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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1A-1. CoC Name and Number: LA-506 - Slidell/Southeast Louisiana CoC

1A-2. Collaborative Applicant Name: Northlake Homeless Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Northlake Homeless Coalition

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2022 to April 30, 2023:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes	
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes	
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes	
19.	Other homeless subpopulation advocates	Yes	Yes	Yes	
20.	Public Housing Authorities	Yes	Yes	Yes	
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes	
22.	Street Outreach Team(s)	Yes	Yes	Yes	
23.	Substance Abuse Advocates	Yes	Yes	Yes	
24.	Substance Abuse Service Organizations	Yes	Yes	Yes	
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes	
26.	Victim Service Providers	Yes	Yes	Yes	
27.	Domestic Violence Advocates	Yes	Yes	Yes	
28.	Other Victim Service Organizations	Yes	Yes	Yes	
29.	State Domestic Violence Coalition	Yes	Yes	Yes	
30.	State Sexual Assault Coalition	Yes	Yes	Yes	
31.	Youth Advocates	Yes	Yes	Yes	
32.	Youth Homeless Organizations	Yes	Yes	Yes	
33.	Youth Service Providers	Yes	Yes	Yes	
	Other: (limit 50 characters)				
34.					
35.					

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

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

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

(limit 2,500 characters)

1) The NHC Providers and Stakeholders Association meets on a bi-monthly basis, with meetings that are open to the public and advertised via public notices, on Facebook, on the website, the public mailing list comprised of 510 stakeholders, and at monthly social services meetings held throughout the region. At these social services meetings, including the St. Tammany Commission on Families, Bogalusa Strong and the Tangipahoa Social Services Coalition, the NHC invites all members of the community to attend the NHC PSA meetings as new members, to participate on committees and to be a part of the decision-making process. The NHC website has a page dedicated to the Providers and Stakeholders Association, https://northlakehomeless.org/?page_id=624, with the NHC PSA membership agreement available always. The governance charter is on the NHC website and outlines a transparent invitation process, specifically that new members are invited at all times via the membership form on the website and formally as a part of the NHC Annual Meeting. The NHC Annual Meeting is advertised in the Advocate newspaper and NHC also maintains a Facebook page to encourage community involvement. 2) Inclusivity is of utmost importance to the NHC – all meeting materials are made available in PDF via the website and the NHC uses language line to provide translations where necessary. 3) The NHC is a BIPOC-led organization at both the staff and board level and is working to address equity in a variety of ways, including outreach to BIPOC and LGBTQ-led organizations. The NHC Executive Director works with the Greater New Orleans Foundation (GNOF) to plan ongoing convening sof black-led organizations within the region to foster support for and provide opportunities for the Greater Together Racial Equity initiative funded by GNOF. NHC has also increased its membership to include Youth Oasis which serves as a youth and LGBTQ+ advocacy organization.

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

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

(limit 2,500 characters)

1.The NHC Providers and Stakeholders Association (PSA) meets bi-monthly. Meetings are open to the public and are advertised via public notices in the newspaper, on the website, via the mailing list comprised of 510 persons, and at monthly service provider meetings held within the region. Additionally, the NHC issues a public invitation for new members on an annual basis via the formats listed above (newspaper, website, mailing list, social service meetings prior to the Annual Meeting. From this membership, the CoC solicits direct expertise to achieve its mission. Local stakeholders provide opinions, participate and vote on CoC governance and policies that affect funding determinations, strategic planning, coordinated entry and ongoing development of the local crisis response system. The NHC Providers and Stakeholders Association participants also comprise the committees that carry out the work of the CoC. Prior to any approval of CoC policies and procedures, the NHC PSA and Lived Expertise Council are provided with proposed policies and procedures and a public comment period is established to ensure feedback from various stakeholders. Voting members of the NHC Providers and Stakeholders Association are responsible for voting on any changes to the NHC Bylaws and Governance Charter as well as electing persons to serve on the NHC Board. The only requirement for voting member status in the PSA is an interest in ending homelessness and completion of the membership agreement, which is available on the NHC website year-round, with new membership specifically solicited on an annual basis during the Annual Meeting as well prior to the Providers and Stakeholders Association meetings held bi-monthly. Voting members must disclose any conflicts of interest to better insure parity of community input. In May 2023, the NHC held a blue-ribbon board nominating committee to identify persons with passion and expertise to serve on the CoC board. Four new board members were identified using this process. 2.The NHC held a series of public listening sessions throughout the region to gather community feedback from stakeholders that may not traditionally participate in the NHC PSA meetings but are vital community partners. Surveys were distributed at three public listening sessions in August 2022 and were also sent electronically via the mailing list and posted to the NHC Facebook page. 3. Inclusivity is of utmost importance to the NHC – all meeting materials are made available in

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

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

(limit 2,500 characters)

1) The NHC notified the public that it would accept and consider proposals from all eligible organizations, including those that have not previously received CoC funding, beginning on August 2nd when it publicly announced the FY23 CoC Application Request for Proposals. 2) The NHC released two requests for Proposals in the FY23 Competition and posted the RFPs to the NHC website, on Facebook (5 posts), and with five emails sent to the NHC mailing list (August 2, August 10, August 16, August 22, August 29). The RFP states that eligible applicants are not required to have previously received CoC Program funding. The RFP and emails sent re. the RFP detailed how project applicants must submit their project applications. The NHC held two RFP information conferences, web conferences on August 16 and August 22 to respond to any questions respondents may have. The web conferences were advertised on the NHC website, on Facebook via the mailing list (August 16, August 22) and in the RFPs. 3) The RFPs detailed the scoring and evaluation process that would be used to determine which projects would be submitted to HUD for funding. The Community Evaluation Policy is also publicly available on our website. 4) The NHC strives for inclusivity in all processes; application materials are available in electronically accessible formats (PDF) on our website at https://northlakehomeless.org/?page_id=275. All proposals were required to be submitted electronically by email. The NHC plans to offer capacity-building technical assistance to organizations who have not previously applied for funding in February 2024.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
    - Frequently Asked Questions

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

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

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

18.		

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

		Describe in the field below how your CoC:
	1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
	2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
	3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
	4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1)The three consolidated plan jurisdictions in our region are the State of Louisiana, the City of Slidell and St. Tammany Parish. The NHC consulted with each of the three jurisdictions in planning and allocating ESG funds. The Louisiana Housing Corporation (LHC) is the statewide ESG recipient; The NHC participates in statewide quarterly Homeless Working Group meetings, which include all Louisiana CoCs and which develop and review performance measures for statewide ESG, including: number of people served by a given project; length of stay; and outreach efficacy. The LHC statewide ESG application process requires CoCs to provide approval regarding ESG activities requested in the geographic region. The NHC also consulted with the City of Slidell and St. Tammany Parish regarding which activities would best meet the needs of the CoC and identifying organizations who were most likely to have the capacity to implement ESG in an effective, cost-efficient way. 2) The NHC works closely with the Louisiana Housing Corporation (LHC), the statewide ESG recipient that conducts an annual monitoring process of all statewide ESG sub-recipients. NHC CoC staff contributed to developing project evaluation standards based on projects' system performance measures via the statewide homeless working group. Additionally, the NHC monitors ESG project performance via the Community Benchmarks Scorecard. The Community Benchmarks scorecard ties individual project performance to the system performance measures and is reviewed by the NHC on a quarterly basis at the system level and annually on the individual project level. 3) All the CoCs in Louisiana utilize the statewide HMIS implementation and produce an annual report with Point-in-Time and Housing Inventory Chart data available at https://public.tableau.com/app/profile/clay.boykin/viz/2020StatewidePIT/2020Louisiana Point-in-Time. This report is compiled by the statewide ESG recipient and is made available to the other CP jurisdictions in our geographic area. 4) NHC provided extensive information to the State of Louisiana, the City of Slidell and the Louisiana Housing Corporation regarding the homeless crisis response system, coordinated entry data, housing outcomes and gaps in housing and service needs.

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

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

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

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

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

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

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

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

(limit 2,500 characters)

The CoC has executed Coordinated Entry referral agreements with the local school districts to refer families experiencing homelesssness or at risk of homelessness to the Coordinated Entry system.

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

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

(limit 2,500 characters)

The NHC has adopted educational policies and procedures that specify the following CoC responsibilities: identifying children and young adults who are eligible for educational services; helping to ensure that all families with children and young adults who qualify are informed about their educational rights and their eligibility for educational services; attending relevant meetings and planning events held by local school districts; and ensuring that the local school districts' homeless liaisons are aware of the Coordinated Entry process for connecting homeless families to the homeless services system. Additionally, CoC and ESG funded agencies are responsible for designating a staff person charged with ensuring that program participants with children and young adults participating in their projects are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.

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

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

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

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

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

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

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

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

(limit 2,500 characters)

1. The CoC regularly collaborates with the Louisiana Coalition Against Domestic Violence (LCADV)-designated domestic violence agencies for the region, SAFE and Safe Harbor for consultation on creating and updating policies to ensure survivors of domestic violence are equitably represented in the CoC. The CoC meets with the DV providers on a twice-monthly basis to discuss policy, access to resources, and planning. The CoC maintains a separate coordinated entry system for Domestic Violence Survivors that can be accessed via regular coordinated entry access points or via the two domestic violence providers in the region. 15% of Non-VSP rapid rehousing program slots are allocated to DV survivors to ensure that survivors have equal opportunities to be selected for housing programs through our CE prioritization list. 2. The CoC offers training on Motivational Interviewing and Trauma Informed Care best practice models through the Providers and Stakeholders Association on an annual basis. Additional training resources regarding serving survivors are available year-round through LCADV. The outreach and coordinated entry programs utilize the trauma-informed care model throughout the outreach, assessment, and referral process.

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

	Describe in the field below how your CoC coordinates to provide training for:
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1) The NHC provides annual training to project staff through the Louisiana Coalition Against Domestic Violence (LCADV), the federally designated statewide coalition of victim services providers, in conjunction with the local DV providers SAFE and Safe Harbor, with the next training scheduled for March 2024. LCADV provides in-person training on implementing trauma informed and victim-centered best practices in serving survivors of domestic violence. Topics include trauma informed care, coordinated community responses to DV, advocacy services designed for children and parents together and for survivors who use drugs, opioid overdose prevention, federal confidentiality requirements, shelter services, legal advocacy, and standards of service. LCADV also provides online training on an ongoing basis open to all CoC area project staff for assisting survivors with disabilities, legislative advocacy, domestic violence dynamics, technology safety, domestic violence offender programming, and danger assessment. 2) The NHC provides training on an annual basis through LCADV for CE staff. Training focuses on implementing trauma-informed and victim-centered best practices. Topics include coordinated community responses to domestic violence, crisis call screening, and intake procedures including confidentiality protocols. The NHC Coordinated Entry safety planning protocols include conducting assessments at the DV shelter within the region to ensure access to CoC -funded programs, while minimizing any safety issues that may arise from clients attending other coordinated entry access points; allowing DV staff to submit assessments to the coordinated entry process without client identifying information to prioritize CoC resources for DV clients; referrals to DV providers (which have internal safety protocols in place) and not retaining DV survivor data in HMIS. All CE staff have been trained to utilize the Campbell Danger Assessment and conduct emergency safety planning.

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

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

(limit 2,500 characters)

1) The NHC maximizes client choice for housing/services while ensuring safety in the following ways: During the Coordinated Entry referral process, a participant may decline a housing provider's offer of housing without losing access to the CoC's prioritization list; once a participant accepts an offer of housing, they may decline any specific housing unit and cannot be penalized for doing so. This promotes client choice and ensures participants can prioritize their own safety during every stage of the process. The NHC's protocols prioritize safety and incorporate trauma-informed, victim-centered services through development of the emergency transfer plan (ETP) based on HUD's Model ETP and implemented in accordance with Violence Against Women Act requirements to ensure survivors of domestic violence, dating violence, sexual assault, and stalking (DV) are eligible to be transferred to another housing unit if they believe there is a threat of imminent harm from further violence if they remain in the housing unit or, for survivors of sexual assault, if the sexual assault occurred on the premises of their current housing unit within the previous 90 days. Survivors are not required to provide proof of a threat of imminent harm (police report, protection order etc.) or put any undue burden on the victim. Housing providers cannot refuse a participant's emergency transfer request if the participant meets the criteria listed above to prioritize restoring feelings of safety, choice, and control. CoC projects that serve survivors of DV are required to prioritize participant safety as well as track and report on increases self-reported safety. 2) To protect their confidentiality, DV survivors' personal information is kept in a comparable database until they accept a housing provider's offer of housing and sign a release, at which point their data is shared exclusively with that housing provider.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

The NHC uses de-identified aggregate data from HMIS-comparable databases operated by the DV providers in the region - Southeast Advocates for Family Empowerment (SAFE) and Safe Harbor, including the projects' assessments of their survivors' increased safety; through the Louisiana Coalition Against Domestic Violence (LCADV); from the Louisiana Department of Children and Family Services (DCFS)' Family Violence Prevention and Services Act (FVPSA) annual report; and LCADV's annual statewide needs assessment to assess the scope of community and specialized needs related to domestic violence, dating violence, sexual assault, and stalking. LCADV's needs assessment includes anonymous survivor surveys, survivor listening sessions, surveys of culturally specific service providers, and surveys of law enforcement and criminal justice entities. Through LCADV, the NHC also engages data from the Louisiana Domestic Violence Prevention Commission and the Louisiana Commission on Law Enforcement. The NHC uses de-identified aggregate data from DV projects' HMIS-comparable databases, including participant demographics (family size, gender identity, geographic location), to determine which participant populations need services and the level of services they require. The NHC also utilizes data from the coordinated entry system to provide region specific data regarding DV clients' needs. 2. All these data and assessments are incorporated into the larger community needs assessment to inform how services are currently being delivered and the gaps in services that need to be addressed. In our most recent assessment, the impacts of prolonged financial abuse and criminal felony records have been identified as significant housing barriers for DV survivors.

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

		Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
	1.	whether your CoC has policies and procedures that include an emergency transfer plan;
	2.	the process for individuals and families to request an emergency transfer; and
	3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1)The NHC has developed CoC-wide emergency transfer policies and procedures and protocols prioritize safety and incorporate trauma-informed, victim-centered based on HUD's Model emergency transfer plan (ETP) and implemented in accordance with Violence Against Women Act requirements to ensure survivors of domestic violence, dating violence, sexual assault, and stalking (DV) are eligible to be transferred to another housing unit if they believe there is a threat of imminent harm from further violence if they remain in the housing unit or, for survivors of sexual assault, if the sexual assault occurred on the premises of their current housing unit within the previous 90 days. Survivors are not required to provide proof of a threat of imminent harm (police report, protection order etc.) or put any undue burden on the victim. Housing providers cannot refuse a participant's emergency transfer request if the participant meets the criteria listed above to prioritize restoring feelings of safety, choice, and control. CoC projects that serve DV survivors are required to prioritize participant safety as well as track and report on increases self-reported safety. 3) NHC has provided training to all CoC and ESG-funded housing providers on the CoC ETP requirements and to provide all participants with a VAWA Notice of Occupancy Rights and to provide both participants and landlords with the VAWA Lease Addendum. If the housing provider does not have an available unit for emergency transfer, the provider must notify Coordinated Entry of the emergency transfer plan request within 3 business days so that the survivor can access other available housing options.

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

		Describe in the field below how your CoC:
	1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
	2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

Domestic Violence Survivors are integrated into the housing and services of the CoC through its Coordinated Access and Assessment System (CAAS). When a person presents for housing via the NHC CAAS hotline, at a CAAS community outreach location or to an outreach worker, the outreach navigator asks questions to determine whether that person is fleeing domestic violence (DV). If that person is determined to be fleeing DV, the Navigator offers to connect them to the appropriate victim service provider in the region so they can access emergency shelter, advocacy, safety planning, and/or peer counseling. The person fleeing domestic violence may choose whether to connect with a DV service provider. A DV Survivor may also access the CAAS system at each of the DV service providers within the region. CAAS operates a separate prioritization list for DV survivors in a comparable database to maintain confidentiality. 15% of Non-Victim Service Providers (VSP) RRH programs are allocated to DV survivors. Survivor information is only shared with a non-VSP provider once a housing placement has been offered and accepted by the survivor. The CoC actively partners with and seeks feedback from the two regional Victim Service Providers on its existing policies and the broader homeless response system specific to the needs of survivors of domestic violence and dating violence. The CAAS DV Committee is reviewing CoC policies and procedures in preparation for the VAWA 2022 standard implementation and the CAAS Oversight Committee will conduct a review of CoC policies and procedures in relation to the needs of survivors as a part of the 2024 Coordinated Entry evaluation process.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1. The CoC regularly collaborates with the Louisiana Coalition Against Domestic Violence (LCADV)-designated Victim Service Providers (VSPs), SAFE and Safe Harbor, on creating and updating policies to ensure survivors with lived experience are actively involved in the CoC. Additionally, the NHC CAAS DV Committee meets twice monthly to discuss policy, access to resources, and strategic planning of service provision for DV survivors. The Lived Expertise Council has a designated position for a DV Survivor Representative, which is currently filled by an Outreach Navigator who previously received services through Safe Harbor and has worked as a victim advocate prior to joining the CAAS staff. 2. Information from LCADV's annual Needs Assessment Report is used to inform CoC staff on current unmet needs of domestic violence survivors in Louisiana. Survivors' unique safety needs are considered in the CoC's Coordinated Entry policies and procedures. The 2024 Coordinated Entry evaluation will focus on the unique needs of survivors and a thorough review of policies and procedures to ensure compliance with VAWA 2022 standards and address any barriers to entry DV survivors may face in navigating the homeless service system.

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

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

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

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

(limit 2,500 characters)

1. NHC adopted a CoC-Wide Anti-Discrimination Policy for ensuring Equal Access in 2018 and provides a required annual training for all CoC and ESG-funded projects. 2. All CoC and ESG-funded projects are required to develop project-level anti-discrimination policies and this is reviewed during annual on-site monitoring. NHC provides technical assistance to projects in the event that any deficiencies or noncompliance is identified and creates a corrective action plan to ensure future compliance with anti-discrimination policies and procedures requirements. 3. If a CAAS referral is declined by a provider, the CAAS Oversight Committee reviews the referral for potential violations of the anti-discrimination policies and procedures. If noncompliance with the anti-discrimination policy is reported via the grievance procedure, the NHC conducts a formal investigation into the grievance and takes corrective action if discrimination is identified at the project level. 4. Noncompliance with the anti-discrimination policies and procedures can be determined during project monitoring or addressing a grievance. In both instances, the NHC will issue a corrective action plan and timeframe for correcting the noncompliance. NHC provides technical assistance and oversight of the corrective action plan. If the corrective action plan is not successfully implemented or additional instances of noncompliance are identified, the CoC can take corrective action including but not limited to reallocation of funding.

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Louisiana Housing Authority	19%	Yes-HCV	Yes
Bogalusa Housing Authority	4%	No	No

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

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

(limit 2,500 characters)

1)The LHA has a limited homeless preference already and the following steps were taken to encourage expansion of the preference with LHA and adoption of a homeless preference with BHA. NHC meet with LHA and BHA staff monthly to ensure Emergency Housing Vouchers (EHV) are assigned and distributed accurately and efficiently. During these EHV meetings, we've demonstrated the value the Coordinated Entry team brings regarding PHA applications with clients, providing all necessary supporting information (IDs, paystubs, etc), assisting clients with housing search to ensure that vouchers are leased up quickly, and in some instances completing HQS inspections. In 2022, the NHC worked with the LHA and the BHA to create a CoC PSH bonus Request for Proposals that would utilize Emergency Housing Vouchers to expand PSH in our region; the Easter Seals PSH project will utilize BHA EHV vouchers for 5 of 12 of its new PSH beds which are submitted as a part of the 2022 application.

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

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

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

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

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

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

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

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

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

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

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

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

PHA
Louisiana Housing...
Bogalusa Housing ...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Louisiana Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Bogalusa Housing Authority

1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	9
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	9
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

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

(limit 2,500 characters)

1) The CoC monitors CoC and ESG project policies and procedures and APRs on an annual basis and conducts on-site monitoring on a bi-annual basis. During annual desk monitoring, the provider must provide client files for any clients who exited to homeless or temporary destinations or were terminated by the provider. The files are reviewed to ensure that clients were not exited for any of the following: failure to participate in services; failure to progress on a service plan; failure to improve income; or any other activity not covered in a lease agreement. During the on-site monitoring, the NHC completes the HUD Housing First Assessment Tool with the provider to identify any deficiencies. Formal and informal technical assistance is also provided throughout the year. All projects who formally committed to a Housing First approach are reviewed by the Coordinated Access and Assessment System (CAAS) Committee (meetings are held twice per month) to ensure compliance with the Housing First Program Model. Providers are required to accept 90% of CAAS referrals. In 2022, all providers has 100% CAAS Referral acceptance. If a referral is declined, the provider must provide a reason that a client for ineligibility and help identify alternative housing solutions. 2) Clients cannot be declined for the following: having too little income; active or history of substance abuse; having a criminal record with exceptions for state-mandated restrictions; or a history of victimization (e.g. domestic violence, sexual assault, trafficking, or childhood abuse). 3) Several measures on our Community Benchmarks Scorecard correlate to fidelity to the Housing First Program Model. Measure 9: Housing First is calculated based on the annual monitoring and ensures that program participants are not terminated for failure to participate in services; failure to progress on a service plan; failure to improve income; or any other activity not covered in a lease agreement. Measure 10: CAAS Referral Acceptance ensures that projects have low barriers to entry. The Community Benchmarks Scorecard is reviewed on a quarterly basis and providers are required to complete the Housing First Assessment Tool annually and demonstrate majority compliance to the standards noted in the tool relating to access, leases and housing and services.

1D-3.	Street Outreach–Scope.	
	NOFO Section V.B.1.j.	

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

(limit 2,500 characters)

1) The NHC coordinated entry project conducts outreach at eight service locations in the community on a weekly basis. These locations are geographically dispersed throughout the region and well-known in the community for providing many services to low income and at-risk persons. Additionally, coordinated entry outreach navigation teams perform street-based outreach on a twice-weekly basis, utilizing a GIS canvassing approach to identify and locate persons who are vulnerable and living in more rural or remote locations. 2) Through the strategies discussed above, the coordinated entry outreach navigation team covers 100% of the geographic area. 3) The outreach team conducts outreach at service-based locations five days per week (Monday-Friday) at eight service locations (churches, feeding locations, community action agencies etc.) and canvasses the geographic area on at least a twice weekly basis, including early morning outreach aimed at finding persons while sleeping to conduct third party homeless verification. 4) Outreach Navigators are trained to serve clients with a variety of barriers and actively search for the most vulnerable who are least likely to request assistance such as those w/o access to phone, internet, and transportation; those with disabilities; and other language barriers. The combination of service-based and street canvassing outreach techniques ensures 100% geographic coverage and service to clients who are least likely to request assistance are identified and prioritized appropriately.

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

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

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	No	No
5.	Other:(limit 500 characters)		

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

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	205	54

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

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

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

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

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

(limit 2,500 characters)

1) The NHC works to provide annual training to service providers in assisting clients access mainstream resources such as Medicaid, Medicare, SSI/SSDI, TANF and SNAP. Service providers receive training from Medicaid health plan providers to educate service providers to provide enrollment assistance as necessary and the CoC partners with DHH to help clients access the appropriate state plan or waiver services. The state's Medicaid Director has created a "presumptive eligibility" process for Medicaid, whereby an applicant can gain coverage on the date of application for SSI/SSDI. This streamlines coverage for health and behavioral health services. 2) There are five Medicaid health plan providers in Louisiana, two of which are members of the NHC. This helps to facilitate ongoing relationships with these providers in the community and act as a resource for housing service providers. The NHC PSA has an annual presentation from one of the five Medicaid health plan providers as well as one of the local Federally Qualified Health Centers (FQHC) in the region. The NHC has staff that go into each of the emergency shelters on a weekly basis to assist clients in accessing mainstream resources including, Medicaid, Medicare, SSI, and SSDI and TANF. 3) The state is creating a statewide SOAR implementation, wherein a SOAR case manager will be housed within each CoC within the state. A statewide SOAR Project Manager has been hired for coordination throughout the state, with a SOAR implementation training scheduled for November 2023. It is anticipated that the local SOAR case manager will be hired by December 2023.

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

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

(limit 2,500 characters)

The CoC has been awarded $3 million in CDBG-CV funds for the acquisition of a motel, which will provide 57 units of non-congregate shelter. The remaining funds for the purchase of the motel have been applied for through the HOME-ARP Non-Congregate Shelter application through the Louisiana Housing Corporation. The CoC is currently working to identify a robust funding mix for operations funds for the project once the building is acquired, including the Yield Giving Open Call, Blue Cross Blue Shield Foundation, the Greater New Orleans Foundation and the United Way of Southeast Louisiana.

ID-8.	Partnerships with Public Health Agencies--Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
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 NHC, as the state ESG sub-recipient for our CoC partnered with the Louisiana Housing Corporation (LHC) to open two non-congregate shelters (NCS) in our region, serving 119 persons from Apr. – Dec. 2020 and again from January 2022 - May 2022. This model was successfully replicated using CDBG-CV funds through St. Tammany Parish government from January - June 2023. This allowed unsheltered persons to safely shelter in place with access essential hygiene items and on-site food provision. Additional staffing and training were available to educate people on safety best practices and supplies were provided to shelter and housing projects that needed them. 2. The NHC works closely with the statewide COVID Vaccine Engagement Team (funded by LHC and serving every CoC in the state). The team includes nurses, a data specialist, and vaccine ambassadors trained to discuss the COVID vaccine, administer the vaccine and provide vaccine incentives to people experiencing homelessness.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

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

(limit 2,500 characters)

1. Safety measures have been increased across all providers in the NHC and those protocols are now in place for future emergencies. Providers have increased their supply of personal protection equipment (PPE) at facilities to mitigate spread and promote sanitization in the event of future public health emergencies. Through the NHC Providers and Stakeholders Association (NHC PSA) providers received extensive training on CDC, HUD and OSHA best practices for virus mitigation in April and December 2020. The CoC published a resource sheet with CDC guidance, emergency planning preparedness and fact sheets for using CoC and ESG funds for infectious disease preparedness and response. Early on, NHC partnered with OPH on the local response and received PPE to distribute to providers and persons experiencing homelessness. Mobile units have been added to street outreach to provide masks and other PPE to people experiencing homelessness. Shelters, outreach teams, and mobile units will continue to collect and supply PPE for consideration of future public health emergencies. Many client-facing programs or sessions have been adapted to a virtual setting such as skill development, home visits and inspections, and case mgmt. Quarantine and isolations sites across the state were implemented to further prevent outbreaks at congregate facilities. 2) The CoC is actively working to acquire non-congregate shelter so that there are sheltering models readily available to prevent infectious disease outbreaks among people experiencing homelessness.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

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

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

(limit 2,500 characters)

1) The CE system covers 100% of the geographic area by conducting assessments at 8 service locations in the community weekly. These locations are geographically dispersed throughout the region and well-known for providing many services to at-risk persons. Additionally, the CE team performs street-based outreach twice-weekly, utilizing a GIS canvassing approach to identify and locate persons who are vulnerable and living in rural/remote locations. Outreach Navigators are trained to serve clients with a variety of barriers and actively search for the most vulnerable who are least likely to request assistance. The CE system has protocols in place to make accommodations for disabilities/language. The combination of service-based and street canvassing outreach techniques ensures 100% geographic coverage and service to clients who are least likely to request assistance. 2) The CE System has incorporated an emphasis on diversion and progressive engagement with clients. Clients are assessed using the Place Value Assessment (PVA), a customizable assessment that supports dynamic housing prioritization with sensitive, meaningful scores. The CAAS Committee adapted its policies so that the current CE Policy is responsive to the COVID-19 and prioritizes those most vulnerable to the virus' severe effects. This addendum was adopted in conjunction with the Equity Vision Statement to ensure that historic and current racial biases and discrimination embedded in our systems, processes, and practices are eliminated. 3. The CE system conducts feedback surveys with clients on a quarterly basis and the CE Committee reviews these surveys to make improvements on a continuous basis. The CE evaluation takes this a step further with focus groups of persons who have accessed the coordinated entry system within the past year.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:	
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) The CE system covers the geographic area by conducting assessments at 8 service locations in the community weekly. These locations are geographically dispersed throughout the region and well-known for providing many services to at-risk persons. Additionally, the CE team performs street-based outreach twice-weekly, utilizing a GIS canvassing approach to identify and locate persons who are vulnerable and living in rural/remote locations. 2) The CE system uses the Place Value Assessment to prioritize those most in need of assistance with a trauma-informed tool that is less invasive while still providing adequate information to determine client needs for assistance. 3. Clients who access the system are presented with diversion and rapid resolution options when available and the CE team follows up with clients on a bi-weekly basis using the Critical Time Intervention (CTI) model. 4. The CE process uses the Place Value Assessment and a trauma-informed approach to gather the minimum amount of information to establish eligibility and need for services. The CE team collects all necessary identity, income, homeless verification and disability information for clients at the point of entry and this information is conveyed to the housing program so that the client does not have to be re-traumatized by repeating their experiences over and over again.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

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

(limit 2,500 characters)

1.NHC works aggressively to ensure that all persons within the CoC's geography have access to available housing and services. NHC operates the CAAS system at 8 community outreach locations on a weekly basis and using ARP funds through St. Tammany Parish Government, has expanded its street outreach network to include more outreach to rural areas and primarily BIPOC neighborhoods using a GIS-canvassing approach. The CAAS System utilizes language line to accommodate specific language needs via phone-based interpreter services, and the CoC works with LORI to improve accessibility for non-native English speakers. Street outreach workers seek out people experiencing homelessness with disabilities, mental/behavioral health disorders, and other barriers that make them least likely to seek services.
2. Participants are informed of their rights and remedies under fair housing and civil rights law by requiring that projects inform participants upon intake of: their right to reasonable accommodations; their eligibility for McKinney-Vento Act education services; project's participation rules and termination process; clients' right to limit data sharing. The NHC Coordinated Entry policy is publicly posted on its website, and it describes participants' rights under the Fair Housing Act, the Louisiana Equal Housing Opportunity Act, the Civil Rights Act, the Americans with Disabilities Act, and HUD's Equal Access Rule/Fair Housing Provision of the Interim Rule. Providers receive annual training via the Louisiana Fair Housing Action Center via the NHC Providers and Stakeholders Association.
3. The CoC's grievance procedure for participants offers participants a mailing and email address to submit grievances. Close relationships with local and state consolidated plan jurisdictions are maintained to ensure potential violations can be reported and investigated promptly. NHC works closely with legal services providers to ensure that participants who believe their rights have been violated can access legal advice and representation.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	12/31/2021

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

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

(limit 2,500 characters)

1) Our CoC coordinated entry Committee has focused on analyzing racial disparities specifically as it relates to access and referral outcomes. In 2023, the CoC implemented an Equity Task Force to expand this work to all CoC activities. According to ACS survey data, 20% of our region is BIPOC but approximately 60% of clients seeking assistance identify as BIPOC. Most of our coordinated entry community outreach locations in our region have been historically located in the more developed suburban St. Tammany Parish because the service provision infrastructure is more developed. Our number one priority has been to increase access to the coordinated entry system in lower-income areas that have an overrepresentation of BIPOC clients. We have expanded systemwide access in Tangipahoa Parish and intend to operate a non-congregate shelter and one-stop service center for homeless and service assistance; this is an integral component of our efforts to address disparities in our system. We also utilize the CoC project scoring metrics to award additional points to projects who provide 50% or more of their services in underserved areas. 2) While our RRH referrals are proportionate to the racial makeup of persons seeking assistance, permanent supportive housing placements are still disproportionate. We are working to identify the root causes of this disparity and are reviewing barriers in place that may affect a client's ability to access needed services required to confirm disabling conditions.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

Most of our coordinated entry community outreach locations in our region have been historically located in the more developed suburban St. Tammany Parish because the service provision infrastructure is more developed. Our number one priority has been to increase access to the coordinated entry system in lower-income areas that have an overrepresentation of BIPOC clients. We have expanded systemwide access in Tangipahoa Parish and intend to operate a non-congregate shelter and one-stop housing and service center; this is an integral component of our efforts to address disparities in our system. We also utilize the CoC project scoring metrics to award additional points to projects who provide services in underserved service areas within our geography. Both bonus projects selected in the 2023 CoC application serve geographic regions that are underserved (Livingston, St. Helena, Tanigipahoa and Washington Parishes).

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

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

(limit 2,500 characters)

The CoC reviews coordinated entry data on a quarterly basis with a focus on preventing and eliminating disparities in the provision or outcomes of homeless assistance. The major areas identified for immediate approval are creating additional community outreach locations so that clients may access available services and ensuring disparities that have created inequity in PSH referrals to BIPOC clients. The CoC has implemented Gaither analytical dashboards to analyze data in real time and make adjustments to service delivery as necessary. The Equity Taskforce was implemented this year to expand our CoC's equity evaluations of the CAAS System and to ensure ongoing review of CoC data and a continuous quality improvement for eliminating disparities for marginalized persons entering the system (BIPOC, LGBTQ+, Rural etc).

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

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

(limit 2,500 characters)

The CoC established a Lived Expertise Council and involves persons with lived experience in all decision-making processes. In addition to the lived expertise committee, 25% of the project evaluation committee are formerly unsheltered persons with lived expertise; the CoC board has two representatives with lived expertise; quarterly CAAS reports are reviewed by the Lived Expertise Council; and 40% of Coordinated Entry/Outreach staff is comprised of persons with lived expertise. The CoC conducts targeted outreach with clients who have expressed concerns about the CoC system and attempts to incorporate these voices into the lived expertise committee so as not to
create an echo chamber. The Lived Expertise Council Membership form was advertised to housing providers throughout the region and a nomination form is available on the NHC website. In addition, the NHC participated in a HUD Community of Practice to gain further expertise in effectively incorporating persons with lived expertise in the homeless crisis response system.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

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

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

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

In 2024, the CoC will incorporate housing program scoring metrics to promote agency hiring of persons with lived experience. The CoC was awarded ARP funds from St. Tammany Parish Government in 2023 (the region currently does not have a dedicated source of funds for outreach) and hired a Navigator with lived experience that has been embedded within the Coordinated Entry/Outreach Navigation team.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

1. The CoC conducts annual surveys with clients who were referred to ESG and CoC programs to gather information on their experience receiving assistance and will incorporate this into our scorecard process beginning in 2024. 2. The biggest challenges that have been identified from our survey process are a) trouble in identifying affordable housing units and the need for increased housing navigation assistance; b) lack of communication due to project staff being overwhelmed; c) the length of time that it takes from referral to housing outcome due to a lack of affordable housing; and d) lack of emergency resources with emergency shelter almost nonexistent in the region. The CoC is taking a variety of steps to address these issues, most specifically the creation of affordable housing and non-congregate shelter.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

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

(limit 2,500 characters)

The CoC is working closely with local government officials to conduct a housing needs assessment and has identified two locations that are already zoned properly to quickly increase affordable housing development. Currently, the CoC is working to educate local government officials in St. Tammany and Tangipahoa Parishes on the negative impacts of multi-family construction moratoriums currently in place.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 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 V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	08/29/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	08/29/2023

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

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

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

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

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

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

	1.	What were the maximum number of points available for the renewal project form(s)?	105
	2.	How many renewal projects did your CoC submit?	10
	3.	What renewal project type did most applicants use?	PH-PSH

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

Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	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. The CoC creates a community benchmarks scorecard for each project that mirrors system performance measures. Specifically, as it relates to permanent housing outcomes, the scorecard uses HMIS or Comparable database data and analyzes returns to homelessness within 6 and 12 months; increases to cash and employment income; exits to unknown or homeless destinations; exits to permanent housing for TH and RRH projects; and remains and exits in PSH projects. 2. The CoC uses the scorecard to measure two factors that it can most readily impact in the housing process: a) the amount of time it takes to from entry to CE certification (homeless/program
eligibility verification) and b/ the time it takes from project referral acceptance to housing move-in. 3. The evaluation process awards points for programs with clients who are
experiencing literal homelessness (vs. imminent risk which is common our rural area) as well as clients with zero income at entry. Analysis of project level data has identified these two factors as most prevalent in terms of programs that are serving clients with severe service needs. 4. Additionally, project targets differ for project type.

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

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

(limit 2,500 characters)

1. Prior to releasing the request for proposals for this year's CoC application, the CoC conducted a community needs assessment with electronic and in person surveys and input from persons with lived experience. The biggest needs identified at the community level were non-congregate shelter and tenant-based rental assistance. This informed our strategy for the application of a variety of funding sources including, CoC, ESG, HOME-ARP and CDBG-CV funds. 2. One of the major developments from the survey is the need for BIPOC leadership and staff; as such, this year, the CoC awarded points for Equity and Equitable Compensation. Equity addresses BIPOC and LGBTQ+ representation at the staffing and leadership levels and Equitable Compensation addresses whether project staff are paid a living wage and have access to PTO and health insurance. Often, direct service staff are dealing with trauma that comes along with the emotional labor of social service careers while at the same time dealing with their own economic insecurity. It was important to tie in the necessity of a living wage as a component of equity in the ranking and selection process. 3. The evaluation committee was comprised of four members and chaired by a person with unsheltered lived expertise. Two of the four members had unsheltered lived expertise to contribute and it was important for us to compensate them for their expertise at a rate of $25/hour in the form of a visa gift card. This is given to all persons with lived expertise that participate on any committees within the CoC. 4. The CoC bonus projects awarded points to projects that would be in under-served geographic areas. Both projects selected will serve a rural area, if awarded.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	

4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

This year's reallocation did not address low-performing projects, but rather a re-alignment of resources to fit the needs of the CoC. A CAAS-DV Coordinated Entry Project was reduced due to the decreased need for HMIS funds; A partially awarded TH-RRH project was reallocated because it did not provide sufficient funds for the appropriate level of supportive services necessary to assure successful permanent housing outcomes. The funds were reallocated to provide RRH resources (which have decreased as a result of the end of ESG-CV funds) and to increase HMIS capacity in preparation for the implementation of a large-scale non-congregate shelter project. In 2024, the CoC will reallocate funds from projects that have not expended all CoC funding for 2 or more years.

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

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

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	03/27/2023

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

	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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/13/2023

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

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

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

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2023

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/26/2023

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

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

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

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

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/28/2023

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

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

3.	state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1. The DV providers within the region implemented Empower DB after the database was recommended by the Louisiana Coalition Against Domestic Violence (LCADV). The system has recently reported that the database will comply with 2022 HMIS data standards. 2. The DV programs in the region have been able to successfully submit APRs in the needed format; the CoC has made the DV providers aware that a change will be required in the event that Empower DB is unable to be compliant with current HMIS Data Standards. 3. The CoC's HMIS is compliant with FY 2022 Data Standards. The HMIS is also compliant with FY 2024 Data Standards and all HMIS users are attending a mandatory FY24 Data Standards training on September 27, 2023. The comparable database is also compliant with FY 2024 Data Standards.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

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

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	36	12	24	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	15	9	6	100.00%
4. Rapid Re-Housing (RRH) beds	54	19	35	100.00%
5. Permanent Supportive Housing (PSH) beds	336	0	300	89.29%
6. Other Permanent Housing (OPH) beds	0	0	0	

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

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

(limit 2,500 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

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

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	Enter the date your CoC conducted its 2023 PIT count.	01/23/2023

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

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/28/2023

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. We engage the educational homeless liaisons in the planning process of the PIT Count, but the only reports of youth homelessness in our region do not meet the unsheltered homeless definition required by the PIT count. 2. While homeless youth were not included in the 2022 PIT Count, youth homeless provider Youth Oasis will be expanding in our region and we anticipate that they will provide guidance and support in identifying unsheltered youth homelessness in the 2024 PIT Count.

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

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

(limit 2,500 characters)

Not Applicable

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 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 V.B.5.b.	

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

(limit 2,500 characters)

While the overall universe of persons entering the system decreased slightly, Metric 5.2 in the FY2022 System Performance Measures (SPM) demonstrated a 36% increase in persons who became homeless for the first time in comparison to the FY2021 SPMs. 1) The NHC utilizes the Place Value Assessment (PVA) when clients enter coordinated entry. The PVA provides dynamic, meaningful scores based on a) housing type, living situation, health, LOT homeless, and risks/barriers. Risks/barriers include: no income, eviction history, ESL, housing discrimination history, foster care history, bad credit/debt, criminal justice system involvement, emergency visits in last year, and HH size of 6+. The NHC annually reviews this data for all first-time homeless clients to determine prevalent risk factors. 2) The prevalent factors resulting in first-time homelessness are income, lack of public transportation, entry into the homeless service system due to Hurricane Ida flooding, and affordable housing. The strategy to address this is the creation of more affordable housing and public transportation. The CE system has focused on prevention and diversion activities, with all NHC and ES staff participating in Cleveland Mediation Center diversion training in 2020. CE assessments focus on diversion/problem-solving, with strengths-based assessment, reality testing of options, provision of referrals to other resources, and assistance in contacting family/friends. The NHC is seeking private foundation dollars to provide flexible funding for diversion activities to bolster these efforts. Plans to develop non congregate shelter in the region include a diversion specialist. 3) The NHC is responsible for oversight of this strategy, with the CAAS Committee responsible for reviewing risk factors and the Performance Evaluation and Monitoring Committee monitoring progress on the system performance measure.

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

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

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

(limit 2,500 characters)

Hurricane Ida in 2021 has had a tremendous impact on persons experiencing homelessness for the first time in our region. A significant amount of affordable rental housing stock was damaged, creating an affordable housing crisis for the most vulnerable. Each time that our CoC experiences a natural disaster, there is an influx of people into the homeless crisis response system and this pattern is evident in the aftermath of Hurricane Ida as well.

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

	In the field below:	

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

(limit 2,500 characters)

1) The NHC employs a data-driven strategy to reduce the length of time persons remain homeless via the Community Benchmarks Scorecard. The scorecard monitors and evaluates systemwide and individual project performance on the System Performance Measures. Measure 1A of the scorecard evaluates the time it takes from assessment by the coordinated entry system until the client's homeless status is certified. Measure 1A assesses the efficiency of the coordinated entry system. This data is reviewed by the CAAS Committee at twice-monthly meetings. Measure 1B of the scorecard evaluates length of time between the referral date and the move-in date for each of the housing providers. This data is reviewed at a system level on a quarterly basis. Measure 1B is one of the metrics used to evaluate individual project performance during the annual project ranking process. 2) The NHC has adopted HUD CPD Notice 16-11 and prioritizes clients into housing based needs as determined by Place Value Assessment (PVA) score and length of time homeless. Outreach Navigators work in the field to locate, assess and house clients with the longest LOT homeless. By targeting clients with the longest LOT, we've reduced LOT homelessness from a median of 344 days in 2021 to 187 days in 2022. 3) The NHC is responsible for oversight of this strategy, with the CAAS and Performance Measurement/Evaluation Committees monitoring progress.

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

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

(limit 2,500 characters)

1) For ES, TH and RRH exits, permanent housing outcomes decreased slightly from 78% in FY21 to 75% in FY22. A major factor is the lack of available affordable housing in the region, which has been exacerbated by Hurricane Ida. Approximately 66% of the households entering our CE system are in St. Tammany Parish which is currently the most expensive rental market in the state. While pandemic relief programs made additional rental assistance available, there are not enough units of housing, much less affordable housing in the region. To meet the needs of the community and increase PH outcomes, we have identified a need for a) non-congregate shelter; b) RRH funds for Adult Only HH; and c) development of affordable rental housing to replace damaged rental stock. The CoC was awarded $3 million from the Office of Community Development to purchase a motel and convert to 57 units of non-congregate shelter, 57 units of affordable rental housing, including permanent supportive housing using a mix of CDBG-CV, HOME-ARP and CoC funds. This is the cornerstone of our strategy to increase permanent housing outcomes for ES, TH and RRH programs. 2)For PSH projects the FY22 SPMs reflect 100% exits/retention, a testament to the providers in the region. 3) The Northlake Homeless Coalition is responsible for oversight of this strategy and the NHC Strategic Planning Committee is responsible for the non-congregate shelter project that will incorporate a one-stop service model, affordable rental housing, and permanent supportive housing. Affordable housing development is desperately needed to combat the housing crisis.

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

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

(limit 2,500 characters)

1) The NHC utilizes the Place Value Assessment (PVA) when clients enter coordinated entry. The PVA provides dynamic, meaningful scores based on a) housing type, living situation, health, length of time homeless, and risks and barriers. Risks and barriers include: no income, eviction history, English as a second language, housing discrimination history, foster care history, bad credit/excessive debt, involvement in the criminal justice system, emergency visits in last year, and HH size of 6+. The NHC annually reviews this data for all clients that return to homelessness to determine the prevalent risk factors. 2) In FY22, 10% of clients returned to homelessness in 12 months of project exit. The NHC employs a data-driven strategy to reduce returns to homelessness via the Community Benchmarks Scorecard. The scorecard monitors and evaluates systemwide and individual project performance on the System Performance Measures. Measure 2A and 2B of the scorecard evaluates % of clients who return to homelessness within 6 months and 12 months respectively. Systemwide data for these measures is monitored and evaluated on a quarterly basis to identify any issues to be addressed at both the individual project and system levels. Measures 2A and 2B are used to evaluate individual performance regarding returns to homelessness during the annual project ranking process. The NHC also utilizes the common factors that cause returns to homelessness in our region to provide training and technical assistance to housing providers so that factors contributing to returns to homelessness can be effectively addressed via client case management planning. 3) The organization responsible for this strategy is the Northlake Homeless Coalition, with the CAAS and the System Performance and Evaluation Committees providing oversight.

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

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

(limit 2,500 characters)

1) The NHC uses a data-driven strategy to increase employment income. The NHC uses the Community Benchmarks Scorecard to monitor and evaluate system and individual project performance on the System Performance Measures. Measure 4A of the scorecard evaluates the percentage of system leavers with increased employment income. This measure is used specifically to monitor the progress of rapid rehousing projects, as a decrease in or loss of employment income remains the biggest factor leading to returns to homelessness. System-wide data for these measures is monitored and evaluated on a quarterly basis to identify any issues to be addressed at both the individual project and system levels. Additionally, Measures 4A and 4B are used to evaluate individual project performance regarding employment during the annual project ranking process. 2) The NHC conducts an annual training with Louisiana Workforce Commission and the LDS Employment Resource Center during a NHC Providers and Stakeholders Association Meeting so that housing providers and case managers can effectively access all local resources available via the local mainstream employment organizations. The NHC also partners with the United Way Prosperity Center, a one-stop financial stability center offering an array of programming, including financial education, credit improvement, IDA matched savings, asset ownership programs and workforce development soft skills. 3) The NHC is responsible for the CoC's strategy to increase job and income growth, with employment and mainstream benefit training annually and monitoring of individual project progress via the Community Benchmarks Scorecard.

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

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

(limit 2,500 characters)

1) The NHC uses a data-driven strategy to increase access to mainstream resources. Measure 4B of the Community Benchmarks Scorecard evaluates the percentage of system stayers who increased total income. This measure is used to monitor the progress of PSH projects' effectiveness at increasing access to employment and mainstream benefits for their clients. 2) The NHC conducts an annual training open to CoC/ESG case managers on strategies to increase non-employment cash income, specifically strategies for accessing mainstream resources. Additionally, NHC is participating in a statewide implementation of the SOAR program funded by the Louisiana Housing Corporation. A SOAR Case Manager will be embedded in each of the CoCs throughout the state and Outreach Navigators and CoC/ESG case managers will be trained to use SOAR beginning in November 2023.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

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

	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.		
Project Name	**Project Type**	**Rank Number**	**Leverage Type**
Easterseals/North...	PH-RRH	12	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?   Easterseals/Northlake Homeless Coalition - RRH

2. Enter the Unique Entity Identifier (UEI):   J5B1XEL22N13

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 12

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

	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)

Not applicable

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 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 V.F.	

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

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

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

(limit 2,500 characters)

Not applicable

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.l.	

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

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

	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 2023 Priority Listing.	

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

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

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

1.	Enter the number of survivors that need housing or services:	36
2.	Enter the number of survivors your CoC is currently serving:	7
3.	Unmet Need:	29

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

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

(limit 2,500 characters)

1. We reviewed the average number of households seeking housing assistance via the CAAS-DV system in any given month, using data from January 2021 - September 2023.
2. We have a dedicated CE project for DV survivors and used the data collected during the assessment process and stored in the comparable database as well as DV referrals to non-VSP programs.
3. Based on the Grant Inventory Worksheet, there are only 2 RRH projects in the region, one which exclusively serves DV Survivors with 6 units at any given time, and a RRH project that also has 6 units, with at least one unit dedicated to serving DV survivors. The DV project that is currently funded only provides housing in one of the five parishes served in the geographic region of our CoC. Additional resources that can be used in the remaining four parishes are needed to adequately address the needs of DV survivors across the region.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

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

Applicant Name
Southeast Spouse ...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

1.	Applicant Name	Southeast Spouse Abuse Program
2.	Project Name	SAFE RRH
3.	Project Rank on the Priority Listing	D13
4.	Unique Entity Identifier (UEI)	PGJVZG5NS7B7
5.	Amount Requested	$153,221
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	85%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)(d)	

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

(limit 1,500 characters)

1.SAFE is a Domestic Violence organization we only place survivors of Domestic Violence in permanent housing. That is why our placement of DV survivors is 100%. The retention of DV survivors is at 85%. These are the survivors that have stayed in the rental property. There are a few people that are still in the housing program since the grant year will end in January 2024. These numbers come from the FY21 grant. There were 20 people in permanent safe housing in the FY21 grant. Of the ones who have exited the program but stayed in the rental property are 8 and 9 are still in rental properties that SAFE are helping pay rent during this grant year. There are 3 survivors who moved to other locations after they exited out of the housing program.
2.These rates are from survivors who have exited to safe housing destinations from the FY21 grant.
3.The data source is Empower DB.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(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)

1.ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing; SAFE uses the Fair market rent when helping clients find affordable housing. SAFE also has a list of landlords that works with our clients.
2. prioritized survivors-you must address the process the project applicant used; SAFE works with the COC Northlake Homeless Coalition. SAFE will meet clients that are in need of housing, and they also meet with NHC. Once they have met, both organizations will meet once a week to discuss where the clients are on the prioritization list. SAFE Advocate will call the client to discuss the next steps to get into affordable housing.
3. determine which supportive service survivors needed; SAFE Advocate talks with the housing clients when they do the initial intake with them to discuss the services we provide. Once they are in the housing program, they meet with the Advocate to discuss the supportive services we provide and if they need any of them. The SAFE Advocate also talks to the clients once a week to see how they are doing and if they need any supportive services.
4. connected survivors to supportive services; and when a client asks for a supportive service the Advocate will work with the client so that the client can receive that service. SAFE has community resources for certain supportive services for clients and will connect them with those services.
5.moved clients from assisted housing to housing they could sustain-address housing stability after the housing subsidy ends. SAFE works with clients when they are looking for housing so that they can afford the rent once SAFE steps out. SAFE also meets with clients every three months to do recertifications and a budget with them so that they can see where they are financially and how we can help them.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(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.	

(limit 2,500 characters)

1.Taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors; SAFE meets clients in their office with the door shut. They can meet clients in the client meeting room. When NHC comes to the office to meet with clients they can meet with them in the kitchen with the door closed.
2.Making determinations and placements into safe housing; Determinations for safe housing are victims of domestic violence or victims who are fleeing domestic violence. Placement in safe housing is determined by the prioritization list that comes from NHC.
3.Keeping information and locations confidential; SAFE has client files locked in a file room in the office. Locations are kept confidential also the only staff that know where the clients reside is the SAFE Advocate that does the rent checks and that is the same advocate that goes to look at the unit to do the initial inspection.
4.Training staff on safety and confidentiality policy and practices and; SAFE staff has to do a 40 hour of training when they are first hired and a 40 hours of training every year. Safety and Confidentiality training is done once a year also.
5.Talking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality. SAFE uses scattered sites for its housing. The physical safety and confidentiality is not known to anyone other than the SAFE advocate that does the rent checks and goes to inspect the unit. SAFE advocate also goes over safety with the clients.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(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)

SAFE has ensured the safety of DV survivors by the policies and procedures that have been in place since 1982 and have been updated when needed. SAFE advocates that work with clients have been through training and continue to do safety training and DV training. SAFE advocates that work one on one with the clients also make sure that the clients confidentially and safety are a top priority. The location of where the client is living in only known by the Advocate that handles the rent checks and the inspection of the property.

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

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
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;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
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;
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;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1.prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs; SAFE listens to the needs and wishes of our clients and works with them to find a suitable permanent housing placement for them.

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; SAFE staff has been trained in Trauma Informed and Victim Centered Approaches. Also in our intakes we have a non-discrimination policy for the clients to have and a grievance policy in place.

3.providing program participants access to information on trauma, e.g. training staff on providing program participants with information on the effects of trauma. SAFE staff has been trained on the effects of trauma and continue to be trained on trauma informed care so that our staff is always up to date and our clients get the best possible information about the trauma they have been through.

4.emphasizing program participants' strengths, e.g. strength-based coaching, questionnaire's and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations; SAFE does one on one counseling with clients at that time they are able to talk about the trauma they have experienced and how to cope with it. SAFE has a goal plan that is done with clients and once something has been completed, they can add new goals to the goal plan.

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; SAFE has a non-discrimination policy and gives it to the clients. SAFE uses language line to be able to give services to clients.

6.providing a variety of opportunities for connection for participants, e.g. groups, mentorships, peer to peer, spiritual needs; and SAFE provides group to clients and their dependent children. SAFE provides one on one counseling to clients and their dependent children.

7. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. SAFE provides group and talks about different subjects. SAFE can help with childcare assistance with RRH grant. SAFE also has resources for childcare assistance. SAFE does Legal referrals to Southeast Louisiana Legal Services and Louisiana Coalition Against Domestic Violence.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

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

(limit 5,000 characters)

Supportive Services that are provided in this project are helping with moving cost , help with child care assistance for a short time , case management, education services if they are in need of a GED or if they are wanting to get a certification, employment assistance and job training is if they are needing clothes for a job interview, need clothes for their job , groceries, Housing search and counseling services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation and utility deposits.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

	Describe in the field below examples of how the new project(s) 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 work 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)

1.prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs; SAFE advocates meet with the survivors to discuss what their needs are and what wishes that they have. SAFE also prioritizes their safety when it comes to them finding permanent housing.

2.establish and maintaining an environment of agency and mutual respect, e.g. the project does not use punitive interventions, ensures program participants staff interactions are based on equality and minimize power differentials; SAFE has a non-discrimination policy that is in the policy and procedure manual. SAFE also has a grievance policy that is given to the clients incase they are not being treated fairly by an employee of SAFE.

3.provide program participants access to information on trauma e.g. training staff on providing program participants with information on the effects of trauma; SAFE staff are trauma informed trained.

4.emphasize program participants' strengths- for example, strength-bases coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor defined goals and aspirations; SAFE staff does 40 hours of training and training is DV centered with different topics and updated topics. SAFE staff does an intake that includes Lethality assessment, danger assessment, and goal plan.

5.center on cultural responsiveness and inclusivity, e.g. training on equal access, cultural competence non-discrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed; SAFE does training on culture competence and equal access. SAFE staff are DV trained and are trained on different topics that are for DV centered. SAFE uses Language line for clients that need a translator. SAFE also has a non-discrimination policy that is given to every client that does an intake with a SAFE advocate.

6.provide a variety of opportunities for connection for program participants, e.g. groups, mentorships, peer to peer, spiritual needs, and SAFE offers group to Adults and Children. SAFE offers one on one counseling to Adults and Children.

7.offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. SAFE offers group to Adults and Children and does different activities that are for DV survivors and their children. Childcare assistance is offered to RRH clients for a short period of time while they are able to apply for state childcare assistance. SAFE is able to provide legal referrals to Southeast Louisiana Legal Services and Louisiana Coalition Against Domestic Violence.

| | 4A-3h. | Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | | NOFO Section I.B.3.l.(1)(f) | |

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

(limit 2,500 characters)

1. with a range of lived expertise; and SAFE will involve survivors by listening to what the needs are and what they have been through. This will not only make advocates better advocates, but it will help survivors to get back that independence and empowerment.
2. in policy and program development throughout the project's operation. SAFE will involve survivors by listening to what their needs are so that we can better assist them and future survivors.

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/21/2023
1B. Inclusive Structure	09/21/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	09/27/2023
1E. Project Review/Ranking	09/26/2023
2A. HMIS Implementation	09/26/2023
2B. Point-in-Time (PIT) Count	09/26/2023
2C. System Performance	09/27/2023
3A. Coordination with Housing and Healthcare	09/26/2023
3B. Rehabilitation/New Construction Costs	09/26/2023
3C. Serving Homeless Under Other Federal Statutes	09/26/2023
4A. DV Bonus Project Applicants	09/26/2023

Submission Summary   No Input Required