' path to financial stability. Each housing client have an opportunity to explore the messages they learned about money, how to budget, and what credit is. The Housing Program also partners with a Financial Opportunity Center that specializes in credit repair and employment.

Income/Employment - RBC's Employment Advocate assists survivors in the job search and retention process. This Advocate conducts an income assessment shortly after a participant's move-in to begin the conversation about income as part of the client's housing safety and stability plan.

Education – Program staff provide McKinney-Vento information to households with children during program enrollment to ensure the educational rights of homeless children are met. Education for adults generally is addressed after securing housing.

Child Custody/Legal Services - RBC’s partnership with 3 legal service organizations results in the offering legal clinics each month where survivors gain direct legal advice from a family law attorney. Common topics include protection orders, paternity cases, visitation arrangements, and securing a “Good Cause” waiver to avoid child support enforcement when applying for
public benefits when dangerous to do so. RBC also employs legal advocates in municipal and protection order courts and in the police department. RBC works with a warrant relief program for traffic tickets and periodically with pro bono attorneys for felony expungement.

Childcare – Securing childcare happens once housed. While clients meet with staff onsite, their children can go to KidZone, where they can play with and be cared for by RBC staff.

Physical/Mental Healthcare – Survivors often neglect their physical and mental health, due to abusers’ control and/or due to prioritizing safety. RBC connects clients to healthcare, including an onsite medical clinic, community-based dental offices, and onsite and off-site mental healthcare through a safety net clinic. RBC also employs adult and child/family therapist.

Drug and Alcohol Treatment – RBC follows a harm reduction model. Those seeking intervention are connected with RBC’s Substance Abuse Counselor or external resources.

Crisis DV Services - RBC offers crisis DV services, including a 24/7 DV crisis hotline, that provides trauma-informed confidential support, safety planning, emergency shelter access, and assistance in the restraining order process. These are available to any survivor, including housing clients.

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2. establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4. emphasize program participants’ strengths—e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plane works towards survivor-defined goals and aspirations;
5. 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;
6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)
RBC will institute low-barrier eligibility requirements to screen participants in (not out) for program eligibility. RBC will use scattered site housing, allowing client choice in selecting a unit—considering geography, amenities, and safety. RBC’s program will use housing navigators to support clients throughout this process. Navigators will support each household depending on their needs, taking on roles such as guide, cheerleader, or advocate. The navigators’ knowledge of the housing market and relationships with property managers will help prioritize rapid placement. Once housed, clients will transition to an RBC case manager who will help clients with self-identified needs, ultimately supporting housing stabilization.

Through a commitment to trauma-informed care, and with an understanding DV dynamics, RBC will train all staff to recognize and minimize power differentials. RBC will utilize a Housing-First, voluntary service model, which prioritizes survivor autonomy and ability to choose services which best align with their goalsy. This model supports an environment of mutual respect and minimizes power differential, as staff can focus on client-led goals without having to enforce program requirements. RBC has long adopted a voluntary service model across programs, and seeks to minimize rules and restrictions where possible, as to not replicate the toxic power dynamics within a DV situation.

RBC will weave client education related to DV and the impact of trauma into all aspects of programs and service delivery, including individual therapy, case management, and support groups. Safety plans and support plans will be completed with all consenting clients, providing individualized support surrounding physical and emotional safety and safe responses to trauma effects and triggers. RBC will provide all staff a foundational knowledge of trauma-informed care, which will underscore all service delivery and functions throughout the organization. Agency programs and policies will support the provision of trauma-informed services, which includes educating program participants on the impacts of trauma.

RBC’s service philosophy is built around a strengths-model, which recognizes clients’ strengths and resilience factors as the most critical resources in building a life free from violence. With each client, RBC will complete a thorough intake assessment, taking into account clients strengths and goals across life domains to ensure broad support for the needs of clients and their families. Following this initial assessment, case managers will use strength-based goal planning so clients will build upon their strengths to achieve their self-identified goals. The initial assessments and goals will be revisited on an ongoing basis to illuminate progress made and guide the survivor’s next steps.

RBC will operate with a service philosophy that ALL survivors deserve the right to access shelter and support services in a safe and welcoming environment. RBC will address issues of racial disparity and social inequity through policy, practice, allocation of resources, and guiding trauma informed care principles.

RBC will continue to require Equity and Inclusion training for all staff, at hire and annually. RBC will also continue to: 1. Maintain its Diversity Connections committee responsible for developing and implementing the diversity and inclusion strategic plan, 2. Maintain its Equal Access/Language Access Committee, 3. Maintain the performance and quality improvement process for evaluating equity of service and 4. Continue evaluation of universal design and needed accessibility updates.

Isolation is often a control tactic used by the abuser in a DV relationship, purposefully isolating the survivor from their support system of friends, family and their community. RBC will recognize social supports and connections to community resources as key to survivors’ healing. Staff will continue to prioritize
making warm referrals and encouraging clients to engage in community resources (including churches, other services providers or support groups.) Current and former housing clients will be invited to participate in a program advisory board, as well as referred to onsite therapeutic groups and enrichment activities. RBC will measure community referrals and connections as part of the program’s outcome measures. Housing clients will be able to access RBC's in-house Children's Program services at any time. RBC's Children’s Program will help children heal as their families reclaim their lives after violence, with the goal of helping children and families overcome the mental and emotional trauma they have experienced. Clients may access the program’s comprehensive services, including five primary activities: Case Management, Parental Support, Therapy Services, Kid Zone (child care), and Family Enrichment Activities.

| NOFO Section II.B.11.e.(1)(f) |

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation. (limit 2,500 characters)
"RBC fosters a culture of connection and improvement agency-wide, with a focus on client voice and lived experience, and therefore has a plan in place to involve survivors in policy and program development throughout the duration of the program. All client voices are welcome and invited through focus groups, individual interviews, and participant satisfaction surveys. RBC accommodates the written and oral communication needs of clients by providing bilingual personnel, interpreters, or needed technology.

Survivors are encouraged to share their opinions and ideas during any part of the housing process. For example, the Housing Program conducted a 6-week program evaluation aimed at increasing client income. This project allowed RBC to evaluate its current advocacy services and make evidence-based program adjustments as needed, in order to effectively respond to survivor-identified needs and improve employment/income outcomes.

The Housing Program is also launching a participant advisory board to guide program design, service needs, and program changes. The board will be co-facilitated quarterly by a current or former program participant and non-direct service staff member. RBC has engaged survivors with lived experience in focus groups to determine survivors’ recommendations for the advisory board’s structure and function. Current steps include identifying funding sources to appropriately compensate the members of the advisory board for their time and expertise. Initial feedback from prospective members is positive, and all believed involvement would be useful and worthwhile. This board will represent households in different stages of the housing program.

RBC centralizes the importance of equity and inclusion for both staff and clients. RBC has an active Diversity Connection committee, ongoing Limited English Proficiency Meetings and a Black Leadership Advocacy Council. All exist to ensure RBC is informed by equity and inclusion guiding philosophies, and serve to shift the agency toward ending the different intersectional oppressions which impact survivors of DV.

RBC ensures that survivors of DV are on the agency's Board of Directors, with a current Board member serving who was homeless due to fleeing DV. The feedback gathered from all sources listed above is used to update both program and agency-wide policies, practices, and procedures- secure additional resources- and guide budgets, staffing, and training plans."
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.

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Attachment Details

Document Description: Move On Preference.pdf

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Renewal Project Application
Document Description: Notification of Projects Rejected

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores

Attachment Details

Document Description: Housing Leveraging Commitment

Attachment Details
Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description:
Ensure that the Project Priority List is complete prior to submitting.
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Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive Section 8 HCV assistance, the family must submit an application that provides the HAKC with the information needed to determine the family’s eligibility. HUD requires the HAKC to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the HAKC must select families from the waiting list in accordance with HUD requirements and HAKC policies as stated in the Administrative Plan and the Annual Plan.

The HAKC is required to adopt a clear approach to accepting applications, placing families on the waiting list, selecting families from the waiting list and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the HAKC to receive preferential treatment. Funding earmarked exclusively for families with particular characteristics may also alter the order in which families are served.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the HAKC affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the HAKC will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and HAKC policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the HAKC will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the HAKC’s waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the HAKC will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide the HAKC in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the HAKC has the information needed to make a final eligibility determination.
PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the policies that guide the HAKC’s efforts to distribute and accept applications, and to make preliminary determinations of applicant family eligibility that affect placement of the family on the waiting list. This part also describes the HAKC’s obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the HAKC to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the HAKC.

HAKC Policy

HAKC will utilize a preapplication process and then a full application. The preapplication and full application information is to be filled out by the applicant whenever possible. If physical, mental or geographical limitations prohibit the applicant from applying in person, applications may be taken by phone. Once established by HAKC, the pre-application will be taken on HAKC’s website at www.hakc.org. Submission of the preapplication and any priority will determine the applicant’s position on the waiting list.

The purpose of the application is to permit HAKC to assess family eligibility or ineligibility and to determine final selection for placement into the program. Duplicate applications, including applications from a segment of an applicant household, will not be accepted.

The application requires the provision of the following information:

- Names of adult members and age of all members;
- Sex and relationship of all members;
- Street Address and phone numbers;
- Mailing Address
- Amount(s) and source(s) of income received by household members;
- Information related to qualification for preference or special admissions;
- Social Security Numbers of all household members;
- Race/ethnicity;
- Citizenship/eligible immigration status;
- Request for Specific Accommodation if needed;
- Release for a criminal background check.
The information on the application will not be verified until the applicant has been selected for final eligibility determination. Final eligibility will be determined when the full application process is completed and all information is verified.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The HAKC will take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard HAKC application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The HAKC will provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the HAKC must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the HAKC’s policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

HAKC is required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the HAKC’s policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The HAKC will review each application received and make a preliminary assessment of the family’s eligibility. The HAKC will accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the HAKC will notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

HAKC Policy

If the HAKC determines that information on criminal activity would be a reason for denial, then prior to the denial letter, the HAKC will notify the applicant that they have the right to review the information for 10 days prior to the letter of denial and final
determination. In all other cases, if the HAKC can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the HAKC will send written notification of the ineligibility determination within 20 business days of receiving a complete application. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

HAKC Policy

Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list and before issuance of the voucher.

Applicants will be placed on the waiting list according to any preference(s) for which they claim, and the date and time their complete application is received by the HAKC. Final preference for selection will be made only after verification of the preference claimed.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The HAKC must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how an HAKC may structure its waiting list and how families must be treated if they apply for assistance from an HAKC that administers more than one assisted housing program.

In the case of disputes on eligibility/ineligibility criteria that are pending the outcome of legal proceedings (i.e., currently under appeal in a court of law), the HAKC will determine the family to be ineligible at that time. If the legal decision is rendered that the person did meet the eligible factors, the HAKC shall restore the application to the original date and time, and reinstate the applicant to any other preference factors that the HAKC has adopted. If the legal decision is rendered that the person did not meet the eligibility factors, the HAKC shall only provide the applicant with access to the grievance process in accordance with applicable requirements.
4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The HAKC’s HCV waiting list is organized in such a manner to allow the HAKC to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list contains the following information for each applicant listed:
- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference claimed;
- Racial or ethnic designation of the head of household.

HUD requires the HAKC to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. As such HAKC is permitted, but not required, to maintain a separate waiting list for each county or municipality served.

HAKC Policy

The HAKC will maintain a single waiting list for the HCV TBV program. The HAKC will maintain a separate waiting list for the PBV Program and the list will be maintained by development.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the HAKC operates if 1) the other programs’ waiting lists are open, and 2) the family is qualified for the other programs.

A family’s decision to apply for, receive, or refuse other housing assistance must not affect the family’s placement on the HCV waiting list, or any preferences for which the family may qualify.

HAKC Policy

The HAKC will not merge the HCV waiting list with the waiting list for any other program the HAKC operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

An HAKC is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the HAKC may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

HAKC Policy

HAKC may close the HCV waiting list.
Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the HAKC publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

HAKC Policy

HAKC may close the HCV waiting list

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]
HAKC publicizes and disseminates information concerning the availability and nature of housing assistance for low-income and very low-income families. Depending on the size of the waiting list, HAKC disseminates information to the public through publication in newspapers of general circulation, minority media, and other suitable means about the availability and nature of housing assistance.

Upon request the HAKC will communicate the status of housing availability to other service providers in the community, advise them of housing eligibility facts and guidelines in order that they can make proper referrals for housing assistance.

Notice Requirements

The notice will:

a. Advise families that applications will be taken at a designated location;

b. Briefly describe the low-rent housing program and HCV programs;

c. State that whenever an applicant applies for any type of housing, his or her name will be placed on both waiting lists and the applicant will be offered each type of housing as it becomes available.

Newspapers typically used include the *Kansas City Star*, *The Call*, *Globe*, and *Dos Mundos*. To reach persons who cannot read newspapers, HAKC will distribute fact sheets to broadcast media representing a wide variety of listening audiences. Personal contacts and other public service announcements will be made through community service personnel within the HAKC and among governmental, non-profit, and for-profit service entities.

Non-minority Outreach

HAKC will conduct outreach to prospective non-minority applicants in order to attract them to public housing and HCV Program. Such outreach will include:
1. Dissemination of information about modernization, maintenance, and resident initiatives at all public housing developments; security and recreational programs; other programs for residents designed to improve the quality of life in public housing; changes and developments in Section 8 regulations and policies that encourage participation by owners and applicants.

2. HAKC will cooperate with local police and other law enforcement authorities to provide security and safety for all tenant families, especially for those who move into developments in which their race does not predominate.

3. HAKC will market its programs to families of the race that is least likely to apply for any of the housing programs administered by HAKC.

The HAKC will conduct outreach as necessary to ensure that the HAKC has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the HAKC to serve a specified percentage of extremely low-income families (see Chapter 4, Part III), the HAKC may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

HAKC outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program
- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

HAKC outreach efforts are designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers
- Developing informational materials and flyers to distribute to other agencies
- Providing application forms to other public and private agencies that serve the low-income population
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

**HAKC Policy**

The HAKC will monitor the characteristics of the population being served and the characteristics of the population as a whole in the HAKC’s jurisdiction. Targeted
outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

HAKC Policy

While the family is on the waiting list, the family must inform the HAKC of changes in contact information, including current residence, mailing address, and phone number, within 10 days of the change. The family must additionally report any changes that might occur in their preference eligibility. The changes must be submitted in writing. Once established on the HAKC website, the applicant may make changes to the preapplication on the website.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the HAKC to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to an HAKC request for information or updates because of the family member’s disability, the HAKC must reinstate the applicant family to their former position on the waiting list after receipt of verification. [24 CFR 982.204(c)(2)].

HAKC Policy

The waiting list will be updated periodically to ensure that all applicants and applicant information is current and timely.

To update the waiting list, the HAKC will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the HAKC has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant’s name being removed from the waiting list.

The family’s response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the HAKC not later than 30 days from the date of the HAKC letter.

If the family fails to respond within 30 days, the family’s application will be removed from the waiting list without further notice.
If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 30 days to respond from the date the letter was originally sent.

If a family is removed from the waiting list for failure to respond, the Director of Housing Assistance Operations may reinstate the family if s/he determines the lack of response was due to HAKC error, or to circumstances beyond the family’s control.

**Removal from the Waiting List**

**HAKC Policy**

If at any time an applicant family is on the waiting list, the HAKC determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the HAKC has determined the family is not eligible for assistance, a notice will be sent to the family’s address of record provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the HAKC’s decision (see Chapter 16) [24 CFR 982.201(f)].

**PART III: SELECTION FOR HCV ASSISTANCE**

**4-III.A. OVERVIEW**

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by the HAKC and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

The HAKC must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the HAKC’s selection policies [24 CFR 982.204(b) and 982.207(e)].

**4-III.B. SELECTION AND HCV FUNDING SOURCES**

**Special Admissions [24 CFR 982.203]**

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the HAKC may admit families that are not on the waiting
list, or without considering the family’s position on the waiting list. The HAKC must maintain records showing that such families were admitted with special program funding. The following are examples of types of program funding that may be targeted for a family living in a specified unit:

- A family displaced because of demolition or disposition of a public housing project;
- A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;
- A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term;
- Mainstream Vouchers
- Family Unification Program (FUP)
- Veterans Assistance of Supportive Housing (VASH)
- Project-based Assistance
- A non-purchasing family residing in a HOPE 1 or HOPE 2 project.
- For housing covered by the Low Income Housing Preservation and Resident Homeownership Act of 1990 (41 U.S.C. 4101 et seq.):
  - A non-purchasing family residing in a project subject to a homeownership program (under 24 CFR 248.173); or
  - A family displaced because of mortgage prepayment or voluntary termination of a mortgage insurance contract (as provided in 24 CFR 248.165);

Targeted Funding [24 CFR 982.204(e)]

HUD may award an HAKC funding for a specified category of families on the waiting list. The HAKC must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

HAKC Policy

The HAKC currently administers the following types of targeted funding:

- Family Unification Program
- Mainstream Vouchers
- VASH
- Designated Housing Vouchers

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.
OTHER ADMISSIONS

Supportive Service Referral Process:

HAKC does not provide a set-aside for special services vouchers.

HAKC does provide for a reasonable accommodation and prioritize families that are currently on HAKC programs that may need a reasonable accommodation that cannot be addressed in the program they are under. As a final alternative, for participants in HAKC programs that require a reasonable accommodation that cannot be served through the existing program they participate in, the family will be prioritized for another program where the accommodation may be provided.

4-III.C. SELECTION METHOD

HAKC must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the HAKC will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

HAKC is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the HAKC to establish other local preferences, at its discretion. Any local preferences established must be consistent with the HAKC plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

HAKC Policy

The HAKC uses the following Local Preference system effective January 1, 2016:

(a) Preference #1: Veteran or Homeless - An application in which the head of household, spouse or cohead has an honorable discharge or an honorable condition in the U.S. Military, or a family that lacks a fixed, regular, and adequate nighttime residence.

(b) Preference #2: Non-Preference - Applicants who do not qualify for categories #1. Date and time of application will prioritize applicants from this category.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the HAKC’s fiscal year. ELI families are those with annual incomes at or below 30% of the area median income or the poverty rate for the area as defined by HHS.. To ensure this requirement is met, HAKC may skip non-ELI families on the waiting list in order to select an ELI family.
Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

HAKC Policy

The HAKC will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income-targeting requirement is met. If there are not enough ELI families on the waiting list, HAKC shall conduct special outreach to attract ELI families to the program to meet the statutory requirements.

Order of Selection

The HAKC system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list HAKC is required to use targeted funding to assist only those families who meet the specified criteria, and HAKC is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

HAKC Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the HAKC’s hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the HAKC. Documentation will be maintained by the HAKC as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the HAKC does not have to ask higher placed families each time targeted selections are made.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the HAKC will notify the family.

HAKC Policy

The HAKC will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview;
- Who is required to attend the interview;
Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation; and

Other documents and information that should be brought to the interview.

### 4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the HAKC obtain the information and documentation needed to make an eligibility determination through a private interview [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

**HAKC Policy**

Families selected from the waiting list are required to participate in an eligibility interview.

The head of household and the spouse/cohead will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the HAKC.

The interview will be conducted only if the head of household or spouse/cohead provides appropriate documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, the appointment may be rescheduled when the proper documents have been obtained.

The family must provide the information necessary to establish the family’s eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, the HAKC will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 5 days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of Social Security numbers and eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

In all circumstances, if a family does not attend a scheduled interview, the HAKC will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without HAKC approval, or if the second
notification letter is returned to the HAKC with no forwarding address, the family will be removed from the waiting list.

4-III.F. COMPLETING THE APPLICATION PROCESS

The HAKC must verify all information provided by the family (see Chapter 7). Based on verified information, the HAKC must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted admission, or selection preference that affected the order in which the family was selected from the waiting list.

HAKC Policy

If the HAKC determines the family is ineligible, the HAKC will send written notification of the ineligibility determination within 30 business days of the determination. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income, preferences), the family will be returned to the proper position on the waiting list. The HAKC will notify the family in writing that it has been returned to the waiting list and will specify the reasons for it.

If the HAKC determines that the family is eligible to receive assistance, the HAKC will invite the family to attend a briefing in accordance with the policies in Chapter 5.
PHA - Moving On Preference

FOR LEGAL USE ONLY: Charlie: Please Sign X

THANKS

TMC CONTRACT APPROVAL FORM

Please attach the contract/agreement ("CONTRACT") that you would like to have approved to this form, and forward to the Office of General Counsel via hand delivery, email or interoffice mail.

CONTRACT MANAGER NAME AND PHONE EXTENSION

1. PARTIES: List the parties to the CONTRACT

Housing Authority of Kansas City (HAKC)

2. SUMMARY: Briefly summarize the CONTRACT

Housing vouchers + TMCBH services

* org. signed 1/15. HAKC made minor edit + requests new signature *

3. FINANCIAL

- Is this expense budgeted? Y □ N □ N/A
- Expected Revenue $___________ Expected Expense $___________ Cost Center

4. PRIVACY PROVISIONS

- Will patient information be shared with an outside party under this CONTRACT? Y □ N □
- If yes, does TMC have a business associate agreement with the other party? Y □ N □ Don’t Know □

  For Legal Use Only: BAA needed? Yes □ No X □
  Clinical contract? Yes □ No X □

5. ONGOING CONTRACT MANAGEMENT

- The contract manager agrees to return a fully signed copy of this CONTRACT to the Office of General Counsel. Y □
- The contract manager has calendared in his/her Outlook all renewal periods and other dates of importance within the CONTRACT. Y □

6. SIGNATURES

Contract Manager Name                   Signature   Date

Associate Admin. Name                   Signature   Date

Legal Dept Name                        Signature   Date 8/1/19

Finance Dept Name                      Signature   Date

Exec. Approval Name                     Signature   Date 8/12/19

OGC Form 7/2014
TMIC CONTRACT APPROVAL FORM

Please attach the contract/agreement ("CONTRACT") that you would like to have approved to this form, and forward to the Office of General Counsel via hand delivery, email or interoffice mail.

CONTRACT MANAGER NAME AND PHONE EXTENSION: Robbie Phillips 816-769-0936.

1. PARTIES: List the parties to the CONTRACT
   Housing Authority of Kansas City, MO (HAKC) & Truman Medical Center

2. SUMMARY: Briefly summarize the CONTRACT
   This is an agreement for HAKC to provide TMCHB clients housing vouchers. The agreement states that TMCHB will provide the services while HAKC will provide the housing subsidy.

3. FINANCIAL
   • Is this expense budgeted? Y [ ] N [X]
   • Expected Revenue $_________  Expected Expense $_________  Cost Center _______

4. PRIVACY PROVISIONS
   • Will patient information be shared with an outside party under this CONTRACT? Y [ ] N [X]
   • If yes, does TMCH have a business associate agreement with the other party? Y [ ] N [X] Don’t Know [ ]
     For Legal Use Only: BAA needed? Yes [ ] No [X] Already on file [ ] Not on file [X]

5. ONGOING CONTRACT MANAGEMENT
   • The contract manager agrees to return a fully signed copy of this CONTRACT to the Office of General Counsel. Y [X]
   • The contract manager has calendared in his/her Outlook all renewal periods and other dates of importance within the CONTRACT. Y [X]

6. SIGNATURES
   Contract Manager Name ___________________________ Signature ___________________________ Date 6/5/19
   Associate Admin. Name ___________________________ Signature ___________________________ Date 6/5/19
   Legal Dept Name ___________________________ Signature ___________________________ Date 6/7/19
   Finance Dept Name ___________________________ Signature ___________________________ Date 6/10/19
   Exec. Approval Name ___________________________ Signature ___________________________ Date 6/10/19

OGC Form 7/2014
On the second page of the MOU (page 3 of attached PDF), "DMH" was removed.

AARON CROSSLEY, MSW, LMSW  
Project Coordinator, Behavioral Health  
(816) 585-6527 | aaron.crossley@tmcmed.org

No problem. Can you please tell us what change was made?

ABBBIE CARVER  
Assistant General Counsel, Office of General Counsel  
(816) 404-3617 | abbie.carver@tmcmed.org

Good Morning Abbie,

This contract was originally signed by Charlie; however the Housing Authority wanted to make a change. They made the change and then signed it to get back to us. So can you have Charlie sign it again and email it back to Aaron and I?
Memorandum of Understanding
Between
Housing Authority of Kansas City
And
Truman Medical Centers

This constitutes a memorandum of understanding between the Housing Authority of Kansas City, Missouri, a municipal corporation (HAKC) and Truman Medical Centers (TMC).

The purpose of this agreement is for HAKC and TMC to partner on an ongoing basis to be identifying people who are no longer in need of their current Truman Medical Center Behavioral Health (TMCBH) Supportive Housing program, but are deemed stable and ready to “move on” to a Mainstream voucher with the HAKC.

HAKC has Mainstream Vouchers and are agreeing to transition current, stably housed, tenants from the TMCBH program.

Role of TMC:
1. TMC will maintain working knowledge of the HAKC Administrative Plan and policies.

2. Identify potential tenants that are ready to “move on” as evidenced by:
   a. Housing Stability - residing in an assisted unit for two years or more and has a decreased need for supportive services;
   b. Income, if applicable
   c. Disability

3. Assist the identified tenant with the application process online.

4. Scan and securely email HAKC on behalf of the tenant the following:
   a. Photo ID
   b. Social Security Card
   c. Birth Certificate
   d. Income documents, if applicable.
   e. Disability verification

5. Transition in place: Eligible applicant is currently residing in the unit for which rental subsidy may continue to be provided after the transition to the Mainstream voucher; the unit must pass Housing Quality Standards, Payment Standards and all other standards required for housing for an HCV participant. If a tenant does not transition in place and is moving to a newly identified unit, TMC will provide up to one month’s rent as a deposit.

6. Liaison between the tenant and the HAKC to ensure smooth transition from their current TMCBH program to Mainstream. TMC will follow-up with HAKC processing staff on a regular basis to check the status of all referrals. If client does not proceed with processing at HAKC then TMC will refer another client.
7. Communicate with HAKC regarding the transition of the tenant from their current TMCBH program to Mainstream.

8. Remain point of contact should the tenant have issues with their housing or connect with services. (This is a mediator role with goals of: eviction prevention, program termination, etc.)

9. TMC will be available to participate in all HAKC Tenant Conference Reviews and Informal Hearings held with clients and case managers to discuss problems related to client maintaining the Mainstream Voucher.

[NOTE that HAKC does not provide support services.]

Role of HAKC:
1. Process application for approval of Mainstream applicants referred by the TMC TMCBH program.

2. Provide individual orientation sessions for each program participant once they have been referred/approved to the program. HAKC will give each program participant and their case manager an overview of how the program operates during the orientation session.

3. HAKC will provide each program participant with a Briefing Packet containing relevant program information.

4. HAKC will conduct Housing Quality Standards (HQS) inspections; TMC will also be able to conduct inspections after the initial inspection to ensure ongoing quality condition.

5. HAKC will communicate with TMC when Mainstream vouchers are available.

All parties agree to protect the confidentiality of program participants and not disclose any HIPAA protected information.

All parties agree to join in this agreement and to abide that the provisions stated above. This document is executed on June 1st, 2019.

Edwin Lowndes
HAKC Executive Director

Charlie Shields
Truman Medical Center, CEO

Date: 06/28/19
Date: 08/12/19
**Local Competition Timeline**

**Sent**  
NOFO 2022 Timeline + Updates

<table>
<thead>
<tr>
<th>Subject</th>
<th>IMPORTANT 2022 NOFO Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre header</td>
<td>Be sure to read as the competition will be quick this year¹</td>
</tr>
<tr>
<td>From name</td>
<td>Greater Kansas City Coalition to End Homelessness</td>
</tr>
<tr>
<td>Sent</td>
<td>August 9th 2022 at 3:34 pm CDT</td>
</tr>
<tr>
<td>From Address</td>
<td><a href="mailto:admin@gkcceh.org">admin@gkcceh.org</a></td>
</tr>
<tr>
<td>Reply to address</td>
<td><a href="mailto:admin@gkcceh.org">admin@gkcceh.org</a></td>
</tr>
<tr>
<td>Lists</td>
<td>Membership</td>
</tr>
<tr>
<td>Email link</td>
<td><a href="https://conta.cc/3vQ9Vhx">https://conta.cc/3vQ9Vhx</a></td>
</tr>
<tr>
<td>Resend to Non-Openers</td>
<td>Sent on August 12th 2022 at 3:30 pm CDT</td>
</tr>
</tbody>
</table>
HUD’s 2022 CoC Grant Competition for Funds Related to Housing and Homelessness is Officially Open.

GKCCEH received notice on Aug. 1 that HUD’s CoC Funding Competition is open. The U.S. Department of Housing and Urban Development (HUD) has announced its Notice of Funding Opportunity (NOFO) and it’s time to start getting your applications together!

2022 NOFO Preliminary Tier Listing
2022 NOFO Final Tier Listing

Basic Information:
1. Ending homelessness for all persons
2. Using a Housing First approach
3. Reducing Unsheltered Homelessness
4. Improving System Performance
5. Partnering with Housing, Health, and Service Agencies
6. Racial Equity
7. Improving Assistance to LGBTQ+ individuals
8. Persons with Limited Experience
9. Increasing Affordable Housing Supply

Be sure to read the NOFO in its entirety.

Click here to view the 2022 NOFO Competition Applicant Materials.

2022 NOFO Timeline Updated 8/15/2022

Final Submission Deadline: September 30, 2022

We will be communicating frequently with you over the next couple of weeks as we sort through the details of this application process and set up official training dates. So keep an eye on your inbox.
MO-604 2022 CoC NOFO Timeline Now Available!

GKCCEH is hard at work preparing materials for what will be a very quick turnaround NOFO this season. You will receive a follow-up email on Friday, August 12th with additional information relevant to the competition.

Click the button below to access the 2022 NOFO Competition Timeline.

Download Here
**2022 NOFA Competition Project Applicant TIMELINE**

MO-604 Jackson/Wyandotte County Continuum of Care  
** All submissions should be completed by 5:00 PM CST on the deadline.  

<table>
<thead>
<tr>
<th>Date</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/22</td>
<td>** HUD Releases Annual Funding Announcement **</td>
</tr>
<tr>
<td>Tue 8/2</td>
<td>Notice and link to NOFO materials sent to CoC membership by email</td>
</tr>
<tr>
<td>Tue 8/9</td>
<td>Project application timeline distributed by email and posted to GKCCEH website</td>
</tr>
<tr>
<td>Tue 8/16</td>
<td>Review and feedback from persons with lived experience (on Funding Review Committee)</td>
</tr>
<tr>
<td>Tue 8/16</td>
<td>Application instructions and training materials published on GKCCEH website and distributed by email. (Signed acknowledgment of training participation will be required with the application submission)</td>
</tr>
<tr>
<td>Fri 8/19</td>
<td>GKCCEH Zoom Grants application portal opens.</td>
</tr>
<tr>
<td>Fri 8/19</td>
<td>Recommended Technical Training: eLOCCS/ Zoom Grants.</td>
</tr>
<tr>
<td>Fri 8/19</td>
<td>New project letters of intent due. The form can be found online here: <a href="https://app.smartsheet.com/b/form/c482f0bdabf9465fb85d82191381a004">https://app.smartsheet.com/b/form/c482f0bdabf9465fb85d82191381a004</a></td>
</tr>
<tr>
<td>Wed 8/31</td>
<td>Submit project application and required local CoC application documents via Zoom Grants platform.</td>
</tr>
</tbody>
</table>
| Fri 9/2    | New and Renewal projects sent to Rank & Review Panel for review and scoring  
|            | Technical review of project applications by GKCCEH staff, including redacting of all agency information                                   |
| Fri 9/2    | Project applications that were not selected to go in front of the Rank and Review Panel are notified in writing and by phone               |
| Tue 9/6    | Submit DRAFT project application .pdf export from E-snaps. Once submitted no changes will be allowed to project applications or additional CoC required documents until after Rank and Review has been completed. |
| Wed 9/7- Thu 9/8 | Rank & Review Panel Consensus Meeting                                               |
| Fri 9/9    | Agencies with projects that are recommended for reallocation are notified in writing and by phone by GKCCEH Staff                        |
| Mon 9/12   | Preliminary Tier Listing is published on the [GKCCEH website 2022 NOFA page](https://www.gkcceh.org)                                      |
|            | Agencies that have rejected or reduced renewal projects may appeal the decision via the process posted on the GKCCEH website: www.gkcceh.org |
| Tue 9/13   | Letter of Appeal is due to Marqueia Watson, mwatson@gkcceh.org, via electronic mail by 5:00 pm                                             |
| Tue 9/13   | Appeals Consensus Meeting of Rank & Review Panel                                                                                           |
| Wed 9/14   | GKCCEH Board Sub-Committee/Rank & Review Panel meet                                                                                       |
| Thu 9/15   | Final Tier Listing is published on [GKCCEH website see 2022 NOFA page](https://www.gkcceh.org)                                              |
| Mon 9/19 - Thu 9/22 | Agencies revise their project applications in ENSAPS, as needed, due to recommended funding reductions, technical review clarification, etc |
| Mon 9/26   | Final submission of project applications into eSNAPS                                                                                       |
| Wed 9/28   | GKCCEH internal deadline to submit full application packet (Consolidated Application, Individual Project Applications ranked on Priority Listing) |
|            | NOTE: GKCCEH will publicly post on the GKCCEH website the full CoC Consolidated Application in advance of submitting in E-snaps for community review |
| Fri 9/30   | HUD-determined final submission deadline                                                                                                  |

FY22 Annual NOFO Competition  
Updated 8.15.22  
www.gkcceh.org
COC Review, Score, and Ranking Procedures
# ZOOMGrants Scoring Tool

## Committee Scoring Questions

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Scale</th>
<th>Weight</th>
<th>Max Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-informed Programming and Resources</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Leverage- Other Housing Resources</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Leverage- Healthcare Resources</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Healthcare Assistance</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Data-driven Performance</td>
<td>8</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Mainstream Benefits</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Benefits</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Termination</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Marginalized Groups</td>
<td>8</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Racial Equity Assessment</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**Maximum Committee Total**: 49

## GKCCEH Staff Manual Entry

<table>
<thead>
<tr>
<th>Project Performance Score</th>
<th>Scale</th>
<th>Weight</th>
<th>Max Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Maximum Admin Total**: 50
### Threshold Requirement

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Early NOFA&quot; requirements met</td>
<td>All &quot;Early NOFA&quot; requirements were submitted on or before May 31, 2021.</td>
<td>N/A</td>
</tr>
<tr>
<td>Application is accurate and complete and all materials are included.</td>
<td>Late submissions will not be accepted. All application requirements must be met as indicated on the 2022 NOFO Timeline.</td>
<td>N/A</td>
</tr>
<tr>
<td>CoC Project Applicant MOU</td>
<td>Agency partnership agreement (MOU) signed by an authorized agency representative is required of all CoC project applicants.</td>
<td>N/A</td>
</tr>
<tr>
<td>Applicant is an active CoC participant</td>
<td>1. Agency is a Coalition member in good standing (dues up-to-date) and agency staff participate in at least 80% of GKCCEH monthly membership meetings. 2. Documented minimum of 80% attendance and meaningful participation in at least one CoC-recognized committee or work group.</td>
<td>N/A</td>
</tr>
<tr>
<td>Coordinated Entry Participation</td>
<td>1. Project exclusively accept participants referred through the CoC’s Coordinated Entry System as evidenced by HMIS-enrollment (or for victim service providers, good-faith assertion of such enrollment) 2. Project utilizes the CoC’s HMIS (Homeless Management Information System), or for victim service providers, a HMIS-comparable database; and 3. Designated project staff participate in at least 80% of scheduled Housing Solutions Team meetings.</td>
<td>N/A</td>
</tr>
<tr>
<td>Acceptable organizational audit/ financial review</td>
<td>Applicants must submit a copy of most recent agency audit.</td>
<td>N/A</td>
</tr>
<tr>
<td>Match Documentation Requirement</td>
<td>Applicant has submitted sufficient match documentation per HUD regulation</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Total points possible for this section

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Description</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Utilization</td>
<td>Percentage utilization of project beds &gt;=90%</td>
<td>1.25</td>
</tr>
<tr>
<td>Unit Utilization</td>
<td>Percentage utilization of project units &gt;=90%</td>
<td>1.25</td>
</tr>
<tr>
<td>Length of Stay (project enrollment to move-in date)</td>
<td>Average number of days from project enrollment to housing move-in date.</td>
<td>2.5</td>
</tr>
<tr>
<td>Threshold Requirement</td>
<td>Description</td>
<td>Point Value</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Successful Exits to Permanent Housing</td>
<td>Percentage of participants who were permanently housed in the project or who exited to permanent housing elsewhere &gt;=90%</td>
<td>12.5</td>
</tr>
<tr>
<td>New or Increased Income (Earned or Other Sources)</td>
<td>Percentage of participants who obtained a new income source and/or increased income <em>(See Project Performance Scorecard Criteria)</em></td>
<td>10</td>
</tr>
<tr>
<td>Returns to Homelessness</td>
<td>Percentage of participants who return to homelessness with 12 months of exit to permanent housing &lt;=15%</td>
<td>7.5</td>
</tr>
<tr>
<td>Serves High Needs Populations</td>
<td>Percentage of participants who: 1) were street homeless at project entry; 2) had more than one disabling condition at project entry; 3) had zero income at project entry; and 4) were chronically homeless at project entry <em>(See Project Performance Scorecard Criteria)</em></td>
<td>12.5</td>
</tr>
<tr>
<td>Cost per Permanent Housing Exit</td>
<td>Dollar amount of grant award divided by the number of individuals who successfully exited to permanent housing</td>
<td>0</td>
</tr>
<tr>
<td>Data Quality</td>
<td>Overall Data Quality- Personally Identifying Information</td>
<td>2.5</td>
</tr>
<tr>
<td>Total points possible for this section</td>
<td></td>
<td>50</td>
</tr>
</tbody>
</table>

### Renewal Projects- Local Application Narrative

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Description</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td>Applicant effectively describes the project and target population including services offered &quot;in-house&quot; and in the community to improve participants' well-being. Demonstrates ways project seeks to maintain increase affordable housing access, fidelity to housing first, improve service delivery, and uses of evidence-informed approaches.</td>
<td>25</td>
</tr>
<tr>
<td>Healthcare Collaboration</td>
<td>Applicant describes formal partnerships with medical and/or behavioral health systems and ability to enroll participants in benefits</td>
<td>5</td>
</tr>
</tbody>
</table>

### Renewal Projects- Local Application Narrative cont.

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Description</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversity, Equity, and Inclusion</td>
<td>Applicant demonstrates ability to describe how racism and structural oppression impact target population as well as policies and procedures project has implemented to address disparities. Description should include how voices of marginalized populations and persons experiencing homelessness are centered in the work and how those groups are involved in planning and decision-making.</td>
<td>12.5</td>
</tr>
<tr>
<td>Threshold Requirement</td>
<td>Description</td>
<td>Point Value</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Improved System Performance</td>
<td>Applicant must describe how data is used to inform decision-making within the program and how services are tailored to support improved system-wide outcomes.</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Total points possible for this section</strong></td>
<td></td>
<td>50</td>
</tr>
</tbody>
</table>

| **NEW and DV Bonus PROJECTS**     |                                                                               | 100         |        |
| **Threshold Requirements** | Description                                                                 | Point Value |        |
| Application is accurate and complete and all materials are included | Late submissions will not be accepted. All application requirements must be met as indicated on the 2022 NOFO Timeline published Wednesday, August 31. | N/A         |        |
| CoC Project Applicant MOU       | Agency Partnership agreement. Required of all CoC project applicants.          | N/A         |        |
| Mandatory Training              | Applicants must attend at least one of the mandatory training sessions to apply for funds. | N/A         |        |
| Capacity to Administer Project  | Applicant has demonstrated agency has the capacity and resources (financial, staffing, infrastructure, partnerships) to successfully implement and operate the project | N/A         |        |
| Acceptable organizational audit/financial review | Applicants must submit a copy of most recent agency audit. | N/A         |        |
| Match Requirement               | Applicant has included sufficient match documentation per HUD regulation       | N/A         |        |
| **Total points possible for this section** |                                                                               | 0           |        |

| **NEW and DV Bonus PROJECTS- Local Application Narrative** |                                                                               | 100         |        |
| Rating Factor                  | Description                                                                 | Point Value | App Q# Pts |
| Program Design & Project Performance | System Performance  
Supportive Services  
Evidence-informed Interventions  
Housing First, Housing Focused Project Implementation  
Housing Agency Collaboration  
Healthcare Collaboration | 75         | Q5-10  
Q6-10  
Q9-10  
Q10-10  
Q11-10  
Q12-5  
Q13-5  
Q14-5  
Q17-10 |
<table>
<thead>
<tr>
<th>Threshold Requirement</th>
<th>Description</th>
<th>Point Value</th>
<th>Q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Experience &amp; Capacity to Administer</td>
<td>Applicant demonstrates experiencing serving homeless populations and/or administering HUD or other public contracts. Applicant has the staffing and resource capacity to successfully stand up and operate the project.</td>
<td>10</td>
<td>Q8-10</td>
</tr>
<tr>
<td>Equity, Inclusion, and Participant Voice</td>
<td>Applicant demonstrates understanding of the impact of structural racism and oppression on homeless populations AND will take steps to address those impacts AND will ensure marginalized groups are meaningfully included AND that the client population is centered in planning, implementation, and decision-making</td>
<td>10</td>
<td>Q15-10</td>
</tr>
<tr>
<td>CoC Participation, Collaborative Effort and Community Involvement</td>
<td>Applicant is involved in CoC Committees and is able to demonstrate other collaborative work the applicant/project staff are involved in collaborative anti-homelessness work in the community</td>
<td>5</td>
<td>Q16-5</td>
</tr>
<tr>
<td>** DV Bonus Questions</td>
<td>DV Bonus projects will have an opportunity to score 255 additional points which will apply as a basis of comparison between projects in those categories</td>
<td>25</td>
<td>Q22-5 Q23-5 Q24-5 Q25-5 Q26-5</td>
</tr>
<tr>
<td>Total points possible for this section</td>
<td>Excluding 25 points awarded to DV Bonus projects as a basis of comparison between those program types</td>
<td>100**</td>
<td></td>
</tr>
</tbody>
</table>
RATING & RANKING COMMITTEE GUIDANCE

2022 GKCCEH Rank and Review Consensus Meeting Instructions

Introduction

COC program NOFO project review and ranking activities are a direct reflection of the system wide priorities defined by the Greater Kansas City Coalition to End Homelessness (GKCCEH) and its community partners, as well as national goals established by the U.S. Department of Housing and Urban Development (HUD). Projects are rated and subsequently ranked according to standardized scoring determined by criteria published in the NOFO and performance criteria put forth by the GKCCEH Administration Committee.

Project Ranking

The amount of funds requested by project applicants typically exceeds the funding available in the COC Program. In addition, communities are required to make data-driven, performance-based funding decisions to make strategic use of limited resources. For these reasons, Rank and Review panel members should be prepared to make difficult decisions based on the assumption that not all projects will be funded or fully funded. To make the process as equitable and objective as possible, project names and other identifying information will be redacted, making for a “blind” review process.

Prior to the consensus meeting, reviewers will have reviewed and scored all projects on their own. In addition, by Tuesday 9/6 at 5pm, each reviewer will enter the unique score for each project in ZoomGrants, from which an average score will be taken for each. The raw numerical scores will be used as the basis for the initial project ranking up for discussion during the consensus meeting on September 7, 2022. During the meeting, reviewers will discuss the quality of each project application, individual differences in scores, and the need for each project based on community data and locally defined priorities. Reviewers must reach consensus on how each scored project will be ranked in the two-tiered funding framework described below.

Project Review and Scoring:

HUD Continuum of Care programs funds can be awarded to the following project types: Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Joint TH and RRH (TH-RRH), Supportive Services Only for Coordinated Entry (SSO-CE), Safe Havens (SH), and Homeless Management Information Systems (HMIS). Standalone TH and SH project models are not currently funded by the local Continuum of Care.

To ensure as equitable and objective a process as possible, Rank and Review panel members will receive a packet of all project applications with agency/program names and any other personally identifying information redacted. Projects should be reviewed and scored based on their performance as well as the quality of the application and evaluated in the context of community needs and priorities.
There are five types of applications in the competition as follows:

1. **Protected Projects**
   - **Community Projects** – HMIS and Coordinated Entry will not be scored or ranked against other types of projects. As mandatory community projects, they will be placed at the top of Tier 1.
   - **“New” Renewal Projects** – Projects that have been funded in at least one Competition, but have either not yet become operational, or are operational, but do not have a full year of program data to report. Of these projects, those which have been funded only once and not yet renewed cannot be reallocated. They will instead be ranked in the order in which they were funded, then ranked in Tier 1 below the Coordinated Entry and HMIS community projects.

2. **Renewal Projects** – Renewal projects, regardless of project type should be considered first and should be scored and ranked against one another. Renewal projects may be considered for reallocation in whole or in part to fund new projects that better address the community’s needs.

3. **New Projects** – There are several different types of new projects allowed in this competition, regardless of the project type, they will be scored and ranked against one another. **NOTE - New Projects must be funded with Bonus funds, through reallocation, or a combination of both. Reallocation requires diverting funds in whole or in part from an existing renewal project(s) to fund the new one.**

4. **Domestic Violence Bonus Projects** – DV Bonus projects will be ranked and scored among all other projects and placed in the bottom of Tier 2 based on their rank.

### Local and National Priorities

<table>
<thead>
<tr>
<th>National</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ending homelessness for all persons</td>
<td>Projects which demonstrate the ability to improve system performance</td>
</tr>
<tr>
<td>Using a Housing First approach</td>
<td>Projects which demonstrate the ability to fill a gap in the current system</td>
</tr>
<tr>
<td>Reducing unsheltered homelessness</td>
<td>Projects with the flexibility to serve households of any size/ composition</td>
</tr>
<tr>
<td>Improving system performance</td>
<td>Projects which demonstrate collaborative effort to improve client outcomes</td>
</tr>
<tr>
<td>Partnering with housing, health, and service agencies</td>
<td>RRH units that serve all family make-ups</td>
</tr>
<tr>
<td>Involving persons with lived experience</td>
<td>DV Bonus funds used to serve trafficking victims</td>
</tr>
<tr>
<td>Racial equity</td>
<td></td>
</tr>
<tr>
<td>Improving Assistance to LGBTQ+ individuals</td>
<td></td>
</tr>
<tr>
<td>Increasing Affordable Housing Supply</td>
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</tbody>
</table>
Reallocating Process

Each funding decision should be given careful consideration. The Committee should refer to the **GKCCEH Reallocation Policy** to guide its decision-making when considering reallocating funds.

1. Reviewers must either “accept” or “reject” each project (New and Renewal). “Accepted” projects are then ranked into the Tier System. Funds from “rejected” renewal projects are available for reallocation to fund new projects.

2. Some new projects will be rejected solely because there are not enough funds to meet the requested funding amount.

3. In 2022, one project will be voluntarily reallocated prior to the rank and review process. The purpose of reallocation in this case is to expand the capacity of two existing renewal projects. Per the reallocation policy, the new expansion projects created by reallocation in this manner will automatically be ranked beneath the renewal projects they are expanding.

4. Reallocation is seen as an important tool to improve system performance and one that should be used wherever appropriate. Projects that do not meet local performance benchmarks, or that are underperforming in other ways should be reallocated. “Across the board” reallocation is discouraged.

5. Reviewers should recognize that services and projects are needed for all subpopulations experiencing homelessness and throughout all geographic areas of the Continuum. Though the committee should consider first and foremost the ability of projects to perform and meet the needs of the community, it should also carefully consider the client-level impact of de-funding certain programs and the potential for unintended harm to be caused to participants in those projects.
Two-tiered Funding Framework

By ranking projects into tiers, our community is indicating to HUD what its priorities are. Tier 1 includes projects which are critical to the homelessness response in our community, and without which it would not be able to function. Projects ranked into Tier 2 are those which would enable our community to increase capacity in various ways, but in the event they were not funded, the system as a whole would remain functional.
Examples of Tier Placements

**Tier 1 Example**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Project Name</th>
<th>Project Type</th>
<th>Score</th>
<th>$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Coordinated Entry Project</td>
<td>Renewal SSO-CE</td>
<td>Not Scored</td>
<td>$74,145</td>
</tr>
<tr>
<td>#2</td>
<td>HMIS Lead Agency Project</td>
<td>Renewal HMIS</td>
<td>Not Scored</td>
<td>$145,181</td>
</tr>
<tr>
<td>#3</td>
<td>Penny Lane Permanent Housing Project</td>
<td>New Renewal PSH</td>
<td>Not Scored</td>
<td>$246,225</td>
</tr>
<tr>
<td>#4</td>
<td>Blackbird Rapid Rehousing Project</td>
<td>New Renewal RRH</td>
<td>Not Scored</td>
<td>$185,336</td>
</tr>
<tr>
<td>#5</td>
<td>Jude’s Permanent Housing</td>
<td>New Renewal PSH</td>
<td>Not Scored</td>
<td>$347,558</td>
</tr>
<tr>
<td>#6</td>
<td>Maxwell’s Joint TH-RRH</td>
<td>Renewal Project</td>
<td>148 points</td>
<td>$219,425</td>
</tr>
<tr>
<td>#7-</td>
<td>(and so on...)</td>
<td>Other New or Renewal Projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#17</td>
<td>Honey Pie’s Expansion Project</td>
<td>New Expansion Project</td>
<td>146 points</td>
<td>$318,000</td>
</tr>
</tbody>
</table>

**Tier 2 Example “A”**

| #18  | Strawberry Fields PSH for Youth | Renewal     | 132 points | $128,116 |
| #19  | Abbey Road RRH for Great Boys  | New Bonus Project | 128 points | $389,225 |
| #20  | Sun King Expansion Project     | New Expansion Project | 127 points | $498,178 |
| #21  | Eleanor’s RRH                  | Renewal Project | 119 points | $119,999 |
| #22  | Sadie’s House                  | DV Bonus Project | 138 points | $205,100 |
| #23  | Eleanor’s RRH                  | DV Bonus Project | 129 points | $289,999 |

**Tier 2 Example “B”**

| #18  | Prudence’s RRH for Great Boys | Renewal Project | 125 points | $225,400 |
| #19  | Teddy Boy’s Joint TH-RRH      | New Project     | 148 points | $89,200  |
| #20  | Lucy Diamond Expansion Project| New Bonus Project | 140 points | $198,000 |
| #21  | Maggie Mae’s PSH for Youth    | Renewal Project | 113 points | $1,200,000|
| #22  | Oh! Darling’s RRH Expansion   | DV Bonus Project | 149 points | $228,000 |

**Additional Notes:**

- **Tiebreaker:** when 2 or more Project Applicants have the same score, the committee shall determine how to break the tie with preference toward project performance measures, then prioritization, then vulnerabilities, including underserved communities and populations.

- More applications for New Project funding have been submitted than there are funds available. The Rank & Review panel has the discretion to recommend reductions in project budgets, to reject projects outright, and to rank New Projects as it deems
Appropriate. If reallocation funds are made available, those funds may also be used to fund any New Project.

- The Rank & Review panel has the discretion to recommend to the Board of Directors that any project, including renewals, be reallocated in whole or in part, or for rejection per the COC Reallocation Policy.

- Our COC has conducted a gaps analysis to determine the type of housing most needed within our Continuum of Care (PSH, RRH or TH-RRH). Continuum does believe however, in a spectrum of housing options.

- HUD and the COC have placed a high emphasis on Housing & Income performance measures, awarding more points to applicants who meet or exceed performance expectations.

- Projects not selected for funding will be notified immediately following the Rank and Review consensus meeting. Should one or more of those applicants seek an appeal at the local level, GKCCEH’s Executive Director and Board of Directors will request that the Rank and Review panel reconvene for further deliberation and a final consensus prior to publishing the final tier listing to the public.

GKCCEH NOFO Program Contact:

Amber Bauer  
Program Director  
abauer@gkcceh.org  
816-924-7997 ext. 2
MO-604 Application Ranking Policy and Procedure for HUD CoC Award Competition

<table>
<thead>
<tr>
<th>Original Approval</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved Revisions</td>
<td>8/16/2022</td>
</tr>
</tbody>
</table>

**Policy:** MO-604 Continuum of Care (CoC) anticipates multiple applications for funding will be submitted each HUD CoC NOFA cycle and thus utilizes a Rank and Review Committee to evaluate project applications and rank them in priority order, utilizing both HUD and locally defined priorities. The CoC aims to improve the homeless system’s performance and therefore welcomes new projects and renewal projects that fill identified data-driven gaps and needs. The CoC establishes specific, consistent guidance on the ranking of several types of applications:

- A Lead Agency HMIS (Homeless Management Information System) project application and a Lead Agency CES (Coordinated Entry System) project application each will be placed in Tier 1 as community priorities, demonstrating the Continuum of Care’s continued commitment for a coordinated entry system that collects useful, usable data;

- Lead Agency requests for HMIS and/or CES expansion will be considered at the recommendation of the Finance and Administration Committee in accordance with current local data.

- 1st year renewals will be placed in Tier 1 in accordance with HUD guidance. 1st year renewal projects will be ranked against each other utilizing their ranking from the year they were approved for new project funding.

- 2nd year renewals with no APRs yet submitted will be placed in Tier 1 because they cannot be ranked based on performance and should not be negatively affected. 2nd year renewal projects will be ranked against each other utilizing their ranking from the year they were approved for project funding. 2nd year renewals shall be ranked above 1st year renewals.

- Any renewal project that has not submitted an APR due to receiving an extension shall submit verification of HUD approved extension.

- Funding from projects that are voluntarily reallocated is first offered to the current recipient agency or sub-recipient to design another project to meet local goals to end homelessness. New expansion projects created through voluntary reallocation will be scored and ranked in the position immediately following the project being expanded.
Procedures:

1. The GKCCEH Board of Directors, staff, and Administration Committee recommend individuals to serve on the Rank and Review Committee, comprised of between 6-16 community members that are not connected with any organizations competing in the NOFA program competition.

2. GKCCEH staff conducts a technical review of all HUD CoC Program applications submitted.

3. Staff submit to the Rank and Review Committee all renewal and new projects which meet the technical threshold standards.

4. GKCCEH staff inform Rank and Review Committee of the ranking policy standards; educate on local population data and system strengths and weaknesses; and provide technical assistance to the Committee regarding questions that arise.

5. Additionally, the GKCCEH Board of Directors, staff, and committees (e.g., Administration and Finance Committee, Progress and Evaluation Committee) may give the Rank and Review Committee instruction regarding community priority projects – these projects should be limited and should provide benefit to all persons served within the CoC.

6. The Rank and Review Committee reads, reviews, and uses HUD and locally defined priorities and a point-based evaluation form to score, rank, and/or reallocate NOFA grant applications. The Rank and Review Committee carefully considers new projects’ potential for improving system performance.

7. The Committee comes together and, through consensus, ranks projects – including new projects – in accordance with which will most likely enhance system performance. Once the first priority application is established, the remainder of funds available shall be allocated to the second priority application, etc. until all available funds are included in the GKCCEH application for grant funding. HUD uses a tier system, with Tier 1 projects more likely to be funded than Tier 2 projects. The Rank & Review Committee may place a project on the Tier 1 and Tier 2 break, with the understanding of the risk to the portion placed in Tier 2.

8. The Committee presents the priority ranked slate of applications recommended for funding to the Board of Directors for final approval.

9. GKCCEH staff notify all agencies of the Rank and Review outcomes.
MO-604 Reallocation Policy and Procedures for HUD CoC Award Competition

| Original Approval | 8/2/2018 |
| Approved Revisions | 8/16/2022 |

**Policy:** Reallocation refers to shifting Continuum of Care (CoC) funds in whole or part from existing eligible renewal projects to create one or more new projects without decreasing the CoC’s Annual Renewal Demand (ARD). New Projects created through reallocation must meet, at a minimum, the requirements set forth in the annual CoC Notice of Funding Availability (NOFA) and project eligibility and project quality thresholds established by HUD.

The U.S. Department of Housing and Urban Development (HUD) states that one of the primary responsibilities of the Continuum of Care (CoC) is to develop a reallocation process for projects funded with CoC funds. Each year HUD determines eligible reallocation project types in the CoC NOFA. Reallocation may be voluntary or involuntary, in whole or in part.

Voluntary reallocation is an act of permanently surrendering HUD grant funds for part of, or a whole project; these funds are then available for new project applicants or expansion projects to apply for. As noted by HUD, voluntary reallocation does not guarantee the agency will be chosen to operate a new eligible project utilizing the reallocated funds. Funding from projects that are voluntarily reallocated is first offered to the current recipient agency or sub-recipient to design another project to meet local goals to end homelessness. New expansion projects created through voluntary reallocation will be scored and ranked in the position immediately following the project being expanded.

Involuntary reallocation occurs when the CoC’s Rank and Review Committee determines projects are underperforming, not meeting system performance measure standards, obsolete, or do not contribute substantially to meeting the goals of the CoC for preventing and/or reducing homelessness. GKCCEH considers involuntary reallocation as appropriate and as necessary per the language in the annual NOFA and/or the results of the annual project monitoring site visit.

Decisions to reallocate funds shall be evidence-based. Each CoC funded project will be evaluated annually using specific information to include but not be limited to: data entered into HMIS (or comparable database), HUD Annual Performance Report (APR), Point in Time (PIT) Count, Annual Housing Assessment Report (AHAR), Housing Inventory Count (HIC), the CoC project application, cost reasonableness, HUD CoC system performance measurements, other HUD recommended data tools, and local needs assessments. Reallocation action will be taken with the goal of alignment with HUD and HEARTH ACT policy guidance, alignment with the Federal strategic plan to prevent and end homelessness, performance criteria specified in the annual HUD NOFA, and local data and priorities.
GUIDING PRINCIPLES
Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are not available. Additional guiding principles include:

- All funds are for the betterment of the community, not solely the individual agency.
- Through a coordinated system, agencies are able to use their funds in a more effective and efficient way to better support the community’s homeless households in reaching permanent housing.
- Failing programs shall be recommended for reallocation.

General Reallocation Procedures:
1. Each year, GKCCEH staff, generally in coordination with the Administration Committee, carefully review the HUD NoFA when released, and use the prioritizations noted within the NoFA to guide prioritization and scoring practices for the CoC. Note: Local community priorities, established using local data, gaps analysis, and/or needs assessments, will be given priority consideration and may take precedence over HUD’s priorities.
2. The process used in determining reallocation of funds is structured in such a way that increases system performance and mitigates perceptions of reallocation as a threat to an agency or program, i.e., quality programs could be reallocated if they do not fulfill a current community priority need.
3. A Rank and Review Committee is established and trained as set forth in the Ranking Policy and associated procedures.
4. New Projects created through reallocation must meet, at a minimum, the requirements set forth in the annual CoC NOFA and project eligibility and project quality thresholds established by HUD.

Voluntary Reallocation Procedures:
5. Voluntary reallocation happens when, using local data, an agency determines their project:
   a. is not meeting local needs,
   b. does not have the capacity to continue the project, and/or
   c. the reduction of the project would better serve the CoC.
6. Currently funded CoC project applicants interested in voluntarily reallocating (in whole or part) shall notify GKCCEH in writing of their intent to reallocate during the Letter of Intent process.

Involuntary Reallocation Procedures:
7. Project applicants who do not meet the standards set forth by HUD and the CoC that were documented during the project monitoring are notified in writing and then required to submit a plan of corrective action and increase project outcomes and/or address concerns prior to the release of the following year’s NOFA.
8. Projects that do not meet competition threshold or successfully implement their corrective action
plan will be subject to involuntary reallocation.

9. The lowest 20% of ranked renewal projects will be evaluated by Rank & Review for possible reallocation, in whole or in part. Rank & Review will compare performance outcomes data from the project’s application and scoresheets as well as annual project monitoring. Criteria used to determine recommendations for reallocation include the following:
   a. Ability to serve the entire CoC geography;
   b. Permanent Supportive Housing dedication;
   c. Bed utilization rate;
   d. Non-compliance with HUD or local policies and procedures;
   e. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
   f. Audit finding(s) for which a response is overdue or unsatisfactory;
   g. History of inadequate financial management accounting practices;
   h. Evidence of untimely expenditures on prior award;
   i. History of other major capacity issues that have significantly impacted the operation of the project and its performance;
   j. Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month;
   k. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes;
   l. Projects not meeting locally determined performance thresholds, including CoC system performance measures. Performance and/or data quality outcomes will be collected via HMIS (or comparable database) data and APRs generated for each project; and/or
   m. Other factors determined in the competition’s priorities.

10. Consideration is given to the potential impact that involuntary reallocation may have on increasing homelessness resulting from a reduction in services caused by the reallocation.

11. If the projects do not meet the local threshold for performance of these metrics, the lowest performing project may be recommended for reallocation in whole or in part. If a project is the only one that serves a specific sub-population, partial reallocation may still be recommended, and the other lowest ranking projects should also be evaluated for reallocation.

12. APPLICANT NOTIFICATION: Project applicants administering a project that has been recommended for reallocation will receive notification in writing, outside of e-snaps and will include the reasons for the reallocation no later than 15 days before the application deadline, in accordance with HUD’s NOFA policies and procedures.

13. Reallocated applicants may appeal according to the separate APPEALS policy and procedures.
COC Review and Ranking Process & Project Applicant Guidance
2022 Continuum of Care Program NOFO
Technical Overview & Instructions-
ALL APPLICANTS

NEW & RENEWAL Application Submission Deadline:
Wednesday, August 31, 2022- 5:00 pm CST

GKCCEH Collaborative Application Completion Deadline:
Wednesday, September 28, 2022- 5:00 pm CST

Important links:
NOFO Application, Materials, and Resources:

- Zoom Grants Portal (New for 2022, all applications will be submitted online!)
- GKCCEH 2022 NOFO Webpage
- HUD COC Program Webpage
- Ask HUD a COC Program Question
- Download HUD's 2022 COC NOFO Packet
- eSNAPS Toolkit and Resources
- Sign-up for Emails from GKCCEH
- HUD COC Program Interim Rule
- HUD Exchange
- Local Data and Dashboards
- Racial Equity and Anti-racism Resources

GKCCEH STAFF CONTACTS:

General NOFO-related Inquiries
Marqueia Watson, MSW- mwatson@gkcceh.org
Amber Bauer- abauer@gkcceh.org

Coordinated Entry, Monitoring, and Program Support
Kaylee Coulter, MSW kcoulter@gkcceh.org
Haley White, MSW- hwhite@gkcceh.org

HMIS Data and Project Performance
Shida McCormick- smccormick@gkcceh.org
Desiree Blake- dblake@gkcceh.org
Introduction
The U.S. Department of Housing and Urban Development (HUD) conducts an annual Continuum of Care Program national competition referred to as the CoC Program Notice of Funding Opportunity, or “NOFO.” Greater Kansas City Coalition to End Homelessness is the lead agency responsible for completing and submitting the applications on behalf of the MO-604 CoC which includes Jackson County, Missouri and Wyandotte County, Kansas. Additional information on the HUD CoC Program can be found here.

2022 NOFO Policy & Program Priorities
HUD’s Homeless Policy Priorities and Program Highlights

1. **Ending homelessness for all persons.** To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that consider the challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, those experiencing chronic homelessness, and people with disabilities, including those living with HIV/AIDS). CoCs should partner with housing, health care, and supportive services providers to expand housing options, such as permanent supportive housing, housing subsidies, and rapid rehousing. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs.

2. **Use a Housing First approach.** Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions. CoC Program funded projects should help individuals and families move quickly into permanent housing, and CoCs should measure and help projects reduce the length of time people experience homelessness. Additionally, CoCs should engage landlords and property owners to identify housing units available for rapid rehousing and permanent supportive housing participants, remove barriers to entry, and adopt client-centered service methods. HUD encourages CoCs to assess how well Housing First approaches are being implemented in their communities.

3. **Reducing Unsheltered Homelessness.** In recent years, the number of people experiencing unsheltered homelessness has risen significantly, including a rising number of encampments in many communities across the country. People living unsheltered have extremely high rates of physical and mental illness and substance use disorders. CoCs should explore all available resources, including CoC and ESG funded assistance, housing subsidies, and supportive services to provide permanent housing options for people who are unsheltered.
4. Improving System Performance. CoCs should be using system performance measures (e.g., average length of homeless episodes, rates of return to homelessness, rates of exit to permanent housing destinations) to determine how effectively they are serving people experiencing homelessness. Additionally, CoCs should use their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing, and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent. CoCs should review all projects eligible for renewal in FY 2022 to determine their effectiveness in serving people experiencing homelessness, including cost-effectiveness. CoCs should also look for opportunities to implement continuous quality improvement and other process improvement strategies. HUD recognized the effects of COVID-19 on CoC performance and data quality and reduced the points available for rating factors related to system performance in the FY 2022 CoC NOFO. This FY 2022 CoC NOFO significantly increases the points available for system performance rating factors.

5. Partnering with Housing, Health, and Service Agencies. Using cost performance and outcome data, CoCs should improve how all available resources are utilized to end homelessness. This is especially important as the CARES Act and American Rescue Plan have provided significant new resources to help end homelessness. HUD encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness and should:

a. work closely with public and private healthcare organizations and assist program participants to receive primary care, receive housing-related services, and obtain medical insurance to address healthcare needs. This includes developing close partnerships with public health agencies to analyze data and design approaches that reduce homelessness, improve the health of people experiencing homelessness, and prevent and address disease outbreaks, including HIV/AIDS.

b. partner closely with PHAs and state and local housing organizations to utilize coordinated entry, develop housing units, and provide housing subsidies to people experiencing homelessness. These partnerships can also help CoC Program participants exit permanent supportive housing through Housing Choice Vouchers and other available housing options. CoCs and PHAs should especially work together to implement targeted programs such as Emergency Housing Vouchers, HUD-VASH, Mainstream Vouchers, Family Unification Program (FUP) Vouchers, and other housing voucher programs targeted to people experiencing homelessness. CoCs should coordinate with their state and local housing agencies on the utilization of new HOME program resources provided through the Homelessness Assistance and Supportive Services Program that was created through the American Rescue Plan;

c. partner with local workforce development centers to improve employment opportunities; and

d. work with tribal organizations to ensure that tribal members can access CoC-funded assistance when a CoC's geographic area borders a tribal area.
6. **Racial Equity.** In nearly every community, Black, Indigenous, and other people of color are substantially overrepresented in the homeless population. HUD is emphasizing system and program changes to address racial equity within CoCs. Responses to preventing and ending homelessness should address racial inequities to ensure successful outcomes for all persons experiencing homelessness using proven approaches, such as: developing a coordinated community response created in partnership with a racially diverse set of stakeholders and people experiencing homelessness and partnering with organizations with experience serving underserved populations. CoCs should review local policies, procedures, and processes with attention to identifying barriers that result in racial disparities and taking steps to eliminate barriers to improve racial equity and to address disparities.

7. **Improving Assistance to LGBTQ+ Individuals.** Discrimination based on gender identity or sexual orientation manifests differently for different individuals and often overlaps with other forms of prohibited discrimination. CoCs should address the needs of LGBTQ+, transgender, gender non-conforming, and non-binary individuals and families in their planning processes. Additionally, when considering which projects to select in their local competition to be included in their application to HUD, CoCs should ensure privacy, respect, safety, and access regardless of gender identity or sexual orientation in projects. CoCs should also consider partnering with organizations with expertise in serving LGBTQ+ populations.

8. **Persons with Lived Experience.** HUD is encouraging CoCs to include in the local planning process people who are currently experiencing or have formerly experienced homelessness. People with lived experience should determine how local policies may need to be revised and updated to improve the effectiveness of homelessness assistance programs, including participating in planning and oversight activities, and developing local competition processes. CoC leaders and stakeholders should also prioritize hiring people who have experienced homelessness in areas where their expertise is needed (e.g. peer outreach and support).

9. **Increasing Affordable Housing Supply.** The lack of affordable housing is the main driver of homelessness. CoCs play a critical role in educating local leaders and stakeholders about the importance of increasing the supply of affordable housing and the specific consequences of the continued lack of affordable housing. CoCs should be communicating with jurisdiction leaders, including for the development of Consolidated Plans, about the harmful effects of the lack of affordable housing, and they should engage local leaders about steps such as zoning and land use reform that would increase the supply of affordable housing. This FY2022 CoC NOFO awards points to CoCs that take steps to engage local leaders about increasing affordable housing supply.
HUD Performance Priorities
HUD continues to place greater emphasis on performance based, data driven decision-making.

1. Performance-Based Decisions. Consistent with the requirements of the Consolidated Appropriations Act, 2022
   - Requests for new CoC project applications are not allowed, other than through reallocation, unless the CoC evaluates and competitively ranks projects based on how they improve system performance as outlined in Section VII.B.2.b of this NOFO;
   - HUD will prioritize funding for CoCs that have demonstrated the capacity to reallocate funding from lower to higher performing projects.

2. Coordination with Housing and Healthcare. The Consolidated Appropriations Act, 2022 directs HUD to provide incentives to create projects that coordinate with housing providers and healthcare organizations to provide permanent supportive housing and rapid rehousing services. In the FY 2022 CoC Program Competition, CoCs may receive up to 14 bonus points on the CoC Application if the CoC Priority Listing includes new project applications created through reallocation or the CoC Bonus that utilizes housing vouchers and healthcare provided through an array of healthcare services providers. See Section VII.B.6 of this NOFO for additional details.

3. Domestic Violence, Dating Violence, Sexual Assault, and Stalking Bonus (DV Bonus). The Consolidated Appropriations Act, 2022 provides at least $52 million for “rapid re-housing projects and supportive service projects providing coordinated entry, and for eligible activities that the Secretary determines to be critical in order to assist survivors of domestic violence, dating violence, sexual assault, or stalking.” See Section II.B.11.e of this NOFO for additional information.

MO-604 Continuum of Care Local Priorities
Utilizing HMIS data, including key performance indicators at the project level, data collected from the Coordinated Entry process, feedback from persons experiencing homelessness, and lessons learned during the COVID-19 pandemic, the Administration and Finance Committee, in collaboration with the Coordinated Committee, and the GKCCEH Board and staff have identified the following priorities for funding in the 2022 NOFO competition.
   - New Rapid Re-Housing projects with flexible eligibility requirements
   - CoC Applicant Memorandum of Understanding
   - Re-orientation Toward Housing First
   - Alignment of Project Inventory and Homeless Population Needs
   - Projects which demonstrate the ability to improve system performance
   - Projects which demonstrate the ability to fill a gap in the current system
   - Projects with the flexibility to serve households of any size/ composition
   - Projects which demonstrate collaborative effort to improve client outcomes
2022 NOFO Funding Allocation

Eligible Applicants (24 CFR 578.15)
Eligible project applicants include nonprofit organizations, public housing agencies, local governments, and instrumentalities of state and local governments. For-profit entities are not eligible to apply.

Local Letters Of Intent (24 CFR 578.19)
New projects are required to submit a Local Letter of Intent by Friday, August 19, 2022, at 5pm CST. All potential applicants should review and fully understand the FY2022 NOFO and the federal regulations governing the CoC Program.

Renewal Projects
MO-604 CoC Renewal Project Award- $15,976,704

Currently awarded CoC projects that end in calendar year 2022 are eligible for renewal funding.

New Projects
MO-604 CoC Maximum Bonus Project Award (does not include reallocated funds)- $798,835

Applicants for new projects must complete the Letter of Intent for New Projects. New projects, if selected for funding, will be required to begin operating on the date proscribed in the 2022 NOFO. Funds for new projects are only available if existing low-performing projects have their funding reallocated, if bonus funding is made available through the FY2022 NOFO, or if other new funding is made available by the FY2022 NOFO. The amount of bonus funds available and the eligible uses of those funds will be announced in the FY 2022 NOFO.

Total Estimated Funds Available
- Renewal Projects- $15,976,704
- New Bonus Projects- $798,835
- DV Bonus- $847,902

Additional funds for new projects may also become available through the reallocation process.

HUD Funding Process
HUD will continue the Tier 1 and Tier 2 funding selection process.

Tier 1 is equal to 95 percent of the CoC’s Annual Renewal Demand (ARD) as described in Section III.B.2.a of the NOFO minus the Annual Renewal Amounts (ARAs) of YHDP renewal and YHDP replacement projects (YHDP does not apply locally). Any type of new or renewal project application can be placed in Tier 1, except YHDP renewal or YHDP replacement, CoC planning as these projects are not ranked. If a DV Bonus project ranked in Tier 1 is selected with DV Bonus funds, the project will be removed from this tier and the projects below it will move up one rank position. However, if a new DV Bonus project is not selected with DV Bonus funds, the project will retain its ranked position (see Section II.B.11.e of the NOFO).

Tier 2 is the difference between Tier 1 and the maximum amount of renewal, reallocation, and CoC Bonus funds that a CoC can apply for. If a DV Bonus project ranked in Tier 2 is selected with DV Bonus funds, the project will be removed from this tier and the projects below it will move up one rank position.
rank position. However, if a new DV Bonus project is not selected with DV Bonus funds, the project will retain its ranked position (see Section II.B.11.e of the NOFO).

Project applications that must be ranked in the two-tier system include:
- New Reallocation Projects
- New Bonus Projects
- DV Bonus Projects
- Renewal Projects

Eligible CoC Project Components (New and Renewal Projects)
- **PSH- Permanent Supportive Housing**
  Long-term leasing or rental assistance with supportive services for highly vulnerable populations including those living in unsheltered situations, those with disabling conditions and long histories of homelessness. Programs can operate on a project-based or scattered-site model.
- **RRH- Rapid Rehousing**
  Short/Medium-term tenant-based leasing or rental assistance with supportive services for individuals and families who need temporary assistance on their path to stable housing. Rapid Re-housing programs may offer up to two years of rental assistance and must offer case management to support participants’ long-term stability and ensure connections to community-based resources. The length of assistance offered in RRH programs should be tailored to meet the needs of the individual or family presenting for help rather than be based on agency-defined limits. RRH programs may also be utilized as a “bridge” housing model for those with high needs and housing-related barriers.
- **TH-RRH- Joint Transitional- Rapid Rehousing**
  A Joint TH and PH-RRH Component project is a project type that includes two existing program components—TH and PH-RRH—in a single project to serve individuals and families experiencing homelessness. Applicants must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all program participants up to 24 months as needed by the program participants.
- **SSO-CE- Supportive Services Only for Coordinated Entry**
  Projects may only propose to develop or operate a centralized or coordinated entry system in consultation with the Coordinated Entry Committee and CoC leadership.

Eligible Processes Available (Renewal Projects Only)
- **Consolidation**
  Project applicants can consolidate two but no more than ten eligible renewal projects during the application process. The projects being combined during a grant consolidation will continue uninterrupted. To be eligible for consolidation, the projects must have the same recipient and be for the same component; and will only be funded in this Competition with FY 2022 funds (meaning no funds recaptured from prior years will be awarded to the project). See Section V.B.4.a.(7) of the NOFO for additional information.
- **Transition**
  See Section III.B.2.cc of the NOFO for a definition of the transition grant and process.
• Expansion

HUD will allow project applicants to apply for a new expansion project (see Section III.B.2.j of this NOFO) through reallocation, CoC Bonus, and DV Bonus processes to expand existing projects to increase the number of units, persons served, services provided to existing program participants, or to add additional activities to HMIS and SSO-CE projects. If the new expansion project will expand an existing eligible CoC Program renewal project HUD will not fund capital costs (i.e., new constructions, rehabilitation, or acquisition) and will only allow 1-year funding requests.

Project applicants may expand an existing renewal project that is not currently dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that meet the definition of homeless (24 CFR 578.3) to dedicate additional beds, units, persons served, or services provided to existing program participants to this population.

The new expansion project application must meet the project eligibility and project quality thresholds in Sections V.C.4.b and c of this NOFO. If the new expansion project exceeds the amount of funding available under the reallocation or Bonus processes, HUD will reduce the funding request to the available amount, which could affect the activities of the new expansion project. If both the new expansion project and the CoC Program renewal project it expands are conditionally selected for funding, one grant agreement incorporating both approved project applications will be executed. If the renewal project application is not conditionally selected for funding, the expansion project application will not be selected.

Projects that are expanding their current CoC Program-funded project must submit a local application in Zoom grants and an application in eSNAPS for both of the following:
  a. the renewal project application that will be expanded; and
  b. a new project application with the expansion information.

Domestic Violence (DV) Bonus Projects

MO-604 CoC DV Bonus Maximum Award- $847,902

For new projects the CoC indicates it would like considered as part of the DV Bonus, HUD will award a point value to each project application combining both the CoC Application score and responses to the domestic violence bonus specific questions in the CoC Application using the following 100-point scale:

- The following projects may be considered as part of the DV Bonus
  a. Rapid Rehousing and Joint TH and PH-RRH component projects

CoCs may apply for any number of the projects listed above. HUD will make the final determination on DV Bonus funding for these projects based on:
  a. CoC Score. Up to 50 points in direct proportion to the score received on the CoC Application.
  b. CoC Collaboration with Victim Service Providers. Up to 10 points in direct proportion to the score received on the following rating factors in the CoC application: Section VII.B.1.e, Section VII.B.2.c, and Section VII.B.3.b.
c. Need for the Project. Up to 10 points based on the extent the CoC quantifies the need for the project in its portfolio, the extent of need, and how the project will fill that gap.

d. Quality of the Project Applicant Experience. Up to 15 points based on the previous performance of the applicant in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes.

e. Demonstration of inclusion of victim-centered practices. Up to 8 points based on the quality of the project’s plan to address the housing and safety needs of survivors by adopting victim-centered practices (e.g., Housing First, Trauma-Informed Care, Confidentiality) in operating their project. Full points will be awarded to project applicants that can demonstrate they are already adopting victim-centered practices.

f. Demonstration of plan to include survivors with lived expertise. Up to 7 points based on the project’s ability to demonstrate its plan to involve survivors in policy and program development throughout the project’s operation.

Rapid Rehousing and Joint TH and PH-RRH component projects must follow a Housing-First approach.

Supportive Services Only (SSO-CE) Projects for Coordinated Entry to implement policies, procedures, and practices that equip the CoC’s coordinated entry to better meet the needs of people experiencing homelessness who are survivors of domestic violence, dating violence, sexual assault, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals between the CoC’s coordinated entry and the victim service providers coordinated entry system where they are different):

a. CoC Score. Up to 50 points in direct proportion to the score received on the CoC Application.

b. CoC Collaboration with Victim Service Providers. Up to 10 points in direct proportion to the score received on the following rating factors in the CoC application: Section VII.B.1.e, Section VII.B.2.c, and Section VII.B.3.b.

c. Need for the Project. Up to 25 points based on the extent to which the CoC demonstrates the need for a coordinated entry system that better meets the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, and how the project will fill this need.

d. Demonstration of plan to include survivors with lived expertise. Up to 15 points based on the project’s ability to demonstrate its plan to involve survivors in policy and program development throughout the project’s operation.
Only one SSO-CE project can be submitted per CoC; however, there is no limit on the number of PH-RRH and Joint TH and PH-RRH projects provided that each application is for at least $50,000. A project applicant may also apply to expand an existing renewal project, including one that was previously awarded with DV Bonus funding, in accordance with Section III.B.2.k of this NOFO, however, only the new project application for the expansion will be considered for DV Bonus funds through this process. DV Bonus funding may be used to expand an existing renewal project that is not dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking who meet the definition of homeless in paragraph (4) of 24 CFR 578.3 so long as the DV Bonus funds for expansion are solely for additional units, beds, or services dedicated to persons eligible to be served with DV Bonus funding.
2022 NOFO Funding Rating & Ranking Process

1. The Administration and Finance Committee will recruit a small group of persons with lived experience to review and provide feedback on NOFO rating and ranking factors.

2. The slate of Rank and Review Panel members will be named by the GKCCEH Board in September 2022.

3. Rank and Review Panel members will be independent reviewers and will not have any association or affiliation with any CoC funded agencies. The panel will also include persons with current or recent experience of homelessness who will be compensated for their time.

4. Rank and Review Panel members will be trained by Grants Committee Co-Chairs and GKCCEH Staff on the CoC Program, local data and outcomes, the Rank and Review process, and HUD-defined and locally defined priorities.

5. Rank and Review Panel members will read project applications and score them independently.

6. The Rank and Review Panel will hold a consensus meeting to determine which, if any, projects will be rejected, and to rank all remaining recommended projects into Tier 1 and Tier 2.

7. Recommendations and rankings from the Panel are submitted to GKCCEH Board for final approval.

8. All Project Applicants are notified of Review and Ranking outcomes (rejection, recommended, and ranking in tier system). The CoC MUST notify project applicants within 15 days prior to the HUD application deadline if their project application has been rejected. Anyone considering an appeal, is directed to read 24 CFR 578.35(b)(3), (b)(4), (c)(1), and (d)(2), as well as the FY2022 NOFO (Section X.A. – Appeals)

9. Evaluation Criteria: Rank and Review receives all project applications and additional items requested above as well as information from GKCCEH (attendance, Housing First Assessment scores, Project Performance Scorecards, timely submission of NOFO requirements, etc.) to make decisions on rankings. The Rank and Review Panel will be given the NOFO Rating tool and a preliminary ranked list of projects to assist with evaluating outcomes for each project, as well as decisions about rejecting low performing projects, and recommendations for reallocation, per CoC policy.

2022 NOFO Local Competition Requirements

Local Deadlines
The 2022 NOFO competition closes on Wednesday, September 28, 2022.
Please refer to the GKCCEH 2022 NOFO Timeline for specific dates and deadlines.
Applicants who are unable to submit required documents online should contact GKCCEH program staff as soon as possible to make arrangements for submission. programstaff@gkcceh.org

<table>
<thead>
<tr>
<th>IMPORTANT ONLINE SUBMISSION DATES FOR PROJECT APPLICANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW PROJECTS</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>August 19, 2022</td>
</tr>
<tr>
<td>August 31, 2022</td>
</tr>
</tbody>
</table>

Renewal Project Application Submission Requirements

CoC Project Monitoring Components

1. Project Performance Scorecard
An HMIS-generated scorecard for each renewal project was distributed by email on Monday, August 15, 2022. This scorecard is for agency review and CoC project monitoring purposes. No action is needed unless you have questions about the data. The GKCCEH HMIS Team will be available as indicated in the.

There is no need to upload the scorecard with your application materials.

2. Local Application Submission Requirements

The following documents must be submitted with your local application via Zoom Grants no later than

**Wednesday, August 31, 2022, at 5pm CST.**

1. CoC Project Applicant Memorandum of Agreement
2. Match documentation (preferred on letterhead from match source; must be 25% of HUD project amount requested (including admin, omits leasing). Can include cash or in-kind sources
3. Two most recent eLOCCS drawdowns (.pdf)
4. Most recent agency audit (findings only, do not include entire report)
5. Optional partnership agreements for healthcare/workforce entities for bonus points in local application
6. Supporting documentation for responses to the Racial Equity Assessment embedded in the Zoom project application

**New Project Application Requirements**

( including New Bonus, DV Bonus, Transition, Consolidation, and Expansion projects)

**Attn: First-time Eligible Renewal Projects and Projects who have not yet submitted an APR-** You will follow the same submission process as all renewal applicants **EXCEPT** you will not be required to submit a local project application.

1. **Letter of Intent to Apply** (Threshold Requirement)

   New project applicants will be required to complete and submit a Letter of Intent to Apply for CoC Funds via online form no later than **Friday, August 19, 2022, at 5pm CST**

**Local Application Submission Requirements**

The following documents must be submitted with your local application via Zoom Grants no later than **Wednesday, August 31, 2022, at 5pm CST**

1. CoC Project Applicant Memorandum of Agreement
2. Match documentation (preferred on letterhead from match source; must be 25% of HUD project amount requested (including admin, omits leasing). Can include cash or in-kind sources
3. Most recent agency audit (findings only, do not include entire report)
4. Optional partnership agreements for healthcare/workforce entities for bonus points in local application
5. Supporting documentation for responses to the Racial Equity Assessment embedded in the Zoom project application
## Definitions Applicable to this Funding Notice

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Acquisition</strong></td>
<td>Grant funds may be used to pay up to 100 percent of the cost of acquisition of real property selected by the recipient or subrecipient for use in the provision of housing or supportive services for homeless persons.</td>
</tr>
<tr>
<td><strong>Chronically Homeless</strong></td>
<td>A homeless individual with a disability (as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) (or family with an adult, or a minor if there is no adult, head of household) who is homeless and lives in a place not meant for human habitation, safe haven, or in an emergency shelter; and has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least twelve (12) months or on at least four (4) separate occasions in the last three (3) years, as long as the combined occasions equal at least twelve (12) months and each break in homelessness separating the occasions included at least seven (7) consecutive nights of not living in a place not meant for human habitation, safe haven, or in an emergency shelter.</td>
</tr>
<tr>
<td><strong>Coordinated Entry System</strong></td>
<td>A process for people to access the prevention, housing and/or other services that they need. Coordinated Entry incorporates uniform screening and assessment, prioritization and program matching, and connections to mainstream services to help those seeking housing and services access appropriate programs more efficiently.</td>
</tr>
<tr>
<td><strong>Homeless</strong></td>
<td>An individual or family who lacks a fixed, regular, and adequate nighttime residence.</td>
</tr>
<tr>
<td><strong>Housing First</strong></td>
<td>An approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold.</td>
</tr>
<tr>
<td><strong>Leasing</strong></td>
<td>Grant funds are used to lease individual housing units throughout San Joaquin County; the project sponsor has a master lease agreement with the landlord/owner of the housing unit and a sublease with the program participant.</td>
</tr>
<tr>
<td><strong>New Construction</strong></td>
<td>Grant funds may be used to pay up to 100 percent of the cost of new construction, including the building of a new structure or building an addition to an existing structure that increases the floor area by 100 percent or more, and the cost of land associated with that construction, for use as housing.</td>
</tr>
<tr>
<td><strong>Operating Costs</strong></td>
<td>Grant funds may be used to pay the costs of the day-to-day operation of permanent housing in a single structure or individual housing units.</td>
</tr>
<tr>
<td><strong>Permanent Housing</strong></td>
<td>Community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one (1) year, which is renewable for terms that are a minimum of one (1) month long and is terminable only for cause.</td>
</tr>
<tr>
<td><strong>Permanent Supportive Housing</strong> (refer to 24 CFR 578.3 and the Defining “Homeless” Rule)</td>
<td>Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.</td>
</tr>
<tr>
<td><strong>Rapid Rehousing</strong></td>
<td>Provides supportive services and/or short-term (up to three (3) months) and/or medium-term (for three (3) to 24 months) tenant-based rental assistance as necessary to help homeless households move as quickly as possible into permanent housing and achieve stability in that housing.</td>
</tr>
<tr>
<td><strong>Rehabilitation</strong></td>
<td>Grant funds may be used to pay up to 100 percent of the cost of rehabilitation of structures to provide housing or supportive services to homeless persons.</td>
</tr>
<tr>
<td><strong>Severe Service Needs</strong></td>
<td>History of high utilization of crisis services or significant health or behavioral health challenges or functional impairments that require a significant level of support in order to maintain permanent housing.</td>
</tr>
</tbody>
</table>
| **Supportive Services**  
(refer to 24 CFR 578.53) | Grant funds may be used to pay supportive services that address the special needs of the program participants. Only the specific supportive services described in 24 CFR 578.53 are eligible. |
<table>
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<tr>
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<tbody>
<tr>
<td><strong>Tenant-Based Rental Assistance</strong></td>
<td>Program participants locate housing of their choice in the private rental market; program participants have lease agreements with the landlord/owner of the housing unit.</td>
</tr>
<tr>
<td><strong>Youth</strong></td>
<td>Persons between 18 to 24 years of age.</td>
</tr>
</tbody>
</table>
RESOURCES & CONTACT

Access NOFO-related resources by clicking the links below:

- GKCCEH 2022 NOFO Webpage
- HUD COC Program Webpage
- Ask HUD a COC Program Question
- Download HUD’s 2021 COC NOFO Packet
- eSNAPS Toolkit and Resources
- Sign-up for Emails from GKCCEH
- HUD COC Program Interim Rule
- HUD Exchange
- Local Data and Dashboards
- Racial Equity and Anti-racism Resources

NOFO Staff Contacts

Greater Kansas City Coalition to End Homelessness
3200 Wayne Avenue, Suite 202
Kansas City, MO 64109
816-929-0052

Marqueia Watson, MSW—Executive Director
mwatson@gkcceh.org

Amber Bauer
Program Director
abauer@gkcceh.org
### Threshold Requirement

<table>
<thead>
<tr>
<th>Description</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Early NOFA&quot; requirements met All &quot;Early NOFA&quot; requirements were submitted on or before May 31, 2021.</td>
<td>N/A</td>
</tr>
<tr>
<td>Application is accurate and complete and all materials are included. Late submissions will not be accepted. All application requirements must be met as indicated on the 2022 NOFO Timeline.</td>
<td>N/A</td>
</tr>
<tr>
<td>CoC Project Applicant MOU Agency partnership agreement (MOU) signed by an authorized agency representative is required of all CoC project applicants.</td>
<td>N/A</td>
</tr>
<tr>
<td>Applicant is an active CoC participant 1. Agency is a Coalition member in good standing (dues up-to-date) and agency staff participate in at least 80% of GKCCEH monthly membership meetings. 2. Documented minimum of 80% attendance and meaningful participation in at least one CoC-recognized committee or work group.</td>
<td>N/A</td>
</tr>
<tr>
<td>Coordinated Entry Participation 1. Project exclusively accept participants referred through the CoC’s Coordinated Entry System as evidenced by HMIS-enrollment (or for victim service providers, good-faith assertion of such enrollment) 2. Project utilizes the CoC’s HMIS (Homeless Management Information System), or for victim service providers, a HMIS-comparable database; and 3. Designated project staff participate in at least 80% of scheduled Housing Solutions Team meetings.</td>
<td>N/A</td>
</tr>
<tr>
<td>Acceptable organizational audit/ financial review Applicants must submit a copy of most recent agency audit.</td>
<td>N/A</td>
</tr>
<tr>
<td>Match Documentation Requirement Applicant has submitted sufficient match documentation per HUD regulation</td>
<td>N/A</td>
</tr>
<tr>
<td>Total points possible for this section</td>
<td>0</td>
</tr>
</tbody>
</table>

### Renewal Projects- Performance Outcomes

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Description</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Utilization</td>
<td>Percentage utilization of project beds &gt;=90%</td>
<td>1.25</td>
</tr>
<tr>
<td>Unit Utilization</td>
<td>Percentage utilization of project units &gt;=90%</td>
<td>1.25</td>
</tr>
<tr>
<td>Length of Stay (project enrollment to move-in date)</td>
<td>Average number of days from project enrollment to housing move-in date.</td>
<td>2.5</td>
</tr>
<tr>
<td>Threshold Requirement</td>
<td>Description</td>
<td></td>
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<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Successful Exits to Permanent Housing</td>
<td>Percentage of participants who were permanently housed in the project or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>who exited to permanent housing elsewhere &gt;=90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>New or Increased Income (Earned or Other Sources)</td>
<td>Percentage of participants who obtained a new income source and/or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>increased income (See Project Performance Scorecard Criteria)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Returns to Homelessness</td>
<td>Percentage of participants who return to homelessness with 12 months of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>exit to permanent housing =&lt;15%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>Serves High Needs Populations</td>
<td>Percentage of participants who: 1) were street homeless at project entry; 2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>had more than one disabling condition at project entry; 3) had zero</td>
<td></td>
</tr>
<tr>
<td></td>
<td>income at project entry; and 4) were chronically homeless at project entry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(See Project Performance Scorecard Criteria)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>Cost per Permanent Housing Exit</td>
<td>Dollar amount of grant award divided by the number of individuals who</td>
<td></td>
</tr>
<tr>
<td></td>
<td>successfully exited to permanent housing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Data Quality</td>
<td>Overall Data Quality - Personally Identifying Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Total points possible for this section</td>
<td></td>
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<td></td>
<td>50</td>
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</tbody>
</table>

## Renewal Projects - Local Application Narrative

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td>Applicant effectively describes the project and target population including services offered &quot;in-house&quot; and in the community to improve participants' well-being. Demonstrates ways project seeks to maintain increase affordable housing access, fidelity to housing first, improve service delivery, and uses of evidence-informed approaches.</td>
</tr>
<tr>
<td></td>
<td>25 Q6- 7.5 Q7- 5 Q8- 5 Q12- 2.5 Q13- 2.5 Q14- 2.5</td>
</tr>
<tr>
<td>Healthcare Collaboration</td>
<td>Applicant describes formal partnerships with medical and/or behavioral health systems and ability to enroll participants in benefits</td>
</tr>
<tr>
<td></td>
<td>5 Q9- 2.5 Q10- 2.5</td>
</tr>
</tbody>
</table>

## Renewal Projects - Local Application Narrative cont.

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversity, Equity, and Inclusion</td>
<td>Applicant demonstrates ability to describe how racism and structural oppression impact target population as well as policies and procedures project has implemented to address disparities. Description should include how voices of marginalized populations and persons experiencing homelessness are centered in the work and how those groups are involved in planning and decision-making.</td>
</tr>
<tr>
<td></td>
<td>12.5 Q15- 5 Q16- 7.5</td>
</tr>
<tr>
<td>Threshold Requirement</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Improved System Performance</td>
<td>Applicant must describe how data is used to inform decision-making within the program and how services are tailored to support improved system-wide outcomes.</td>
</tr>
<tr>
<td>Total points possible for this section</td>
<td></td>
</tr>
</tbody>
</table>

| **NEW and DV Bonus PROJECTS** |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| **Threshold Requirements**   | **Description                                                                                                                                                                                                 | **Point Value** |
| Application is accurate and complete and all materials are included | Late submissions will not be accepted. All application requirements must be met as indicated on the 2022 NOFO Timeline published Wednesday, August 31. | N/A         |
| CoC Project Applicant MOU    | Agency Partnership agreement. Required of all CoC project applicants.                                                                                                                                       | N/A         |
| Mandatory Training           | Applicants must attend at least one of the mandatory training sessions to apply for funds.                                                                                                                  | N/A         |
| Capacity to Administer Project | Applicant has demonstrated agency has the capacity and resources (financial, staffing, infrastructure, partnerships) to successfully implement and operate the project                                           | N/A         |
| Acceptable organizational audit/financial review | Applicants must submit a copy of most recent agency audit.                                                                                                                                                    | N/A         |
| Match Requirement            | Applicant has included sufficient match documentation per HUD regulation                                                                                                                                      | N/A         |
| Total points possible for this section |                                                                                                                                                                                                          | 0           |

**NEW and DV Bonus PROJECTS- Local Application Narrative**

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Description</th>
<th>Point Value</th>
</tr>
</thead>
</table>
| Program Design & Project Performance | System Performance  
Supportive Services  
Evidence-informed Interventions  
Housing First, Housing Focused Project Implementation  
Housing Agency Collaboration  
Healthcare Collaboration | 75 | Q5-10  
Q6-10  
Q9-10  
Q10-10  
Q11-10  
Q12-5  
Q13-5  
Q14-5  
Q17-10 |
<table>
<thead>
<tr>
<th>Threshold Requirement</th>
<th>Description</th>
<th>Point Value</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Experience &amp; Capacity to Administer</td>
<td>Applicant demonstrates experiencing serving homeless populations and/or administering HUD or other public contracts. Applicant has the staffing and resource capacity to successfully stand up and operate the project.</td>
<td>10</td>
<td>Q8-10</td>
</tr>
<tr>
<td>Equity, Inclusion, and Participant Voice</td>
<td>Applicant demonstrates understanding of the impact of structural racism and oppression on homeless populations AND will take steps to address those impacts AND will ensure marginalized groups are meaningfully included AND that the client population is centered in planning, implementation, and decision-making</td>
<td>10</td>
<td>Q15-10</td>
</tr>
<tr>
<td>CoC Participation, Collaborative Effort and Community Involvement</td>
<td>Applicant is involved in CoC Committees and is able to demonstrate other collaborative work the applicant/project staff are involved in collaborative anti-homelessness work in the community</td>
<td>5</td>
<td>Q16-5</td>
</tr>
<tr>
<td>** DV Bonus Questions</td>
<td>DV Bonus projects will have an opportunity to score 255 additional points which will apply as a basis of comparison between projects in those categories</td>
<td>25</td>
<td>Q22-5</td>
</tr>
<tr>
<td>**</td>
<td></td>
<td></td>
<td>Q23-5</td>
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<tr>
<td>**</td>
<td></td>
<td></td>
<td>Q24-5</td>
</tr>
<tr>
<td>**</td>
<td></td>
<td></td>
<td>Q25-5</td>
</tr>
<tr>
<td>**</td>
<td></td>
<td></td>
<td>Q26-5</td>
</tr>
<tr>
<td>Total points possible for this section</td>
<td>Excluding 25 points awarded to DV Bonus projects as a basis of comparison between those program types</td>
<td>100**</td>
<td></td>
</tr>
</tbody>
</table>
1. What project component are you applying for?
   - [ ] Permanent Supportive Housing (PSH)
   - [ ] Rapid Re-housing (RRH)
   - [ ] Joint Transitional/Rapid Re-housing (TH-RRH)
   - [ ] Supportive Service for CE (SSO-CE)

2. Who is your agency authorized eSNAPS user (user who submits CoC Project Application in eSNAPS).
   Please include the name and email formatted as follows: [[First Last- email]]
   - [ ] -no answer-

3. Total CoC funds requested for this project
   - [ ] -no answer-

4. What is the proposed number of beds in this project?
   - [ ] -no answer-

5. Is the renewal project part of an expansion or consolidation?
   - [ ] Yes
   - [ ] No
6. GENERAL DESCRIPTION: Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. Please also describe your organization's capacity to administer the project. [7.5 pts]

Please discuss: target population(s), specific services to be provided, projected outcomes, coordination with partners, how the project meets community needs in its service area, and your organization's capacity to administer the project.
-no answer-

7. Describe how the project provides evidence-informed programming and resources so participants may meaningfully engage in the following: 1) opportunities for personal growth; 2) opportunities to work or volunteer in the community; 3) opportunities to work or volunteer at your agency; and 4) developing relationships and connections to their community. [5 points]
-no answer-

8. Does the proposed project leverage funding for housing or rent outside of the CoC or ESG programs to provide housing for the proposed project? If so, please state the percent of units in this application that will leverage housing funding outside of CoC or ESG. Examples include private funding for participants' rent, Public Housing Agency project-based vouchers, state or local government funding, HOME funding, or other federal programs outside of ESG or CoC. (This is a HUD priority for FY22). [5 points]

If this is not applicable, please type "N/A".
-no answer-

9. Describe how this project leverages the healthcare system to ensure equitable access to medical and behavioral health services that promote participants' well-being and successful housing outcomes. Examples include direct contributions from a public or private health insurance provider for the project or the provision of health care services by a private or public organization (including substance abuse services for all program participants that want to participate). If so, please provide the dollar value of the leveraged healthcare resources. (This is a HUD priority for FY22). [2.5 points]

If this is not applicable, please type "N/A".
-no answer-

10. Indicate, for each type of healthcare listed below, whether your program: 1. Assists persons experiencing homelessness with enrolling in health insurance 2. Assists persons experiencing homelessness with utilizing health insurance [2.5 points]

If not applicable, leave blank.

☐ Public Health Care Benefits: Assist with Enrolling
☐ Public Health Care Benefits: Assist with Utilizing
☐ Private Insurance: Assist with Enrolling
☐ Private Insurance: Assist with Utilizing
☐ Non-Profit, Philanthropic Benefits: Assist with Enrolling
☐ Non-Profit, Philanthropic Benefits: Assist with Utilizing
☐ Other: Assist with Enrolling
11. HUD increasingly relies on data-driven performance to evaluate success. CoC’s submit system performance measures each year to demonstrate community-wide performance. Describe project strategies to contribute to the CoC’s success for the following: [7.5 points]
   a. Ensure program participants are successfully exiting to and maintaining permanent housing
   b. Ensure program participants do not return to homelessness
   c. Ensure jobs and income growth for homeless persons in CoC-program funded projects
   -no answer-

12. How does your agency systematically provide information to staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect participants? [2.5 points]
   -no answer-

13. Will the project screen out participants based on the following items? Select all that apply. [2.5 points]
   - Having too little income
   - Active or history of substance use
   - Having a criminal record
   - History of victimization (e.g. DV, sexual assault, child abuse)
   - None of the above

14. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply. [2.5 points]
   - Failure to participate in supportive services
   - Failure to make progress on a service plan
   - Loss of income or failure to improve income
   - Any other activity not covered in the lease agreement
   - None of the above

15. Describe at least two steps your agency has taken to ensure traditionally marginalized populations are able to participate in the planning and implementation of this project in meaningful ways. [7.5 points]
   -no answer-

16. Racial Equity Self-Assessment: Check all that apply to your organization and its leadership.
   Note: Please upload on the attachments tab web links (provided in a document in .pdf format) or other documents as examples to demonstrate three ways your organization has incorporated the racial equity principles below. [5 points]
   - Courageous leadership that is consistent about applying a racial equity lens
   - Understanding of power and privilege
   - Understanding of the social, environmental, and structural determinants of racial and ethnic inequity
   - Hiring to address racial and ethnic inequities, prioritizing the hiring of employees who represent
communities of color, immigrants, and refugees

☐ Knowledge of the community served (can be developed by building and maintaining authentic relationships with communities of color, staff representative of the population(s) served, analysis of community-driven data, etc.)

☐ A structure that supports authentic community partnerships that are empowering and more fluid than hierarchical

☐ Inclusive and culturally responsive internal communications

☐ Institutional support for innovation

☐ The organization has made a public commitment to racial equity.

☐ The organization has a mission statement that incorporates the term equity.

☐ The organization collects the racial, ethnic, and linguistic makeup of its board.

☐ Materials are visibly posted at our location in languages other than English.

☐ The organization collects the racial, ethnic, and linguistic makeup of your staff.

☐ Written procedures are in place to increase the recruitment, retention, and promotion of people of color or persons with homeless experience.

☐ Racial equity and cultural competency training(s) are made available to staff.

☐ The organization has formal partnerships with organizations led by people of color.

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**Budget**

<table>
<thead>
<tr>
<th>Summary Budget (eSNAPS)</th>
<th>Total Assistance Requested</th>
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</thead>
<tbody>
<tr>
<td>-none-</td>
<td>$ 0.00</td>
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</tbody>
</table>

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**Documents**

<table>
<thead>
<tr>
<th>Documents Requested</th>
<th>Required?</th>
<th>Attached Documents</th>
</tr>
</thead>
</table>

*ZoomGrants™ is not responsible for the content of uploaded documents.*
Greater Kansas City Coalition to End Homelessness

2022 CoC Competition - NEW Projects
Deadline: 8/31/2022

Print Preview Prop

Jump to: Application Questions  Budget  Documents

$ 0.00 Requested

Additional Contacts
none entered

Application Questions top

QUESTIONS REQUIRED FOR ALL APPLICANTS

1. Are you applying for a New Project or an Expansion of an existing project?
   - New Project
   - Expansion of Existing Project

2. Total CoC funds requested for this project
   - no answer-

3. New Project Type
   Please select the type of project you are applying for or expanding.
   - Permanent Supportive Housing (PSH)
   - Rapid Rehousing (RRH)
   - Joint Component (TH-RRH)
   - Supportive Services Only for CE (SSO-CE)
   - DV Bonus Rapid Rehousing (RRH)
   - DV Bonus Joint Component (TH-RRH)
   - DV Bonus Supportive Services Only for CE (SSO-CE)
   - Expansion of Existing Grant (does not require term selection)

4. Who is your agency authorized eSNAPS user (user who submits CoC Project Application in eSNAPS). Please include name and email.
   - no answer-

5. GENERAL DESCRIPTION: Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. Please also describe your organization’s capacity to implement the project. Please address: 1) proposed gap the project seeks to fill; 2) target population; 3) type and number of units it will provide (if applicable); 4) specific services to be provided; 5) projected outcomes; and 6) coordination with partners. [10 points]
   - no answer-

6. Will the project target any of the following populations?
   - people with physical disabilities
   - people who were previously unsheltered
7. Will the proposed project leverage funding for housing or rent outside of the CoC or ESG programs to provide housing for the proposed project? If so, please state the percent of units in this application that will leverage housing funding outside of CoC or ESG. Examples include private funding for participants’ rent, Public Housing Agency project-based vouchers, state or local government funding, HOME funding, or other federal programs outside of ESG or CoC. (This is a HUD priority for FY22). [5 points]
If this is not applicable, please type "N/A". Please upload in the documents section the agency partnership agreement or MOU associated with this collaboration.
-no answer-

8. Does the proposed project use healthcare resources to help program participants? Examples include direct contributions from a public or private health insurance provider for the project or the provision of health care services by a private or public organization (including substance abuse services for all program participants that want to participate). If so, please provide the dollar value of the leveraged healthcare resources. (This is a HUD priority for FY22). [5 points]
If this is not applicable, please type "N/A". Please upload in the documents section the agency partnership agreement or MOU associated with this collaboration.
-no answer-

9. Describe how the project will include high-quality, comprehensive case management and supportive services of the appropriate type, scale, and location to meet the needs of program participants in accordance with the Housing First model. In addition to a general description, address each of the following in your response: • How is the project appropriately staffed to provide program services? • How are staff trained to meet the needs of the population to be served? • To what extent is the program design intentionally inclusive of and accessible to all eligible clients? • Describe how connections will be made to other community-based resources and supports. [10 points]
-no answer-

10. How will this program help participants: 1) enroll without unnecessary paperwork and barriers to entry, 2) quickly obtain permanent housing, 3) remain in permanent housing, and 4) access mainstream health, social, and employment resources according to their individual needs? [10 points]
-no answer-

11. HUD increasingly relies on data-driven performance to evaluate success. CoC’s submit system performance measures each year to demonstrate community-wide performance. Describe project strategies to contribute to the CoC’s success for the following: [10 points]
a. Ensure program participants are successfully exiting to and maintaining permanent housing
b. Ensure program participants do not return to homelessness
c. Ensure jobs and income growth for homeless persons in CoC-program funded projects
-no answer-

12. Describe your estimated project implementation timeline; including the schedule for proposed activities, management plan and method for ensuring effective and timely completion of all work. [Not scored]
-no answer-

13. Describe the extent to which your project will fill a gap or address an unmet need in the existing homeless system and serve underserved areas and/or populations. Include the following in your response: 1) define the quantity of the need; 2) define the extent of the need; and 3) describe how the project will fill that gap. To receive full points, your response must include data from a minimum of two relevant state and/or local sources AND cite any references used in your response. [10 points]
-no answer-

14. Describe how the project will provide resources for participants to meaningfully engage in the following: 1) opportunities for personal growth; 2) opportunities to volunteer in the community; 3) opportunities to volunteer at the agency; 4) employment opportunities within the agency; and 5) opportunities to develop relationships and connections to their community.
-no answer-
15. Describe at least two steps your organization will take to ensure traditionally marginalized populations can meaningfully participate in the planning and implementation of this program and in governance and decision-making AND describe at least two ways the project will ensure persons with current or past experience of homelessness will be included decision-making and in all phases of planning and implementation of the project. (Note: previous homeless experience should be within the last seven years.) [10 points]

-no answer-

16. Describe other ways agency/project staff participate at the community level in collaborative work to prevent and end homelessness including but not limited to engagement with the Continuum of Care and its committees and/or working groups. [5 points]

-no answer-

17. Indicate, for each type of healthcare listed below, whether your program will: 1. Assists persons experiencing homelessness with enrolling in health insurance 2. Assists persons experiencing homelessness with utilizing health insurance. [5 points]

Check all that apply.

- Public Health Care Benefits: Assist with Enrolling
- Public Health Care Benefits: Assist with Utilizing
- Private Insurance: Assist with Enrolling
- Private Insurance: Assist with Utilizing
- Non-Profit, Philanthropic Benefits: Assist with Enrolling
- Non-Profit, Philanthropic Benefits: Assist with Utilizing
- Other: Assist with Enrolling
- Other: Assist with Utilizing

18. JOINT TH-RRH ONLY: Please define the specific subpopulation this project is proposing to serve and provide justification that this type of project is necessary for the CoC. Please also indicate how you will ensure enough RRH is available for participants who want to move from TH to RRH when they are ready and without delay (examples include more RRH than TH units). [Not scored]

-no answer-

19. DV BONUS ONLY: DV BONUS ONLY: Please report the number of DV survivors that the CoC is currently serving AND the number of DV survivors in the CoC that have a need for housing or services. [Not scored]

Describe the unmet need.

-no answer-

JOINT TH-RRH APPLICANTS ONLY

20. DV BONUS ONLY: Describe how the number of DV survivors needing housing or services was calculated and identify the data source used. [Not scored]

-no answer-

DV BONUS APPLICANTS ONLY

21. DV BONUS ONLY: Describe how this project will ensure all households in the Category IV definition of homelessness are equitably served? Your answer should address the needs of individuals fleeing or attempting to flee human trafficking and other forms of interpersonal violence and exploitation AND those living in unsheltered situations, those with long histories of homelessness, those with high service needs and/or those with high barriers to housing. [5 points]

-no answer-

22. DV BONUS ONLY: Describe how the project will ensure the safety of DV survivors experiencing homelessness and how it will measure the ability to ensure safety by addressing this following: [5 points]

Staff training on safety plans, ensuring privacy in intake space, separate interviews for couples, work with survivor to ID safety from their perspective, keeping housing locations confidential

-no answer-

23. DV BONUS ONLY: Describe the applicant experience with trauma-informed, victim-centered approaches and how the project will utilize the approaches to meet needs of participants by: [5 points]

Prioritize participant choice, establish an environment of respect, provide participants access to info on trauma, emphasize participant strengths, cultural responsiveness & inclusivity, connect program participants (ex: groups), support for parents
24. DV BONUS ONLY: Describe how the project will meet service needs and ensure participants quickly move into permanent housing while addressing safety needs, including: [5 points]
Child custody, legal services, criminal history, bad credit history, education, job training, employment, physical/mental healthcare, drug and alcohol treatment, childcare
-no answer-

25. DV BONUS ONLY: Provide justification for why a DV Bonus project is necessary for the CoC. [5 points]
-no answer-

26. Describe your capacity to administer this project including: 1) prior experience serving populations experiencing homelessness; 2) prior experience with HUD grants and/or other public contracts; and 3) staffing, infrastructure, financial, and other resources the organization can commit. [10 points]
-no answer-

27. EXPANSION PROJECTS ONLY: Describe any barriers your organization encounters to finding available units. How does your organization plan to overcome these barriers? What steps are you taking to identify and engage new landlords and new housing units to meet the challenges in the current rental market? Provide evidence of a formalized partnership. [Not scored]
-no answer-

28. Racial Equity Self-Assessment: Check all that apply to your organization and its leadership. [Not scored]
This question is for future reference and while not scored on this application, new project applicants should refer to the topics below as a performance standard for renewal projects.
☐ Courageous leadership that is consistent about applying a racial equity lens
☐ Understanding of power and privilege
☐ Understanding of the social, environmental, and structural determinants of racial and ethnic inequity
☐ Hiring to address racial and ethnic inequities, prioritizing the hiring of employees who represent communities of color, immigrants, and refugees
☐ Knowledge of the community served (can be developed by building and maintaining authentic relationships with communities of color, staff representative of the population(s) served, analysis of community-driven data, etc.)
☐ A structure that supports authentic community partnerships that are empowering and more fluid than hierarchical
☐ Inclusive and culturally responsive internal communications
☐ Institutional support for innovation
☐ The organization has made a public commitment to racial equity.
☐ The organization has a mission statement that incorporates the term equity.
☐ The organization collects the racial, ethnic, and linguistic makeup of its board.
☐ Materials are visibly posted at our location in languages other than English.
☐ The organization collects the racial, ethnic, and linguistic makeup of your staff.
☐ Written procedures are in place to increase the recruitment, retention, and promotion of people of color or persons with homeless experience.
☐ Racial equity and cultural competency training(s) are made available to staff.
☐ Racial equity and cultural competency training(s) are made available to staff.

Budget
Summary Budget (eSNAPS) Annual Assistance Requested Total Assistance Requested for Grant Term
-none- $ 0.00 $ 0.00

Documents
Documents Requested Uploaded Documents *
-none-

* ZoomGrants™ is not responsible for the content of uploaded documents.
2022-23 MO-604 Jackson/Wyandotte County
NOFA Project Applicant Memorandum of Agreement

PURPOSE

In line with 24 CFR part 578, the MO-604 Jackson & Wyandotte County Continuum of Care is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

This memorandum of understanding (MOU) is entered into by Greater Kansas City Coalition to End Homelessness, the Lead Agency and Collaborative Applicant for the MO-604 Jackson/Wyandotte County CoC and _______________________________ (“CoC Project Applicant”). The purpose of this MOU is to set forth expectations and responsibilities of the Lead Agency and the CoC Project Applicant.

GENERAL PROVISIONS

Greater Kansas City Coalition to End Homelessness (GKCCEH) will:

1. Serve as the CoC Lead Agency responsible for the coordination and oversight of the CoC planning efforts and certification and submission of the homeless assistance funding applications.

2. Function as the HMIS Lead, to leverage the Homeless Management Information System (HMIS) as a data collection and coordinated intake tool, to capture client-level, system-wide information over time on the characteristics and services needs of persons and families experiencing homelessness and at-risk persons to be served within the funded programs.

3. Convene, provide project management, and facilitate partner workgroups and committees and lead the work activities that come out of those meetings.

4. Provide guidance and support, and monitoring of provider agencies’ programmatic and financial management to ensure compliance with the MO-604 CoC regulations, standards, and guidelines.

5. Coordinate, integrate, and leverage resources to maximize impact of services for individuals who are experiencing homelessness.
6. Lead the annual Point-In-Time Homeless Count
7. Offer and lead regular meeting and training opportunities to ensure relevant information is shared.

8. Provide training and technical support of projects funded under the CoC program

9. Facilitate the completion and submission of the Consolidated Application for the Continuum of Care funding competition

Applicants for MO-604 Continuum of Care funding will commit to the following values, principles, and procedures:

Transparency- Operating in such a way that it is easy for others to see what actions are performed and the rationale for making decisions is clearly communicated.

Equity and Inclusion- Anti-homelessness work is rooted in an anti-oppression framework. Agencies should ensure that equity and inclusion for marginalized groups are central to all processes, procedures, and policies. Our CoC acknowledges systemic inequities in our community and that racism, sexism, homophobia, transphobia, ableism, xenophobia, and other forms of oppression have a direct impact on those experiencing homelessness.

CoC funding will be allocated to serve the community rather than individual programs and should be equitably distributed to serve those with the greatest need. Programs should be intentional about serving households within under-served zip codes.

Timely, Meaningful Client Engagement- Homelessness is an urgent crisis for those who are experiencing it. When accepting referrals, agencies must make a reasonable effort to engage clients in a timely manner. Funded projects should demonstrate a commitment to accompanying clients on their housing journey, making every effort to engage them where they are, and eliminating unnecessary barriers to program access. This will likely require going into the field- applicants should anticipate this as a reality of homelessness work and funded projects should budget accordingly.

Competence- Funded projects should be well versed in the federal regulations governing the Continuum of Care program (24 CFR Part 578 and The McKinney-Vento Homeless Assistance Act, As Amended by S. 896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009) and familiar with resources such as the HUD Exchange. They should also allocate staff time to develop skills and capacities to improve their work. Staff operating programs should be well-versed in best practices in human services. (Examples include Trauma-informed Care, Motivational Interviewing, etc.)
CoC will provide a mandatory training, which will be a requirement of agency leadership administrators, finance/development staff, and client-facing staff immediately after CoC funding award.

Capacity to Operate Program- CoC project applicants should assess their ability to deliver their organization’s mission and programmatic objectives effectively now, and in the future. Organizational capacities to consider include: 1) Leadership; 2) Mission, Vision, and Strategy; 3) Talent; 4) Program Delivery; 5) Fund Development; 6) Financial Management; 7) Communication; 8) Technology; and 9) Strategic Relationships. CoC-funded projects must demonstrate within project budget dedicated case management is embedded in the program for all program participants. (**Re: Legacy Shelter Plus Care Projects- HUD regulations do not permit funds be allocated for this purpose within the grant)

Equitable, Low-barrier Access- Every person in need of housing has the same opportunity, regardless of eligibility or perceived barriers (behavioral, situational, or otherwise), to access housing and related services. The system is designed to support each household with only the type and amount of support required to address their housing crisis and focused on meeting the needs of the most vulnerable households first. Ref: Housing First/Housing Focused Policy

Fair Housing and Non-discrimination- Ensuring that individuals and families in need have access, through the Coordinated Entry System, to safe, stable, and affordable housing, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. All project applicants must be knowledgeable of and comply with fair Housing and civil rights laws, including, as applicable, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, and HUD’s Equal Access Rule (24 CFR 5.105(a)(2)). IIF Navigators and Homeless Housing Providers must provide individuals and families with information, in writing, on their rights and remedies under applicable federal, state, and local fair housing and civil rights laws. A Fair Housing training will be provided to CoC membership on a once annual basis.

Housing First- Housing First is an approach to connect individuals and families experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing-focused Interventions- The system is designed to help those in a housing crisis achieve and maintain stable, permanent housing. At every point in the service delivery system, engagement with service providers should focus on supporting housing-focused interventions and activities which mitigate future housing instability, including but not limited to connections to healthcare and behavioral health support, case management, employment,
income, and benefits. Ref: Housing First/Housing Focused Policy/ Progressive Engagement Procedures

Problem-solving and Accountability- CoC projects should emphasize engagement and problem-solving over therapeutic goals and should strive to ensure all avenues are explored before exiting a household to homelessness. Case conferencing is mandatory prior to exiting a household to homelessness or when a household is facing eviction.

Community-wide Homeless Response- Systems thinking and collaborative effort are critical to an effective homeless response and may require organizations to shift their philosophy, policies and practices, and the way resources are utilized. CoC-funded projects are to be considered partners in the local "homeless ecosystem" and will thus be aligned with locally defined priorities and work in close partnership and share intellectual, financial, and human resources with other providers to best meet client needs, and drive systems change. To that end, all funded projects must also accept all client referrals from the Coordinated Entry By Name List and will participate in regular case conferencing meetings to best prioritize resources to those most vulnerable in the community. CoC funds will only be allocated to Supportive Services Only Projects for Coordinated Entry (SSO-CE) which are aligned with community priorities and serve the community as a whole.

Data-driven Decision-making- Collecting data, analyzing it, and basing decisions on insights derived from the information. This process contrasts sharply with making decisions based on gut feeling, instinct, tradition, or theory. The quality and viability of projects will be evaluated on their individual performance as well as their ability to improve system performance for the whole Continuum. Ref: HUD System Performance Measures

Learning as a Cultural Practice- Curiosity is valued. Stakeholders both seek, share, and apply new knowledge, and are engaged in on-going dialogue and educational opportunities. Programs will be focused on innovation.

Client-centered and Strengths-based Approaches- Every effort is made to meet households in need of services “where they are” in a non-authoritative, accessible, and culturally appropriate way. Client voices and perspectives are centered in decision-making. Services are client-directed in that each household is supported with the appropriate level of assistance to empower them to arrive at their own, self-determined solutions. Clients will be offered choice in housing type and location and funded projects will adhere, to the geographic mobility requirements of HUD funding, and where possible, across all jurisdictions within the MO-604 CoC. It is also strongly recommended programs house individuals in adjacent communities when it is feasible to do so should a household determine another location would better suit its needs.

Nimble Responsiveness and Flexibility- The system is governed by a body afforded the flexibility to be decisive and react to changes in the environment in a strategic and timely fashion. When appropriate, participating programs should leverage tools and
waivers to eliminate unnecessary processes and paperwork to maximize efficient service delivery. Wherever possible, programs that serve vulnerable households regardless of family size or composition will be prioritized for CoC funding.

**COC PROJECT TECHNICAL PARTICIPATION REQUIREMENTS**

Committee/Workgroup/Membership Meeting Participation- CoC project applicants will designate a minimum of one staff person to actively participate in a committee or workgroup and to attend monthly CoC membership meetings.

Coordinated Entry Participation- Without exception, all CoC funded projects are required to accept all housing referrals from the community By-Name List. In addition, project applicants must participate in Housing Solutions (case conferencing) meetings, be prepared to provide timely and accurate reports on clients’ housing status, and accurately update client data in HMIS/Comparable Database. Ref: CE Attendance Policy/ CE Referral Policy

Designated point person for Housing Solutions meetings- Referral and case conferencing meetings are of critical importance to ensure households are obtain permanent housing as quickly and efficiently as possible. For this reason, it is mandatory that a point person with real time knowledge of the clients in the program be designated to attend housing-related meetings for each CoC-funded project.

Designated point person for HMIS user group- Data capture, analysis, and reporting are critical components of an effective homeless response. For this reason, CoC-funded projects must dedicate a minimum of one person to be responsible for data accuracy, timeliness, and completion and for transfer of HMIS-related knowledge within the agency.

Point-in-Time Count Participation (HIC/Street Count)- CoC project applicants will be required to report accurate data for the annual Housing Inventory Count and designate a minimum of one staff person to volunteer the day of the street count.

Monitoring and Evaluation- Project performance will be monitored by CoC Lead Agency staff on a once annual basis. Ref: Performance scorecards, Monitoring Packet

_________________________________________         _______________________________________________
Agency/Program Name                                                                 Agency Administrator Name and Job Title

_____________________________________________________________         ___________________________
Agency Administrator Signature                                                                 Date

_________________________________________         _______________________________________________
MO-604 Jackson/Wyandotte County Continuum of Care                       FY22-23 NOFA Applicant Agreement
GKCCEH Board-approved 8/16/21
1. What project component are you applying for?
   - [ ] Permanent Supportive Housing (PSH)
   - [ ] Rapid Re-housing (RRH)
   - [ ] Joint Transitional/Rapid Re-housing (TH-RRH)
   - [ ] Supportive Service for CE (SSO-CE)

2. Who is your agency authorized eSNAPS user (user who submits CoC Project Application in eSNAPS).
   Please include the name and email formatted as follows: [[First Last- email]]
   - no answer-

3. Total CoC funds requested for this project
   $1,442,967

4. What is the proposed number of beds in this project?
   94

5. Is the renewal project part of an expansion or consolidation?
   - [ ] Yes
   - [x] No
6. GENERAL DESCRIPTION: Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. Please also describe your organization's capacity to administer the project. [7.5 pts]

Please discuss: target population(s), specific services to be provided, projected outcomes, coordination with partners, how the project meets community needs in its service area, and your organization's capacity to administer the project.

This agency is a Permanent Supportive Housing (PSH) project that supports adults and their family members experiencing homelessness to obtain stable housing. This agency strives to move participants into comfortable housing with suitable property owners based on their preferences as quickly as possible. In order to do so, it master leases 82 one-bedroom, 3 two-bedroom, and 2 three-bedroom apartments. Housing locators identify appropriate property owners to house participants from the Coordinated Entry System (CES) by-name list. Temporary placement in hotels can be used while waiting for placement and/or during inclement weather. All participants of this program meet HUD's criteria of having a disabling condition. In addition, the program employs the Housing First model, stabilizing participants without preconditions or requirements and offers in-home, recovery-oriented care based on participant choice.

Multidisciplinary support is offered through this agency's adult community-based outpatient programs which provide case management, therapy, psychiatry, and substance use treatment. Participants in the project are offered layered, evidence-based, community behavioral health services, including (1) strengths based case management (SBCM), (2) individual and group therapy, (3) medication management, (4) psychiatric services, (5) integrated peer services (6) in-home housing support, and (7) integrated employment services. Additionally, staff supports all participants interested in applying for Social Security by using the SI/SSDI Outreach, Access, and Recovery (SOAR) model. The in-house Center for Trauma Informed Innovation (CTII) is recognized regionally for innovative treatment and trauma-informed care (TIC). The extensive work around trauma, including an understanding of the historical trauma of racism, permeates the services provided by all programs.

7. Describe how the project provides evidence-informed programming and resources so participants may meaningfully engage in the following: 1) opportunities for personal growth; 2) opportunities to work or volunteer in the community; 3) opportunities to work or volunteer at your agency; and 4) developing relationships and connections to their community. [5 points]

1) PERSONAL GROWTH: This agency's adult community outpatient programs utilize SBCM, an evidence-based practice which is centered on the idea that all people and environments have inherent strengths and that individuals are the best experts on their lives; treatment is centered on personal goals. Consistent with other practices based on choice, this program uses Motivational Interviewing (MI), an evidence-based model, that helps clients focus on internal motivation to initiate change in pursuit of personal goal achievement. Staff also use Integrated Treatment for Co-occurring Disorders (ITCD) to support participants with co-occurring mental health and substance use diagnoses emphasizing incremental change.

2) COMMUNITY WORK/VOLUNTEER: This program integrates the agency's supported employment program within the project. The supported employment program is based on the Individual Placement and Support (IPS) model, an evidenced-based practice designed for individuals with mental illness. Employment specialists (ES) support clients by developing relationships with employers and by walking with them in finding gainful employment in the community. Because of this agency's continued focus on employment, the number of participants who were employed went from 0% in Fiscal Year (FY) 2020 to 12.5% in FY 2021.
3) AGENCY WORK/VOLUNTEER: In addition, utilizing the IPS model, ES support program participants in gaining employment with the large agency system in jobs of their choosing. In-house employment opportunities can include paid participation in the Kitchen Assistant Training (KAT) program, a 12-week program for individuals to learn food service industry skills. Case management, health navigation, peer support, environmental services and working in the age onsite café which serves staff, clients, and the public.

4) COMMUNITY CONNECTIONS/RELATIONSHIPS: Finally, our services approach is based on the understanding that individuals build resilience and recovery through connection with their friends, family, co-workers and other natural supports. To accomplish this, we utilize the SBCM model, which emphasizes connecting clients to their community rather than over-engagement with clinical staff while also building recovery on current relationships with family and friends. The program is grounded in the Housing First model, which centers community integration and choice providing participants with instant connection to housing options in their established community.

8. Does the proposed project leverage funding for housing or rent outside of the CoC or ESG programs to provide housing for the proposed project? If so, please state the percent of units in this application that will leverage housing funding outside of CoC or ESG. Examples include private funding for participants’ rent, Public Housing Agency project-based vouchers, state or local government funding, HOME funding, or other federal programs outside of ESG or CoC. (This is a HUD priority for FY22). [5 points]
   If this is not applicable, please type “N/A”.

   This agency is the Lead Referral Agency (LRA) for two Low Income Tax Credit (LIHTC) projects through which Housing Authority of Kansas City (HAKC) dollars are leveraged and has a formal partnership with HAKC as the service provider for one Project Based Section 8 program. Through a partnering agency, our agency receives Supportive Community Living (SCL) funds to provide rental subsidy support to be competitive in gaining housing for participants quickly in light of recent Fair Market Rent (FMR) increases. SCL is also utilized for respite and as a strategy for successful program exit. Also through a partnering agency, Rental Assistance Program (RAP) funding provides support for rent, utilities, and other items needed to support housing stability. We have access to Family Unification Program (FUP) vouchers, connecting women with children in the child welfare system to housing resources. All above mentioned funding is available to 100% of project participants as needed and appropriate.

9. Describe how this project leverages the healthcare system to ensure equitable access to medical and behavioral health services that promote participants’ well-being and successful housing outcomes. Examples include direct contributions from a public or private health insurance provider for the project or the provision of health care services by a private or public organization (including substance abuse services for all program participants that want to participate). If so, please provide the dollar value of the leveraged healthcare resources. (This is a HUD priority for FY22). [2.5 points]
   If this is not applicable, please type “N/A”.

   This agency is LARGE ORGANIZATION. Thus, leveraging this amount of services available, Our participants have easy, direct, and immediate access to the enormous array of healthcare treatment provided by the agency. Primary and specialty care is available through the agency and its clinic system, including HIV treatment, sickle cell disorders, a designated clinic for the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community, eye care, dermatology, surgery, and other specialty clinics. The agency's emergency department stands ready at any time to serve participants who are experiencing physical and behavioral health emergencies. Participants with mental health and/or substance use issues
have access to and are regularly offered the vast selection of community-based mental health services available through the agency including psychiatry, therapy, regionally renowned substance use treatment, and case management.

Further, the agency recently partnered with the Corporation for Supportive Housing (CSH) and the University of Missouri - Kansas City (UMKC) to highlight how utilizing housing as a healthcare intervention reduces costs for healthcare systems and increases outcomes for housing program participants. The report compared client healthcare utilization solely within the agency health system one year before entering housing with that in the year after. Notably, the study showed a decrease in emergency care utilization charges by 63% and an increase in outpatient and preventative care by 116%. On average, each participant utilized $991.25 worth of healthcare services in the year prior to housing and $1,210.83 per person the year after.

10. Indicate, for each type of healthcare listed below, whether your program: 1. Assists persons experiencing homelessness with enrolling in health insurance 2. Assists persons experiencing homelessness with utilizing health insurance [2.5 points]
   If not applicable, leave blank.
   - Public Health Care Benefits: Assist with Enrolling
   - Private Insurance: Assist with Enrolling
   - Non-Profit, Philanthropic Benefits: Assist with Enrolling
   - Other: Assist with Enrolling
   - Public Health Care Benefits: Assist with Utilizing
   - Private Insurance: Assist with Utilizing
   - Non-Profit, Philanthropic Benefits: Assist with Utilizing
   - Other: Assist with Utilizing

11. HUD increasingly relies on data-driven performance to evaluate success. CoC’s submit system performance measures each year to demonstrate community-wide performance. Describe project strategies to contribute to the CoC’s success for the following: [7.5 points]
   a. Ensure program participants are successfully exiting to and maintaining permanent housing
   b. Ensure program participants do not return to homelessness
   c. Ensure jobs and income growth for homeless persons in CoC-program funded projects
   The project and agency use the fidelity monitoring tool of the SBCM model to guide staff in providing high-quality case management and housing support to ensure client success in maintaining permanent housing and a successful exit from the program based on choice (a). The project has developed a housing scoring system based on client feedback, housing unit amenities, and housing unit environment (a, b). Referring to it as “housing rounding,” the practice involves physically presenting to the participants’ home (with their permission) and eliciting feedback on the conditions of the home, the community environment, and the services provided. That information is then scored and tracked. It is used to ensure there is consistent quality among the housing units utilized by the project (while keeping in mind the impact of historical redlining in Kansas City) and to provide context for service delivery to improve program retention and exit outcomes (a, b).

The project staff track the number of physical moves a client makes while in the program. This data is utilized to inform the amount and type of services that could benefit a participant and how often they are
offered to the participant (a, b). The staff consistently monitor the Annual Performance Report (APR) data from CaseWorthy. The project endeavors to run the APR data monthly, with a focus on the resources the project participants have acquired (e.g., income, insurance, mainstream benefits) in order to tailor services to each individual client to promote housing success and increased income (a, b, c).

This project continues to focus on the goal of improving employment and income growth for participants. The housing team's staff members work with project participants to apply for Supplemental Securing Income/Social Security Disability Insurance (SSI/SSDI) (c). Staff members trained in SOAR are embedded within the project team, and the agency's supportive housing team members meet weekly with an in-house employment specialist to development deep strategies to support participants in obtaining employment of their choosing. The agency employs three regional SOAR leaders with extensive experience and expertise who provide real-time training and support to the staff and project participants (c).

12. How does your agency systematically provide information to staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect participants? [2.5 points]
The project uses a multi-level communication plan to ensure that project staff are alerted to changes and updates regarding mainstream benefits and program changes. At a corporate level, there are financial counselors present in each department that have direct access to the state's Medicaid program enrollment system. As changes are made, the organization gets immediate notification.

The project team gathers daily for a team huddle to receive up-to-date information, including information regarding changes to mainstream benefits. Individual direct service staff receive weekly supervision from their team leader.

Weekly, there is a management huddle on Thursday mornings in which managers from across the agency gather virtually to share client success stories, program-level updates, and organizational updates from agency leadership. Agency supportive housing program managers disseminate this information during their team meetings.

The senior director of the supportive housing program participates in multiple community and statewide groups related to housing and other mainstream benefits, through which he keeps a pulse of changes in mainstream benefits and communicates this in weekly supervision with agency supportive housing associate directors.

As changes to benefits and eligibility requirements are understood, these changes are noted in a centralized list of resources available within the agency. In addition to the above methods, all staff are then notified via email of the changes and how this impacts those they serve.

13. Will the project screen out participants based on the following items? Select all that apply. [2.5 points]
- [ ] Having too little income
- [ ] Active or history of substance use
- [ ] Having a criminal record
- [ ] History of victimization (e.g. DV, sexual assault, child abuse)
- [X] None of the above
14. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply. [2.5 points]

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Any other activity not covered in the lease agreement
- All of the above

15. Describe at least two steps your agency has taken to ensure traditionally marginalized populations are able to participate in the planning and implementation of this project in meaningful ways. [7.5 points]

Participant involvement is paramount to the planning and implementation of the project and is achieved through various means. (1) First, staff organize focus groups several times a year to gather information to evaluate program effectiveness and facilitate service improvement. Face-to-face information gathering is complemented by monthly organizational surveys given to individuals to collect information for programming enhancement and future planning. (2) Second, there are two adult advisory boards within the agency that provide direction to the services provided by the agency. The boards also provide a forum for participants to propose ideas and help drive the overall planning of project and the agency's housing. Other opportunities to engage with peers to impact service provision and improvement include peer-led focus groups at clustered residential settings and direct engagement with property owners. (3) Finally, people with lived experience of behavioral health issues comprise 60% of the project team. With histories of addiction and/or mental health diagnosis, project staff are equipped to share their firsthand experiences when appropriate, providing support, advocacy, and diverse perspectives.

16. Racial Equity Self-Assessment: Check all that apply to your organization and its leadership.

*Note: Please upload on the attachments tab web links (provided in a document in .pdf format) or other documents as examples to demonstrate three ways your organization has incorporated the racial equity principles below.* [5 points]

- Courageous leadership that is consistent about applying a racial equity lens
- Understanding of power and privilege
- Understanding of the social, environmental, and structural determinants of racial and ethnic inequity
- Hiring to address racial and ethnic inequities, prioritizing the hiring of employees who represent communities of color, immigrants, and refugees
- Knowledge of the community served (can be developed by building and maintaining authentic relationships with communities of color, staff representative of the population(s) served, analysis of community-driven data, etc.)
- A structure that supports authentic community partnerships that are empowering and more fluid than hierarchical
- Inclusive and culturally responsive internal communications
- Institutional support for innovation
- The organization has made a public commitment to racial equity.
- The organization has a mission statement that incorporates the term equity.
- The organization collects the racial, ethnic, and linguistic makeup of its board.
Materials are visibly posted at our location in languages other than English.
The organization collects the racial, ethnic, and linguistic makeup of your staff.
Written procedures are in place to increase the recruitment, retention, and promotion of people of color or persons with homeless experience.
Racial equity and cultural competency training(s) are made available to staff.
The organization has formal partnerships with organizations led by people of color.

Budget

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<tr>
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<th>Total Assistance Requested</th>
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<td>Leased Structures</td>
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<td>Admin (up to 10%)</td>
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<td><strong>Total</strong></td>
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Documents

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 414853
# 2022 Continuum of Care NOFO Competition Tier Listing

**TOTAL FY22 NOFO Funding Request $17,583,423**

## TIER 1

<table>
<thead>
<tr>
<th>RANK</th>
<th>PROJECT TYPE</th>
<th>ORGANIZATION</th>
<th>PROJECT NAME</th>
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IMPORTANT: 2022 NOFO Preliminary Tier Listing

Pre header CoC Projects Recommended for Funding

From name GKCCEH Staff

Sent September 12th 2022 at 2:04 pm CDT

From Address admin@gkceh.org

Reply to address admin@gkceh.org

Lists Membership

Email link https://conta.cc/3dSU08r

Resend to Non-Openers Sent on September 14th 2022 at 2:00 pm CDT

Social Share
Share your campaign with fans and followers across all your social networks.

IMPORTANT: 2022 NOFO Preliminary Tier*https://conta.cc/3dSU08r

Posted Sep 12, 2022 at 2:11 PM CDT

44 Impressions • 40 Reach • 2 Engagements
HUD's 2022 CoC Grant Competition for Funds Related to Housing and Homelessness is Officially Open.

GKCCEH received notice on Aug. 1 that HUD's CoC Funding Competition is open. The U.S. Department of Housing and Urban Development (HUD) has announced its Notice of Funding Opportunity (NOFO) and it's time to start getting your applications together!

2022 NOFO Preliminary Tier Listing
2022 NOFO Final Tier Listing

Basic Information:

1. Ending homelessness for all persons
2. Using a Housing First approach
3. Reducing Unsheltered Homelessness
4. Improving System Performance
5. Partnering with Housing, Health, and Service Agencies
6. Racial Equity
7. Improving Assistance to LGBTQ+ individuals
8. Persons with Lived Experience
9. Increasing Affordable Housing Supply

Be sure to read the NOFO in its entirety.

Click here to view the 2022 NOFO Competition Applicant Materials.

2022 NOFO Timeline Updated 8/19/2022

Final Submission Deadline: September 30, 2022
# 2022 COC Competition - NEW PROJECTS
Greater Kansas City Coalition to End Homelessness

No funds are available. Please enter an opening balance.

## Scoring Report

Report Type: Grand Totals Only (anonymous)

Click on column title to sort by that column. Click again to reverse the order.

Individual question score averages are calculated by adding all existing scores for the question, and dividing by the number of existing scores. Committee Score is a total, calculated by adding the individual question averages. Rounding errors could exist.

Average Recommend only includes a recommended amount if the reviewer voted to Approve the application.

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<tr>
<th>Organization Name Application Title</th>
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<th>Trial Decision</th>
<th>Trial Amount</th>
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# 2022 Continuum of Care NOFO Competition Tier Listing

**TOTAL FY22 NOFO Funding Request $17,583,423**

## TIER 1

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NOFO Funding Update (Tier Listing)

Subject: IMPORTANT: 2022 NOFO Preliminary Tier Listing
Pre header: CoC Projects Recommended for Funding
From name: GKCCEH Staff
Sent: September 12th 2022 at 2:04 pm CDT
From Address: admin@gkceh.org
Reply to address: admin@gkceh.org
Lists: Membership
Email link: https://conta.cc/3dSU08r
Resend to Non-Openers: Sent on September 14th 2022 at 2:00 pm CDT

Social Share
Share your campaign with fans and followers across all your social networks.

IMPORTANT: 2022 NOFO Preliminary Tier*https://conta.cc/3dSU08r

Posted: Posted Sep 12, 2022 at 2:11 PM CDT
44 Impressions • 40 Reach • 2 Engagements
HUD's 2022 CoC Grant Competition for Funds Related to Housing and Homelessness is Officially Open.

GKCEH received notice on Aug. 1 that HUD's CoC Funding Competition is open. The U.S. Department of Housing and Urban Development (HUD) has announced its Notice of Funding Opportunity (NOFO) and it's time to start getting your applications together!

2022 NOFO Preliminary Tier Listing
2022 NOFO Final Tier Listing

Basic Information:

1. Ending homelessness for all persons
2. Using a Housing First approach
3. Reducing Unsheltered Homelessness
4. Improving System Performance
5. Partnering with Housing, Health, and Service Agencies
6. Racial Equity
7. Improving Assistance to LGBTQ+ individuals
8. Persons with Lived Experience
9. Increasing Affordable Housing Supply

Be sure to read the NOFO in its entirety.

Click here to view the 2022 NOFO Competition Applicant Materials.

2022 NOFO Timeline Updated 8/19/2022

Final Submission Deadline: September 30, 2022
### 2022 CoC Competition - RENEWAL Project

**Applications**

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**Total: $9,068,716.05**

**Available Deadline: 8/31/2022**
## 2022 CoC Competition - RENEWAL Project
Greater Kansas City Coalition to End Homelessness

No funds are available. Please enter an opening balance.

### Scoring Report

Report Generated 9/26/2022 1:55:08 PM for Marqueia Watson

**Report Type** Grand Totals Only (anonymous)

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*Click on column title to sort by that column. Click again to reverse the order.*

*Individual question score averages are calculated by adding all existing scores for the question, and dividing by the number of existing scores.*

*Committee Score is a total, calculated by adding the individual question averages. Rounding errors could exist.*

*Average Recommend only includes a recommended amount if the reviewer voted to Approve the application.*

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Remaining

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- $0.00
- $0.00*

*$ Trial Amounts from other status groups
2022 CoC Competition - NEW Projects
Greater Kansas City Coalition to End Homelessness

No funds are available. Please enter an opening balance.

Scoring Report
Report Generated 9/26/2022 1:58:42 PM for Marqua Watson

Click on column title to sort by that column. Click again to reverse the order.

Individual question score averages are calculated by adding all existing scores for the question, and dividing by the number of existing scores.
Committee Score is a total, calculated by adding the individual question averages. Rounding errors could exist.
Average Recommend only includes a recommended amount if the reviewer voted to Approve the application.

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- $799,367.83

$-799,367.83

Remaining

* Trial Amounts from other status groups
# 2022 Continuum of Care NOFO Competition Tier Listing

## TOTAL FY22 NOFO Funding Request $17,583,423

### TIER 1

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**Tier 1 TOTAL**: $15,177,868.00

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**Tier 2 TOTAL**: $1,597,670.00

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**DV Bonus TOTAL**: $807,885.00

**Remaining Funds**: $40,017.00

**TOTAL FY22 NOFO Funding Request**: $17,583,423.00

### PROJECTS NOT SELECTED

| X     | TH-RRH | Benilde Hall | Benilde Hall Transitional-Rapid Rehousing Project | $100,000.00 |
| X     | SSO    | Hope Faith Homeless Assistance Campus | Hope Faith Campus Coordinated Entry 2022/23 | $250,000.00 |
| X     | RRH    | Community Services League | Rapid Rehousing People First | $244,895.00 |

**TOTAL**: $594,895.00

**NOTES:**
1. *Projects 17 and 31 in this ranking were awarded expansion funds through voluntary reallocation from the project to be expanded.
2. New projects are shaded blue.

GKCCEH Board Approved 9/13/22
Memorandum of Understanding
Between
Housing Authority of Kansas City
And
Missouri Department of Mental Health

This constitutes a memorandum of understanding between the Housing Authority of Kansas City, Missouri (HAKC), a municipal corporation, and the Missouri Department of Mental Health (DMH).

The purpose of this agreement is for HAKC and DMH to partner on an ongoing basis to identify people who are no longer in need of housing services funded within the Shelter Plus Care program(s), but are deemed stable and ready to “move on” to a Mainstream voucher or Non-elderly Disabled voucher (NED) with the HAKC.

HAKC has been allocated Mainstream and NED housing vouchers through the U.S. Department of Housing & Urban Development (HUD) and HAKC agrees to transition current, stably housed, tenants from the DMH’s Shelter Plus Care’s program(s).

Role of DMH:
1. DMH will maintain working knowledge of the HAKC Administrative Plan and policies.

2. Identify potential tenants that are ready to “move on” as evidenced by:
   a. Housing Stability – residing in an assisted unit for two years or more and has a decreased need for supportive services;
   b. Income
   c. Disability

3. Assist the identified tenant with the application process online.

4. Scan and securely email HAKC on behalf of the tenant the following:
   a. Photo ID
   b. Social Security Card
   c. Birth Certificate
   d. Income documents
   e. Disability verification

5. Transition in place: Eligible applicant is currently residing in the unit for which rental subsidy may continue to be provided after the transition to the Mainstream or NED voucher; the unit must pass Housing Quality Standards, Payment Standards and all other standards required for housing for participant. If a tenant does not transition in place and is moving to a newly identified unit, DMH’s housing program will provide up to one month’s rent in the new unit.

6. Liaison between the tenant and the HAKC to ensure smooth transition from DMH’s program(s) to a Mainstream or NED voucher. DMH will follow-up with HAKC processing staff to check the status of all referrals. If client does not proceed with processing at HAKC, then DMH will refer another client if possible.
7. Communicate with HAKC regarding the transition of the tenant from DMH’s program(s) to a Mainstream NED voucher.

8. Will provide point of contact information for the service provider should the tenant have issues with their housing or connect with services. (This is a mediator role with goals of: eviction prevention, program termination, etc.).

Role of HAKC:
1. Process application for approval of Mainstream and NED applicants referred by DMH’s Shelter Plus Care program(s).

2. Provide individual orientation sessions for each program participant once they have been referred/approved to the program. HAKC will give each program participant and their case manager an overview of how the program operates during the orientation session.

3. HAKC will provide each program participant with a Briefing Packet containing relevant program information.

4. HAKC will conduct Housing Quality Standards (HQS) inspections. HAKC may delegate the performance of the HQS inspection to a qualified inspector employed by the contracted processing centers for DMH, specifically Kim Wilson Housing, Inc. and SAVE, Inc. The inspector will submit the completed inspection to HAKC.

5. HAKC will communicate with DMH’s program(s) when Mainstream or NED vouchers are available.

6. HAKC will conduct criminal background checks for purposes of program eligibility only. The HAKC will not screened the family’s behavior or suitability for tenancy. Such screening is the owner’s responsibility.

7. HAKC will notify DMH and/or their designee once client is transitioned to mainstream voucher to ensure a double payment is not received during the transition period.

[NOTE that HAKC does not provide support services.]

All parties agree to protect the confidentiality of program participants and not disclose any HIPAA protected information including client name and/or reasons for referral.

All parties agree to join in this agreement and to abide that the provisions stated above and shall be effective on January 1, 2021 and continue be effective until terminated.
Termination for Convenience
DMH or HAKC may, at any time upon fifteen (15) days written notice to the other party specifying the effective date of termination, terminate this MOU, in whole or in part.

Edwin Lowndes  Date  12/8/2020
HAKC Executive Director

Kelli Kemna  Date  12/7/2020
DMH Housing Director
Healthcare Formal Agreement

MEMORANDUM OF UNDERSTANDING
BETWEEN
Crosslines Community Outreach
AND
Wyandot Center for Behavioral Healthcare, Inc. / Kim Wilson Housing, Inc.

This MEMORANDUM OF UNDERSTANDING is hereby made and entered into by and between Wyandot Center for Behavioral Healthcare, Inc. (Wyandot Center) and subsidiaries including Kim Wilson Housing, Inc. (KWH) and Crosslines Community Outreach (Crosslines). This document sets forth the intentions, roles and terms under which both parties agree to operate/manager the collaboration.

A. PURPOSE AND SCOPE:

Crosslines will enter into this memorandum of understanding for the purpose of better coordinating the services each provide to homeless individuals of Kansas City, Kansas. By working together, Crosslines and Wyandot Center/KWH strive to effectively & efficiently address the needs of homeless individuals. Crosslines will coordinate and connect homeless individuals to community supportive services, including behavioral health services. The program promotes transitional living by providing education, action plan, and accountability to end homelessness. Wyandot Center is the designated Community Mental Health Center in Wyandotte County and a Certified Community Behavioral Health Clinic (CCBHC) which provides expanded access to mental health services, including crisis intervention.

B. ROLES AND RESPONSIBILITIES:

a. Crosslines SHALL:
   Maintain communication between the two agencies for program referrals to supportive resources and community outreach & projects to end homelessness.
   Refer individuals who express need and interest to Wyandot Center for behavioral health services.
   Comply with all applicable federal and state confidentiality and privacy requirements, including HIPAA
   Designate a point of contact throughout the term of this MOU to maintain open communication and resolve any challenges or disputes.

b. Wyandot Center and KWH SHALL:
   Receive referrals from Crosslines for individuals who present at CROSSLINES with elevated symptoms or symptoms identified by the individual as a target for change.
Maintain communication between the two agencies for referrals to supportive resources and community outreach & projects to end homelessness.

Designate a point of contact throughout the term of the MOU to maintain open communication and resolve any challenges or disputes.

C. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

Provide training and orientation on the collaboration for all new staff at each agency.

1. MODIFICATION OR TERMINATION. The Memorandum of Understanding may be modified, revised, extended, or renewed by mutual written consent of all parties, by the issuance of a written amendment, signed and dated by all parties prior to any changes being performed.

Any party of the Memorandum of Understanding may terminate their participation in this Memorandum of Understanding by giving a 30-day written notice of intent to terminate to each of the participating parties. **Programming may be required to continue by either or both parties for previously engaged participants, if specified in above part C.

2. PARTICIPATION IN SIMILAR ACTIVITIES. This agreement in no way restricts Crosslines or Wyandot Center/KWH from participating in similar activities with other public or private agencies, organizations, and individuals.

3. PRINCIPAL CONTACTS. The principal contacts for this instrument are:

   Wyandot Center/KWH:
   Rachel Erpelding, Executive Director 913-288-4207
   
   Crosslines:
   Rob Sanel, Director of Programs 913-281-3388

4. NON-FUND OBLIGATING DOCUMENT. This agreement is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this agreement will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate agency authority. This agreement does not provide such authority. Each party shall be fiscally responsible for their own portion work performed under the Memorandum of Understanding.

5. CONFIDENTIALITY NON DISCLOSURE.

   a. For purposes of this Agreement, "Confidential Information" shall mean any and all non-public information, including, without limitation, technical, developmental, marketing, sales, operating, performance, cost, know-how, business plans, business methods, and process information,
disclosed to the Recipient. For convenience, the Disclosing Party may, but is not required to, mark written Confidential Information with the legend "Confidential" or an equivalent designation.

b. All Confidential Information disclosed to the Recipient will be used solely for the MOU Purpose and for no other purpose whatsoever. The Recipient agrees to keep the Disclosing Party's Confidential Information confidential and to protect the confidentiality of such Confidential Information with the same degree of care with which it protects the confidentiality of its own confidential information, but in no event with less than a reasonable degree of care. Recipient may disclose Confidential Information only to its employees, agents, consultants and contractors on a need-to-know basis, and only if such employees, agents, consultants and contractors have executed appropriate written agreements with Recipient sufficient to enable Recipient to enforce all the provisions of this Agreement. Recipient shall not make any copies of Disclosing Party's Confidential Information except as needed for the Programming Purpose. At the request of Disclosing Party, Recipient shall return to Disclosing Party all Confidential Information of Disclosing Party (including any copies thereof) or certify the destruction thereof.

c. The obligations and limitations set forth herein regarding Confidential Information shall not apply to information which is: (a) at any time in the public domain, other than by a breach on the part of the Recipient; or (b) at any time rightfully received from a third party which had the right to and transmits it to the Recipient without any obligation of confidentiality.

6. **COMPLIANCE.** The parties agree to be bound by applicable state and federal rules governing Equal Employment Opportunity, Non-Discrimination and Immigration as well as all other applicable laws.

7. **LIABILITIES.** It is understood that neither party to this Memorandum of Understanding is the agent of the other and neither is liable for the wrongful acts or negligence of the other. Each party shall be responsible for its negligent acts or omissions and those of its officers, employees, agents or clients (if applicable), howsoever caused, to the extent allowed by their respective state laws.

8. **INSURANCE.** All parties agree to maintain Worker's Compensation and General Liability insurance for the duration of this Memorandum of Understanding and provide each other with certificates of insurance as proof prior to the initiation of activities.

9. **COMPLIANCE TO POLICIES.** All parties to this Memorandum of Understanding agree to abide by the safety and security when providing services at or visiting a collaborator's place of business. Applicable policies will be communicated to each party by the respective collaborators prior to the delivery of services or commencement of visitations.

10. **INTELLECTUAL PROPERTY.** All intellectual property brought by each party to the relationship under this Memorandum remains in the ownership of that party.

11. **DATA MANAGEMENT SHARING.** Pertinent data will be collected as specified in the roles and responsibilities section. This information will be shared between both parties at the following intervals: monthly
12. **BRAND AND LOGOS.** All parties agree not to use each other’s company brand or logo as part of a marketing campaign or included on any public facing media without the written consent and agreement of all parties involved.

13. **NON-BINDING MEMORANDUM OF UNDERSTANDING.** The Parties enter into this Memorandum of Understanding while wishing to maintain their own separate and unique missions and mandates, and their own accountabilities. Unless specifically provided otherwise, the cooperation among the Parties as outlined in this Memorandum of Understanding shall not be construed as a partnership or other type of legal entity or personality. Each Party shall accept full and sole responsibility for any and all expenses incurred by itself relating to this Memorandum of Understanding. Nothing in this Memorandum of Understanding shall be construed as superseding or interfering in any way with any agreements or contracts entered into among the Parties, either prior to or subsequent to the signing of this Memorandum of Understanding. Nothing in this Memorandum of Understanding shall be construed as an exclusive working relationship. The Parties specifically acknowledge that this Memorandum of Understanding is not an obligation of funds, nor does it constitute a legally binding commitment by any Party or create any rights in any third party.

14. **COMMENCEMENT/EXPIRATION DATE.** This agreement is executed as of the date of last signature and is effective through September 30, 2025 at which time it will expire unless extended by both parties in writing.

15. **SIGNATURES:** We, the undersigned, confirm that we are ready, willing and able to participate in this Memorandum of Understanding. We have read and agreed to the above terms.

August 29, 2022
Susan Jones
Executive Director

August 29, 2022
Christine Swenson
Senior Vice President/Executive Director

[Signature] CROSSLINES Representative Signature

[Signature] Wyandot Center/RWH Representative Signature