

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: IA-500 - Sioux City/Dakota, Woodbury Counties CoC

1A-2. Collaborative Applicant Name: City of Sioux City

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Sioux City

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	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)	No	No	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
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)	No	No	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	No	No	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	Nonexistent	No	No
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Community Action/Social Service Agencies	Yes	Yes	Yes
35.	Legal Aid	Yes	Yes	Yes

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

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

(limit 2,500 characters)

Our CoC serves clients of all races and ethnicities. Within our CoC there are many community services/agencies such as Mary J. Treglia Community House, Unity in Action, and the Urban Native Center whose target population is immigrant and Black and Brown communities. We meet with these agencies and individuals that represent and serve the underserved, overrepresented communities in our CoC to ensure we understand the needs of these communities and to discuss services and collaboration. We collaborate with Mary Treglia, the Guatemalan Consulate, and the Mexican Consulate to support victims of domestic violence, sexual assault, trafficking, etc. The local domestic violence shelter is also in the process of applying to become a Department of Justice site to assist survivors with immigration. We work together to coordinate services and connect the underserved with community supports that are culturally sensitive to their specific needs. We collaborate to locate new referrals and then keep them engaged in services. When the opportunity arises, we host informational tables and participate their various community celebrations such as the African Festival, Unity in the Community, and the Multi-Cultural Fair.

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

(limit 2,500 characters)

Each October, the CoC conducts a social media campaign to solicit new members to join. The CoC has an on-going, open invitation on our Facebook page, website, and meeting agendas and minutes. We are always looking for new members from agencies, churches, businesses, local government, and the general public to join the CoC, attend our meetings, participate in our committees, serve on our board, and help us end homelessness in Siouxland. Board members have a responsibility to invite other community members and key partners to the CoC meetings and encourage them to become an active member.

We ensure effective communication with individuals with disabilities by holding our meetings in-person and virtually via Zoom or Microsoft Teams. We also utilize PDF's in written communication and maintain up-to-date information on our website. This allows for increased accessibility because the participant can use the zoom feature to enlarge the size of the font or technology allows for the information to be read aloud. We also have access to ASL interpreters via video. Although not classified as a disability, we have a number of members and client who are non-English speaking. Using Language Line and assistive devices such as Pocket Talk allow for more effective communication with them when interpreters aren't available.

We always strive to have participation from persons that are representative of those we serve in our CoC, especially the homeless or formerly homeless persons and those who serve culturally specific communities (Black, Brown, Indigenous, other people of color) and LGBTQ+. In addition to asking at community meetings for recommendations of currently homeless or formerly homeless individuals interested in joining the CoC, CoC leadership and member agencies routinely invite organizations including Mary J. Treglia Community House, Unity in Action, the Urban Native Center, and the NAACP who serve culturally specific communities to join our CoC, attend our meetings, and serve on committees.

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)

The CoC holds open meetings bi-monthly and encourages current members to invite new individuals, businesses, and agencies to participate in the CoC and share their opinions and expertise with the group. We use our Facebook page and website to post an on-going, open invitation to join the CoC, and we help promote and share events and information regarding homelessness and available services. CoC members bring information learned in other public meetings and forums (Growing Community Connections, Mental Health Roundtable, Sioux Rivers and Rolling Hills Mental Health Regions) back to the CoC, and recently the community Street Project merged with the CoC's Public Awareness/Advocacy Committee resulting in increased participation in the CoC. We spotlight agencies, benefits and health care providers, and employment agencies at each meeting and provide time to share agency news and events. We have regular open discussions regarding the many facets of homelessness and the issues facing our homeless populations. We use these discussions as a sounding board to brainstorm possible solutions, options, and opportunities to assist our homeless and near homeless. Anyone interested in preventing and ending homelessness in Siouxland can find meeting minutes and agendas, homelessness data, information about funded projects, and policies on our website.

We ensure effective communication with individuals with disabilities by holding our meetings in-person and virtually via Zoom or Microsoft Teams. We also utilize PDF's in written communication and on our website. This allows for increased accessibility because the participant can enlarge the font size and technology allows for the information to be read and spoken aloud, translated, and recorded. We also have access to ASL interpreters via video. Although not classified as a disability, non-English members can use Language Line and assistive devices such as Pocket Talk for translation.

CoC member agencies provide regular updates and share ideas and opinions gathered at meetings and other public forums to promote additional discussion and brainstorming to make improvements or inspire new approaches to preventing/ending homelessness. As a result of these meetings, many agencies work with mental health and jail staff to coordinate evaluations and services for persons discharging and transitioning into the community.

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

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|----|--|
| 4. | ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats. |
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(limit 2,500 characters)

The CoC is fully open to and encourages proposals from entities that have not previously received funds in prior competitions. Even before the NOFO drops, the CoC Grant Committee Chair announces the impending NOFO/CoC Program Competition at CoC meetings and encourages all non-funded agencies to consider applying for a new project, especially PSH and RRH projects which are a priority for our CoC. Once the NOFO drops, the CoC Grant Committee Chair meets with the Project Monitoring and Development Committee to review and finalize the Project Rank/Review and Reallocation policies and the scoring charts for new and renewal project applications. The FY 2024 CoC Program Competition RFP was made public on August 20, 2024, via e-mail and the CoC's website.

The RFP provides background information on the CoC Program, the local CoC, and the current competition, including eligible new project types and funding amounts, links to HUD and esnaps resources and detailed instructions for accessing esnaps and the project application, and the local competition timeline/deadlines. The CoC Grant Committee Chair and the Project Monitoring and Development Committee Members are readily available to assist new applicants with developing projects, understanding program regs, and navigating the esnaps online application.

The CoC's Project Review/Score/Rank Process, Reallocation Policy/Procedure, and New and Renewal Project Application Scoring Tools are available to all potential applicants when the RFP for project applications is announced. The Project Review/Score/Rank Process and Reallocation Policy/Procedure explain how new and renewal project applications are reviewed, scored, and ranked in Tier 1 and Tier 2 according to their overall score. The Reallocation Policy explains both voluntary and involuntary reallocations processes.

We ensure effective communication with individuals with disabilities by holding our meetings in-person and virtually via Zoom or Microsoft Teams. We also maintain up-to-date information on our website. This allows for increased accessibility because the participant can use the zoom feature to enlarge the font size and technology allows for the information to be read and spoken aloud, translated, and recorded. Although not classified as a disability, non-English members can use Language Line and assistive devices such as Pocket Talk or Google Translate for translation.

1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	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)	Yes
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)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

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

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

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

The CoC has formal partnerships with the two largest and most widely-used school districts in our tri-state area - Sioux City (Iowa) Community School District and South Sioux City (Nebraska) Community School District. A similar partnership is enacted when we have homeless students from smaller schools districts such as Sergeant Bluff-Luton (Iowa) Community School District. Within this partnership, the CoC, its member agencies and the school districts' Educational Equity Department agree to follow McKinney-Vento Education for Homeless Children and Youths Program Policy. Both the school districts and the homeless agencies provide and post information ensuring that the parents know of their child's right to the same education as non-homeless students and that the homeless students in our CoC and programs are enrolled in and attending school. To the greatest extent possible, children enroll in and continue attending their home school/school of origin, if considered least restrictive. Agency staff work with the Equity Departments to arrange transportation to and from school. This includes using the traditional school bus as well as public transportation and taxi cabs. Agency staff also assist the parents with advocating for their students. This has included everything from getting a WIFI hot spot and student computers for the children while in shelter, especially during the pandemic, and requesting meetings with teachers and school district staff to address learning issues, IEP requests, and behaviors on the bus or in the classroom. The Equity Departments also ensures the students have needed school supplies and school fees are reduced or waived so homeless students can participate in extra curricular activities they couldn't otherwise afford. Although a formal agreement hasn't been drawn up, our shelter programs have also worked with Siouxland Human Investment Partnership/Beyond the Bell, a before/after school and summer education program designed to reduce learning loss, to get "preferred placement" as well as scholarships/greatly reduced fees so they can attend Beyond the Bell, especially during the summer.

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

NOFO Section V.B.1.d.

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

(limit 2,500 characters)

The CoC's HEARTH Act/McKinney-Vento Education for Homeless Children and Youths Program Policy states that the CoC shall: 1) provide Homeless Assistance Providers with a copy of the McKinney-Vento Education for Homeless Children and Youths Program guidelines and the respective state's (Iowa and Nebraska) Administrative Code regarding educating the homeless; 2) review key principles of the McKinney-Vento Education Program and the State Administrative Code as needed to keep Homeless Assistance Providers apprised of the requirements; and 3) assist Homeless Assistance Providers with implementing the McKinney-Vento Education for Homeless Children and Youths Program as needed. The policy requires that Homeless Assistance Providers ensure all children are enrolled in school and connected to appropriate services as well as: 1) be aware of the requirements of the McKinney-Vento Education for Homeless Children and Youths Program and the respective state's (Iowa and Nebraska) Administrative Code regarding educating the homeless; 2) maintain contact with local school districts' Homeless Liaison or Student Services Office to keep them apprised of the homeless children they are serving; and 3) maintain contact with local school districts' Homeless Liaison or Student Services Office to keep informed of the services available to homeless children and how to help their parents access these services. Per CoC policy, homeless assistance providers are also required to educate the parents on their rights, maintain regular contact with local education liaisons regarding the homeless children in their programs, and ensure access to fair and equal education.

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

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

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

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Counseling agencies, Catholic Charities, Hospitals/Clinics, Tribal entities	Yes

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

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

The CoC regularly collaborates with both DV and non-DV organizations who provide housing and services to survivors to update CoC-wide policies. One example of this is the CoC collaborating with CoC Member agencies to update CoC-wide policies regarding VAWA policies and procedures. Both DV and non-DV providers within the CoC have participated in the new VAWA rules and regulations trainings. Additionally, the CoC worked with funded agencies to ensure there were CoC-wide and agency-specific emergency transfer plans in place. The CoC also worked with providers to develop its policies regarding annual training to ensure that all providers are trained in trauma-informed care and have the safety, planning, and confidentiality protocols necessary to meet the needs of survivors.

The CoC regularly collaborates with organizations who provide housing and services to survivors to ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors. The CoC and Victim Service Providers meet regularly to identify barriers or challenges faced by survivors and explore solutions together. Because of DVMIS, our data sharing can be done confidentially and safely. Implementing trauma-informed principles, safety planning, and confidentiality protocols ensure all services provided are aligned with the best practices for working with survivors. The CoC keeps agencies and agency staff informed of trainings offered locally as well as through HUD Exchange, various State agencies, and experts throughout the United States. The DV providers' staff are trained in trauma-informed care and are Certified Domestic Abuse Advocates through the state of Iowa. Over the past year, CoC project staff, agency front line staff, and Coordinated Entry staff have participated in trauma-informed care, mental health, and suicide prevention trainings. Licensed counselors are trained in evidence-based practices for serving survivors. These services include, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Parent Child Interactive Therapy (PCIT), Certified Adoption Therapist, Seeking Safety, and Cognitive Based Interventions for Trauma Strategies (CBITS). One agency has a formal written agreement with the Dakota County Victim Assistance Program to provide therapy services at no cost to survivors. They also provide a 24/7/365 mobile crisis response team and respond to the 988 hotline for 15 counties in Nebraska.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

DV survivors have 2 options for Coordinated Entry - the CoC's Centralized CE System or the local DV provider. Regardless, the safety planning and confidentiality protocols in our Coordinated Entry Policies and Procedures include the use of a separate but integrated DVMIS system and a pre-screen tool to immediately refer those currently fleeing DV to the DV shelters/crisis line. Clients entered into the DVMIS system are unnamed and each is assigned a unique number identifier. Use of anonymous identifiers rather than personal information to track progress through the system, limiting the risk of personal information being misused. The coordinated entry provider works with DV providers to ensure that their clients are referred to DV services as necessary and to make sure any clients that access coordinated entry via the DVIMS are afforded equal access to housing opportunities. The DV crisis line provides immediate connections to crisis services. Both the CES and local victim service providers ensure compliance with the Violence Against Women Act (VAWA) and other relevant federal and state laws that provide protections for survivors. The CE provider adheres to strict protocols for all clients regarding confidentiality and privacy. All providers and clients have signed confidentiality agreements. At all times, the client is only referred to by their unique number. A consumer notice is posted in the offices that use HMIS and all clients are given a Client Informed Consent and Release of Information and asked to approve or deny the sharing of their information within the Coordinated Services Network. DV provider staff receive specialized training on confidentiality, privacy laws, and the unique needs of survivors. This training ensures that all staff understand the importance of confidentiality and the specific protocols that must be followed. Client information is stored in a secure database (DVMIS) with restricted access, encryption, and other security measures to prevent unauthorized access. The CES and DV providers have written protocols and policies that detail how information is to be handled at every step of the coordinated entry process. These are regularly reviewed and updated to ensure compliance with relevant laws and best practices.

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

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

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

&nbsp;

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

Describe in the field below:

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

(limit 2,500 characters)

The client receives a copy of HUD-5380 Notice of Rights under the VAWA/Emergency Transfer Plan and HUD-5382 Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation. These forms are reviewed with the client, and the client is asked to sign the Acknowledgement of Receipt. Clients in our RRH, PSH, and TH programs also receive a copy of the HUD-91067 VAWA Lease Addendum. A tenant who is/has been a victim of Domestic Violence et al may request an emergency transfer from the tenant's current unit to another unit, whether or not they are in good standing with the program, if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit, or if the tenant is a victim of sexual assault and the assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Clients must submit a written request (HUD-5383) for a transfer to another unit which includes either a statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit OR that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the request for an emergency transfer. Program staff is available to assist the tenant with making the written request and have even recommended that the tenant consider requesting an emergency transfer when they become aware of a potentially dangerous situation for the tenant and/or the tenant's children.

The agency and the CoC act as quickly as possible to move the tenant to another safe and available unit within the same property. If there are no safe and available units within the same property, the agency will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move.

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

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

(limit 2,500 characters)

The CoC has a large membership of victim and non-victim service providers who work together to ensure DV survivors are provided housing and services without barriers while maintaining safety and confidentiality. The use of DVMIS, our CoC's comparable database, and a CE prioritization list that combines participants from the HMIS system and the DVMIS system allows equal access to all HUD-funded housing and services available within our CoC. Additionally, fleeing DV is a tie-breaker when prioritizing those accessing the coordinated entry system and seeking a referral to housing and services. Therefore, if two participants have the same score and one is fleeing DV, that person scores higher and will be prioritized over the other and receive a referral first. Our CoC uses de-identified aggregate data to analyze data and identify trends, gaps, and potential barriers without compromising individual privacy. We review current policies and regulations to identify any that may inadvertently create barriers for survivors and then work to revise them to remove the barriers. Specific policies focus on addressing the needs of survivors, such as prioritizing them in housing allocation or providing specialized support services. We use survivor goals, listening sessions, and shelter exit surveys to identify barriers and develop solutions while ensuring that their voices and experiences are at the center of the process. Our CoC and victim service providers collaborate, assess, and plan with key stakeholders including survivors, housing providers, and legal experts to identify systemic barriers within the homeless response system that create barriers to safely house and provide services to DV survivors. This collaboration provides engagement in community-level conversations that focus on the needs and experiences of survivors within the homelessness system. We provide a variety of options for accessing our CE system, including in person, over the phone, and online so that they can access services from a safe location. We provide vital document procurement for all clients so that if they are not able to access their documents for whatever reason, they are still able to access both mainstream resources and CoC services. We also work with landlords to ensure VAWA coordination and help explain criminal histories, especially those that are related to experiencing and surviving DV, so that these are not barriers to housing.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures survivors receive safe housing and services by:	
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

(limit 2,500 characters)

Our CoC ensures survivors receive safe housing and services by identifying barriers specific to survivors and working to remove those barriers. Through intake assessments, case management, and goal setting, program staff work to identify barriers. The primary barriers specific to survivors have been safety concerns and financial issues. Finding a housing unit that is both safe and affordable is not always easy, and while survivors are protected by the VAWA Act, often the domestic violence has contributed to the survivor's poor rental history and in some cases may have prevented the survivor from securing housing. Many survivors have financial concerns stemming from a lack of financial resources. For some, their abuser didn't allow them to work, so they don't have an employment history and many lack the skills or education to jump right into the workforce. Others have to find a job with flexible hours as they learn to juggle work along with being a single parent and ensuring their child's needs are met.

As barriers are identified, our CoC and program staff are dedicated to working to remove them to ensure our survivors receive safe housing and services. When working directly with the survivors, program staff employ trauma-informed, victim-centered practices that provide for survivor choice. Using strength-base assessments helps guide our goal setting. Work to break down the barriers related to securing housing for victims often centers on training landlords on the provisions of the VAWA Act that are specific to survivor's rights and housing. Additionally, training community members, especially medical providers and law enforcement officials, in victim's rights helps reduce barriers. To help remove the victim's financial barriers, programs assist with applying for mainstream benefits such as FIP, which can provide a small income while they search for employment and secure transportation and childcare, childcare assistance, Medicaid, and food stamps. they also provide a financial curriculum which teaches them how to budget and manage their money and addresses credit history/score issues and predatory lending. To assist them with becoming employed, program staff helps connect them with job training and educational courses as well as interviewing and resume writing classes and resources that provide work-appropriate clothing.

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

The Siouxland Pride Alliance, a local LGBTQ+ organization, participates in our CoC meetings and a member of that group attends meetings regularly. The anti-discrimination policy is presented annually during a regular CoC meeting and posted on the CoC's website for all to review, add comments and suggest revisions.

The CoC utilized the CoC-approved anti-discrimination policy as a basis to assist providers in developing project-level anti-discrimination policies. Once the CoC's anti-discrimination policy was adopted, the CoC encouraged all providers to review their current anti-discrimination policy and make revisions as necessary, especially in terms of adding language specific to HUD's Equal Access and Gender Identity Final Rules, ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination. As providers and/or their boards of directors had questions and concerns about adding certain language and revising their own anti-discrimination policy, CoC board and committee members were available to provide additional information and examples of how the revisions were necessary and beneficial to the agency and program participants.

In CoC- and ESG-funded housing projects, the CoC evaluates compliance with the CoC's anti-discrimination policy by reviewing program participation in coordinated entry, the participant referrals made and accepted by the program through coordinated entry, and the participants successfully housed and served by the program. Our CoC and the Balance of State CoC's in Nebraska and Iowa also conduct annual training for providers to review Gender Identity and Equal Access Rules and how to effectively implement them ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination.

If there are suspected and/or reported issues of provider or program non-compliance with the CoC's anti-discrimination policies, the CoC board will review and investigate the complaint, ensuring that both sides of the complaint are heard. If the non-compliance is founded, CoC board members would work with the offending provider or program to resolve the issue and bring them back into compliance with the CoC's anti-discrimination policies. This may include reviewing and revising the provider's anti-discrimination policy up to and including reducing or reallocating 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 or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Sioux City Public Housing Authority	10%	Yes-HCV	Yes
South Sioux City Housing Agency	2%	Yes-HCV	Yes

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

Describe in the field below:

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

(limit 2,500 characters)

The City of Sioux City Housing Authority adopted a homeless admission preference and Move On strategy for persons in PSH several years ago. The PHA and the CoC brought together other homeless providers to discuss the idea and work out the details. We also worked together to create an MOU for participating providers. For years the other PHA's in our CoC have maintained that they do not need a homeless admission preference or Move On strategy because they have short waiting lists and could serve a homeless family without a preference. The CoC Lead Agency took the lead and started contacting and having the conversation with the South Sioux City Housing Agency following the FY2018 competition. After several months of discussing the idea and educating them about a homeless preference/move on strategy, the South Sioux City Housing Agency adopted a homeless preference/move on strategy. Because both PHA's use a standardized online application, neither Sioux City nor South Sioux City have the ability to track homeless admissions. The SCEH utilizes HMIS data to report the number of persons exiting HMIS-participating programs to permanent housing with an HCV. Representatives from both the City of Sioux City PHA and the South Sioux City Housing Agency regularly attend CoC meetings.

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:	
		No

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.	N/A

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	6
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	6
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

Describe in the field below:

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

(limit 2,500 characters)

For new project applications, the CoC reviews the project description to ensure the project addresses how it will commit to Housing First including a commitment to using coordinated entry and reducing barriers to program entry and termination. For renewal project applications, the CoC reviews the quarterly Housing First evaluations to ensure a Housing First approach.

The CoC Project Monitoring and Development Committee reviews 3B. Project Description to ensure that a commitment to adhere to the elements of Housing First is included in the scope of the project. The Committee also uses the quarterly Housing First evaluation when scoring and ranking renewal project applications. The factors and performance indicators used during the evaluation include accepting all program referrals only from the CES per CES policies, ensuring low barrier program entry and program termination as outlined in the CoC Application, and connecting clients to supportive services to maximize housing stability to prevent returns to homelessness.

The CoC uses quarterly reporting and housing first evaluation and the bi-monthly Coordinated Entry referral meetings to ensure the projects that committed to using a Housing First approach are prioritizing rapid placement and stabilization in PH and are not requiring service participation or preconditions. During the quarterly reviews, the CoC reviews which projects have declined referrals from coordinated entry and the reasons for declining a referral to ensure that they remain in compliance with Housing First. Likewise, if the project reports less than 80% exiting to their own permanent housing destination, the Committee makes sure that the project isn't terminating clients or creating barriers, thus not following Housing First. During our bi-monthly CE referral meetings, we prioritize those persons who score the highest on the SPDAT and who have the most vulnerabilities. The programs accepting these referrals work to get them stabilized in housing as quickly as possible and then work to ensure they are accessing the services needed to maintain their housing and exit the programs successfully to their own permanent housing. The CoC reviews all funded projects quarterly against the Housing First Scoring tool. This review includes a conversation with program directors and staff to ensure they are truly operating under a Housing First model.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	
	Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

Our CoC tailored its Street Outreach to homeless people who are least likely to request assistance by collaborating with various agencies in the CoC, including the City of Sioux City's Street Outreach program, Siouxland Mental Health Center Community Support and Project Compass staff, Sunnybrook Church Walk with Me volunteers, Heartland Counseling's Permanent Supportive Housing and Crisis Response staff, FAVA which operates the VA's SSVF grant and assists homeless veterans and their families, Siouxland Community Health Center which provides street medicine and mobile showers, hospital social workers, and law enforcement. The Warming Shelter, Gospel Mission, and Soup Kitchen also provide limited street outreach in that they connect with the clients who access their day shelter and meal sites and connect them with resources, clothing and hygiene products, food, and referrals to coordinated entry.

To reduce barriers to assistance, outreach workers and agency staff meet the clients where they are. The City's Street Outreach staff go into the community weekly to make contact and build relationships with people living on the street and in homeless encampments. Some staff at the seasonal Day/Warming Shelter have lived experience and work with the homeless at the shelter to get them on Coordinated Entry and into the various housing programs. We also distribute fliers to social service organizations, laundromats, gas stations, and local grocery stores and on social media to create a presence in the community. The Warming Shelter and Siouxland Community Health Center provide personal care items, shower and laundry services, and a street address where homeless can receive their mail. The public library has laptops and free wi-fi so the homeless can apply for benefits, housing, and services. Agency staff are trained in trauma-informed care, person-centered care, motivational interviewing, and unique strategies for youth, veterans, persons with serious mental illness, and other unsheltered homeless persons.

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

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

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1. Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2. Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3. Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4. Other:(limit 500 characters)		

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

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	30	64

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)	
	Healthcare/Insurance	Yes

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

Through trainings, program staff come to know healthcare (health, mental health, substance use disorder) staff and providers so that they are able to contact them and collaborate with them to help the homeless access healthcare services. Program staff work closely with each other and freely use their knowledge and expertise to connect other agencies and clients with needed healthcare organizations and Medicaid. Many program staff have developed close working relationships with the Benefits Specialists and MCO staff who assist staff and individuals with applying for Medicaid, Medicare, and Medicare supplements. The MCOs send email notifications about open enrollment, town hall meetings, benefit classes, diaper showers, and surveys to constituents about services. Agency staff are informed of both Iowa and Nebraska Medicaid/MCO programs and use this knowledge to assist their clients with effectively using Medicaid and the related benefits such as utilizing medical transportation services to/from medical appointments and accessing sliding scale medical/mental health and substance use care. The CoC assists with this collaboration by providing time at CoC meetings to spotlight these healthcare agencies and organizations, their programs and services, and how to apply/qualify.

The CoC works with projects, especially PSH projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification for program staff. The CoC has provided information regarding SOAR and SOAR training. Two agencies in the CoC, one who provides PSH and one who provides RRH and CE, have SOAR-certified staff. These staff have successfully assisted several clients with obtaining their medical history and other supporting documents needed to apply for and receive SSI/SSDI.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

The CoC and its partner agencies worked closely with Siouxland District Health and the Iowa and Nebraska State Health Departments to learn as much as we could about COVID and preventing the spread of COVID in order to develop policies and procedures to respond to COVID and other infectious disease outbreaks. We participated in webinars and trainings to stay up-to-date on CDC and health department guidelines and recommendations. Then the CoC worked with providers to develop policies and procedures to respond to infectious disease outbreaks. These policies and procedures include regularly monitoring state and local health agency websites and social media for up-to-date information and recommendations as well as signing up for emails listserves to ensure receipt of vital information regarding infectious diseases and responding to outbreaks. For many providers, their policies and procedures consist of a 3-tier system where each tier represents protocols taken at varying severities of the outbreak. Tier 1 relates to no infectious disease outbreak. Tier 2 relates to an outbreak where community spread is moderate. Tier 3 relates to an outbreak where community spread is extreme.

During and since the COVID pandemic, the CoC and its partner agencies have worked closely with Siouxland District Health and the Iowa and Nebraska State Health Departments to improve best practices in an effort to prevent infectious disease outbreaks among people experiencing homelessness. The 3-tier system many providers have adopted to respond to infectious disease outbreaks includes information at each tier for preventing infectious disease outbreaks and the spread of infectious disease. The procedures in the 3-tier system cover everything from daily cleaning and sanitation to social distancing and working/providing services remotely to mask mandates and quarantining infected staff and clients. The CoC and its providers follow public health recommendations for increased cleaning and sanitation protocols. We continue to receive information regarding available vaccines and boosters and disseminate this information to provider staff and clients. All providers maintain a supply of PPE (hand sanitizer, masks, etc.) to give to staff and clients as needed.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

The CoC communicates information on infectious diseases, safety measures, up-to-date local restrictions, and prevention techniques and vaccine implementation to homeless service providers via email and through information sharing at CE and CoC meetings. Information sharing generally consists of sharing what did/didn't work and helpful tips for managing the infectious disease outbreak and preventing its spread. As information comes out from the CDC and state and local health departments, it is shared via the CoC's email list serve and at public meetings, and homeless service providers then pass the information along and share it as appropriate with other non-CoC agencies and clients. Resources and information are also posted to the CoC's website and shared on social media.

The CoC facilitates communication between the public health agencies and homeless service providers by taking the lead and serving as the first line of communication between the public health agencies and homeless service providers. The CoC ensures that all street outreach, shelter, and housing providers receive up-to-date information regarding protocols and available resources designed to prevent or limit infectious disease outbreaks. The CoC helps ensure homeless service providers have access to the resources they need including PPE and cleaning and sanitizing supplies as well as stay up-to-date on the best practices to prevent or limit infectious disease outbreaks among program participants or treat them and prevent their spread should they occur in their shelter and among program participants.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

Our Coordinated Entry System covers 100% of the CoC's geographic area. The CES operates under a centralized approach with a single Access Point. All CoC-/ESG-funded agencies are required to participate in the CES both making referrals to and accepting referrals from CE. We also have several non-funded agencies/service providers within the CoC who participate in the CES by making and accepting referrals. CES staff have also worked to inform providers in the rural areas about the CES and have provided information for accessing the CES and completing the intake assessment via telephone. Additionally, several local agencies provide Street Outreach and meet clients in known locations such as encampments, parks, and at the library, and Soup Kitchen to ensure that unsheltered homeless persons are prioritized for assistance in the same manner as any other person assessed through CE.

The CES utilizes a standardized assessment tool (VI-SPDAT, VI-F-FPDAT, or the TAY-VI-SPDAT) and process to achieve fair, equitable, and equal access to housing and services within the CoC. When a client presents at the access point, trained agency staff complete both the HMIS Basic Assessment and the appropriate SPDAT assessment, enter the information into the HMIS, and place the client on the CE Prioritization List. Clients are prioritized by SPDAT score and literal homelessness combined with additional tiebreakers (chronic status, length of time homeless or on the streets, DV, veterans, and youth) as needed. CE intakes are offered in multiple ways including in person or over the phone. Before starting the intake, CE staff explain the CE process and why they are asking sensitive questions. They also confirm that none of the information will be shared with law enforcement or child protective services unless they are at risk of hurting themselves or others. They explain that the participant can skip or refuse to answer any question as well.

The CES policy and procedure manual is reviewed annually and updated as needed based on feedback received from participating agencies and households. In previous years the CoC used feedback to update the CE intake process and implement a centralized CES with a centralized access point. We have also added language specific to the Equal Access and Gender Identity Final Rules under non-discrimination and have adjusted some of our timeframes for responding to clients at all stages of the CE and referral process.

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

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

(limit 2,500 characters)

The CES system reaches people who are least likely to apply for homeless assistance by conducting affirmative marketing and posting notices in all agencies participating in CES. This is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. Additionally, all people within the CoC's geographic area including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence have fair and equal access to the CES. In addition to having a single access point and access for clients in rural areas, several local agencies provide Street Outreach and meet clients in known locations such as under bridges, in parks, and at the library, Soup Kitchen, and the seasonal Day Shelter in order to ensure that we are reaching those who are least likely to apply for homeless assistance.

To the extent possible, persons who are the most vulnerable and/or have been homeless the longest will be prioritized for housing first. Clients are prioritized by SPDAT score and literal homelessness combined with additional tiebreakers (chronic status, length of time homeless or on the streets, DV, veterans, and youth) as needed.

The CES ensures the people most in need of assistance receive assistance in a timely manner by meeting the clients where they are and providing various methods of communication consistent with the client's preferences (phone, text, email, Facebook Messenger, in-person). In addition to having a single access point and access for clients in rural areas, several local agencies provide Street Outreach and meet clients in known locations. To facilitate prompt referrals and ensure those most in need of assistance receive that assistance in a timely manner, providers follow CES guidelines, yet all referrals made are participant choice and participants have the ability to decline a referral and wait for a referral to another provider.

CES staff make every effort to reduce burdens on people using coordinated entry and improve the speed at which a person or household can be appropriately housed. CES staff is continually collaborating among service providers, working to streamline referrals and ensure easier access to services. This includes having a centralized point of entry and providing multiple methods for completing the CE intake assessment, updating information, etc.

1D-8b.	Coordinated Entry—Informing Program Participants about Their Rights and Remedies—Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

We work with our CoC partner agencies as well as other service providers and city/county government departments to make sure the Coordinated Entry System (CES) reaches all persons experiencing homelessness and they are aware of available services and how to access housing and services. We have distributed fliers and posted signage throughout the metro and rural areas of the CoC's geographic area. We provide translation services. Our CoC and its member agencies use social media, public meetings, street outreach, and 17 electronic signs throughout the community to distribute information on housing and services. A lot of our outreach is done through partner agencies that work with special populations-- DV, Indigenous, youth, etc.

Our CoC and its member agencies consistently share information about the Human Rights Commission, Iowa Legal Aid, and Nebraska Legal Aid all of which assist clients with navigating their rights with regards to fair housing, housing discrimination, and civil rights.

When CE receives information that a condition or action impedes fair housing choice for current or prospective program participants, the process laid out in the Sioux City Consolidated Plan is followed. Complaints received from citizens/participants or potential violations noted by CE staff are referred to the Sioux City Human Rights Commission and/or Iowa Legal Aid for further investigation.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/03/2023

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

Describe in the field below:

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

(limit 2,500 characters)

The CoC used HUD's CoC Analysis Tool for Race and Ethnicity to conduct its assessment for racial disparities. We used and reviewed data from the US Census as well as CoC HMIS data. The specific US Census elements analyzed included total population and people living in poverty. The specific HMIS data elements analyzed included people experiencing sheltered and unsheltered homelessness, Coordinated Entry assessments conducted and referrals made from the CES to housing programs, rate of housing, successful retention in PSH and exits to permanent housing, and returns to homelessness within 6, 12, and 24 months.

We compared racial distributions between persons experiencing homelessness and the general population to identify if certain racial groups experienced homelessness at a disproportionate rate. We also compared and identified the difference in demographics of those experiencing homeless who are sheltered as opposed to those who are unsheltered. Finally, we reviewed the data to ensure that there wasn't a racial disparity among homeless persons being referred to specific programs or services and to see if certain racial groups successfully completed or exited our homeless programs at a disproportionate rate. During the last analysis, the CoC discovered there are a disproportionate number of Native American/Alaska Native/Indigenous persons experiencing homeless. This led to a higher number of Native American/Alaska Native/Indigenous persons being referred to programs and perhaps being assisted by programs. Other than that, we did not identify any racial disparities with relation to the provision or outcomes of homeless assistance or the persons to whom assistance was offered.

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

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes

11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

Other than the disproportionate number of homeless Native Americans in our CoC, the CoC did not identify any disparities in the provision and outcomes of homeless assistance. Homeless Native Americans are accessing the CES and being referred to available programs at the same rate as other homeless individuals. We feel the lack of disparities is due in large part to the DEI training the CoC and provider agencies are providing to staff working in the homeless services sector to help them better understand racism and the intersection of racism and homelessness. Our CoC conducts a racial disparity study using HUD's CoC Analysis Tool for Race and Ethnicity at a minimum every 3 years. As new tools are developed, we will review them and use the tools which best meet our CoC's needs. The CoC has committees charged with collecting and analyzing data to better understand the pattern of program use for people of different races and ethnicities in our homeless services system. The staff and committees then use the data to develop steps to address racial disparities related to homelessness. We continue to review and analyze our data quarterly during funded project reporting as well as on our annual PIT counts to determine disparities and fill gaps where possible. CE staff and CoC member agencies have attended webinars focused on improving racial equity in the CES and have completed Diversity, Equity, and Inclusion training. The CoC reviews the coordinated entry processes annually to understand their impact on people of different races and ethnicities experiencing homelessness and revise them as needed to improve the provision and outcomes of homeless assistance. CE staff conduct community engagement, exploring disparities in the community. These staff go out to homeless encampments to connect those individuals, many of whom are Native American or recent immigrants, with CE and other resources in the community. This has been a vital component to connect them with CE. Finally, Siouxland Human Investment Partnership has a community-based Native American Advocate on staff. He serves as an advocate for Native Americans, working with any agency in the community, including courts, DHS, juvenile probation, adult probation, etc.

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

Describe in the field below:

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

(limit 2,500 characters)

The measures our CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance focus on the client's exit outcomes and whether or not they return to homelessness. The three main components of measuring racial disparity in our CoC look at those who: 1) experience homelessness, 2) exit to permanent housing or retain permanent supportive housing, and 3) return to homelessness within 12 months of exiting to permanent housing. Each component is broken down by race: White, Black, Native American, Asian/Pacific Islander, Other/Multi-Racial as well as Hispanic/Latino. The CoC plans to utilize the CoC Racial Equity Analysis Tool, the CoC's System Performance Measures, both annually and quarterly, and the CoC's required quarterly reports to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance. The CoC Racial Equity Analysis Tool draws on Point-In-Time (PIT) Count and American Community Survey (ACS) data to analyze racial disparities. Additionally, all CoC- and ESG-funded projects submit quarterly data reports which the CoC's Project Monitoring and Development Committee reviews and discusses with the CoC and the projects. One element that we review is the racial distribution of persons experiencing homelessness within our projects to see if there is one or more races that are experiencing homelessness at disproportionate rates. We also use the quarterly reporting and the annual and quarterly System Performance Measures to review the data related to exits to permanent housing and other destinations and income to see if there is one or more races experiencing more or less success in our programs. From this information, we are able to work with Coordinated Entry and program/agency staff to determine what may have caused any disparities in the data and how we might resolve them.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	
	Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.	

(limit 2,500 characters)

The CoC has a website and Facebook page where we post announcements regarding our local coalition to end homelessness and our homeless services and providers and where we attempt to engage those with lived experience of homelessness. We post about our CoC board and coalition, member/provider agencies, events, announcements and general posts about housing and homelessness. CoC Member/Provider agencies have and continue to conduct targeted outreach by asking current and past program participants if they would be willing to attend CoC meetings and serve on CoC committees and/or the Board. An employee/case worker with Promise Jobs, a program for homeless/formerly homeless and/or low income families who receive TANF benefits, has been actively working to recruit participants with lived experience. The Siouxland Street Project, a collaboration between the CoC, Downtown Partners, the Sioux City Police Department, and interested citizens and stakeholders, recently merged with the CoC's Public Awareness and Advocacy Committee. They continue to hold meetings and provide updates which include directing Street Project to the CoC to continue their work. This has increased participation among those with lived experience including some taking the lead on the unsheltered PIT or serving as co-chair of various subcommittees. We discuss the need to fill vacancies both on the CoC board and on CoC committees at every CoC meeting and remind agency representatives that we need better representation from persons with lived experience, persons of color, and persons from the LGBTQ+ community.

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

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	3	2
2.	Participate on CoC committees, subcommittees, or workgroups.	5	2
3.	Included in the development or revision of your CoC's local competition rating factors.	0	0
4.	Included in the development or revision of your CoC's coordinated entry process.	3	2

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

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

(limit 2,500 characters)

The CoC and CoC member/provider organizations provide professional development and employment opportunities to individuals with lived experience in a variety of ways. Heartland Counseling provides professional development opportunities through The Life Center and also works with Vocational Rehab, in both Iowa and Nebraska, as well as staffing agencies to help client gain employment. Bridges West provides professional development by discussing best practices and then assisting clients with filling out applications and writing a resume and cover letter. The case manager practices interview techniques and assists them with how to explain criminal charges or other things in their background that may prevent them from getting hired. They also work on developing vital life skills including communication, keeping a schedule, and establishing support systems. All CoC member/provider organizations also make referrals to other professional development and employment resources such as the local state workforce development offices, Promise Jobs, Goodwill, staffing agencies, and various businesses who have a history of working well with persons who are facing challenges including homelessness, transportation, child care, health/mental health issues. The Junior League of Siouxland, although not a CoC member agency, offers a "Dress for Success" program and partners with agencies who serve persons with lived experience of homelessness to not only help them acquire appropriate clothing for work but also to provide opportunities for mentorship/guidance on presenting themselves.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
1.	how your CoC gathers feedback from people experiencing homelessness;	
2.	how often your CoC gathers feedback from people experiencing homelessness;	
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;	
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and	
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

The CoC uses a variety of methods to gather feedback from people experiencing homelessness. More formal methods include satisfaction surveys, but equally important is the verbal feedback funded and non-funded service providers receive when clients are inquiring about programs and services. Often the feedback is relayed to the CoC through agency staff.

We gather feedback annually when we assess our programs, policies and procedures, and Coordinated Entry System. Outside of these annual assessments, feedback is gathered whenever the client is willing to provide it. As with gathering feedback from those experiencing homelessness, the CoC uses a variety of methods to gather feedback from people who have received assistance from CoC- or ESG-funded programs. More formal methods include satisfaction surveys, treatment plans, and outcome measures. Equally important is the mostly unsolicited verbal feedback program staff receive while clients are in a program or when they are exiting a program.

Gathering feedback from the people who have received assistance through CoC- or ESG-funded programs varies from program to program. Clients who participate regular case management often provide feedback weekly or monthly. Other programs provide quarterly satisfaction surveys. Outside of these formal methods, clients are encouraged to contact staff at any time regarding issues, concerns, barriers, and also things that are working well. Information specific to the CoC is shared with CoC leaders and policymakers. The feedback received mostly pertains to program operations, but it also pertains to barriers within the various systems and accessing programs and services. Many complaints revolve around all the "hoops" they have to jump through to access services - obtaining required documents, eligibility requirements, criminal history, income, etc. and the hardships they face with communication, transportation, wait lists, availability, etc. The CoC has increased the number of people conducting Coordinated Entry intake assessments. They have also implemented a variety of methods for completing the intakes - in-person, via telephone, and out in the encampments where those least likely to request assistance are often found. Programmatic changes include everything from creating a quiet area/small group space to taking maintenance requests from clients for areas they use to having clients assist with planning meals, group topics, and activities/community outings.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

The City of Sioux City (lead agency) has a long history of inclusionary zoning practices and CoC members have been active in the discussions. These practices include setback averaging to ensure that infill lots can be developed into affordable housing and minor modifications to provide relief from zoning requirements that may be roadblocks to the creation of affordable housing. A recent zoning ordinance change (within the last year) included changing the minimum lot width requirement from 50 feet to 40 feet. Again, this allows for smaller lots to be developed resulting in more affordable housing availability. An additional recent zoning ordinance change (again within the last year) allows for more density in the urban residential zoning district and reduces the required setbacks to zero feet. Both of these changes have already resulted in additional housing units being planned for and constructed, including affordable housing developments. CoC members (City of Sioux City staff) provided comments and support to City of Sioux City Planning and Zoning staff related to these changes. Other variances that have been granted in recent years have reduced front yard setbacks, allowed for shared garages, and created an irregular lot configuration.

As needed, the Lead Agency of the CoC encourages City of Sioux City Planning and Zoning staff to reduce regulatory barriers to housing development. In addition to the zoning ordinance changes listed above, City of Sioux City are often creative when finding ways to increase the availability of affordable housing in the area. For example, recently an affordable housing project was proposed on a lot that would need to be split. This would cause a delay in the project. However, City of Sioux City staff proposed an idea that involved constructing four units on the site instead of two and making them condos. This allowed the project to move forward and create additional units of affordable housing. Stormwater requirements can also be a barrier to housing development. City of Sioux City Engineering staff are very helpful with regard to making affordable infill residential developments work within the confines of the stormwater ordinance. An example from the last year includes allowing for credit to be applied for the overall percentage of impervious pavement for pavement that was removed as a part of the redevelopment project.

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

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

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/20/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/20/2024

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

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

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

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

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	75
2.	How many renewal projects did your CoC submit?	5
3.	What renewal project type did most applicants use?	Tie

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

Describe in the field below:

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

(limit 2,500 characters)

The housing and services projects submit a cumulative CoC APR report each quarter. The CoC's Project Monitoring and Development Committee analyzes the data against the CoC's performance measure of 80% of persons exiting to/maintaining their own permanent housing and against our System Performance Measures. We look at exit destinations by race/ethnicity to determine if there are disparities and barriers to a successful exit outcome. The CoC also reviews the quarterly CoC APR report for each project and the System Performance Measures to determine trends in the amount of time a person spends in homelessness and the length of time it takes from the time a person enters a PSH or RRH program to the time they move into their housing. Often our average length of time homeless is longer than 90 days because the client is service resistant or because we don't have openings in our programs. When reviewing, ranking, and rating projects, the CoC considers our CoC's need to increase and provide more PH-PSH housing to serve the chronically homeless in Siouxland. Additionally, the CoC considers the target population/subpopulations to be served by the projects as well as the project design and how it addresses HUD's priorities for ending chronic homelessness, ending homelessness among households with children, and reducing the amount of time a person spends homeless by rapidly rehousing clients. The CoC also considers the extent to which the projects reduce or eliminate barriers to project entry and/or follow a Housing First approach to better serve the most vulnerable and hardest to house and to address the needs of those who have: low or no income, current or past substance use, a significant criminal history, and/or those who are victims of domestic violence, service resistant, and severely mentally ill. When scoring projects, we award tiebreaker points and give consideration to adjusting the rank of lower scoring projects because they are committed to serving those with the most severe barriers, and rapidly placing them in and helping them maintain permanent housing. The severe barriers our CoC considered included the chronically homeless, especially those who have been historically service-resistant and those who are in a chronic cycle of substance use and severe mental illness/unstable mental health. We also considered those who are hardest to house due to their legal/criminal history, a poor rental/eviction history, and domestic violence.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

Our CoC actively includes persons of different races, especially Native Americans, who are over-represented in the local homeless population, in the review, selection, and ranking process. We achieve this through several strategic initiatives including intentional outreach and recruitment. We engage in proactive outreach to recruit individuals from diverse racial backgrounds, particularly those who are directly impacted by homelessness. We collaborate with community organizations that work closely with these populations to ensure their voices are heard. In addition to the open invitation to join our CoC's Board and Committees, we make targeted asks to ensure we have representation from over-represented populations in our CoC's decision-making.

We include persons of different races, particularly those over-represented in the homeless population, by providing an open and targeted invitation to join our CoC's Project Monitoring and Development Committee. All members of this committee actively participate in all stages of the rank/review process, from reviewing and scoring applications to finalizing rankings.

Our CoC did not specifically rank our projects based on the degree to which they have identified barriers to participation faced by persons of different races and ethnicities. However, we did award points for project applications which identified severe barriers in general and addressed the steps they would take to eliminate them. In our Racial Equity analysis, we have not identified any barriers to participation, and our CoC and projects have already taken steps to eliminate barriers to participation by meeting the client where they are, offering multiple methods of completing the CE intake, and providing warm handoffs between the client and the provider(s) they already know and have built relationships with. Other steps the CoC and projects have taken include partnering with local community organizations that serve minority populations, hiring bilingual staff, offering cultural competency training for all employees, and creating targeted outreach programs. We are committed to continuously improving our inclusivity practices. This includes regular training for CoC members on cultural competency and implicit bias, as well as ongoing evaluation of our processes to ensure they remain fair and equitable.

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)

The CoC's written process for reallocation involves both voluntary reallocation where an applicant chooses to reallocate all or part of their renewal funds to create a new project(s) and involuntary reallocation where the CoC may reallocate funds from low-scoring or low-performing projects to create one or more new projects without decreasing the CoC's ARD. Low performing projects are those who aren't meeting CoC performance standards. Projects that have had funds recaptured are also subject to having the amount of recaptured funds reallocated. If there are no new project applications, the funds remain available for the original renewal project(s). The project scoring/ranking and reallocation procedures are based largely on the SCEH's quarterly reporting. All CoC-funded projects submit quarterly reports and data including housing stability, income, data quality and timeliness, and financial accountability is reviewed by the Project Monitoring and Development Committee. This data is taken into consideration along with the project application and overall performance when the projects are scored and ranked during the competition. The CoC's Project Monitoring and Development Committee also considers the CoC's need for a particular project type when considering and scoring/ranking new and renewal project applications.

The CoC's Project Monitoring and Development Committee did not identify any projects through this process during the local competition this year.

The CoC did not reallocate any low-performing projects during the local competition.

There was much discussion weighing the pros and cons of ranking a higher performing, lower priority transitional housing project which is fully in tier 1 over a lower-performing, higher priority permanent supportive housing project which is straddling the line between tier 1 and tier 2. In last year's competition, the transitional housing project voluntarily reallocated \$42,997 to another project in order to keep that project fully in tier 1. The Project Monitoring and Development Committee decided that they couldn't reallocate funds from that program again this year because of its success in meeting the CoC's system performance measures and the benefits to the overall CoC Consolidated Application.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No

3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/08/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/15/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/15/2024
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/09/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

In the field below:

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

(limit 2,500 characters)

The CoC and HMIS Lead as well as our local DV provider and the HMIS Agency they contract with have worked with WellSky, the HMIS Vendor, to ensure that all DV housing and service providers in our CoC collect data in databases that meet HUD's comparable database requirements. The DV providers in our CoC enter client data into a comparable database, known as DVMIS. The DV provider in Sioux City, IA retained our former HMIS Lead and contracts their DVMIS system, user licenses, and system administration with that agency. However, the vendor is the same as our HMIS system, WellSky. The DV provider in South Sioux City, NE is part of a larger entity with offices located in the Nebraska Balance of State CoC. They also utilize a comparable database provided by OSNIUM. Both systems are maintained and operated separately from the HMIS version of WellSky that is used by non-DV providers. Providers utilize an un-named client function of the DVMIS software. Initially the end user enters the client's name at the point of client record creation. The system then creates a unique ID for that client and discards the client's name from the system. No HMIS staff, vendor staff, or end user staff have access to the client's name once the unnamed client has been created. DVMIS is a replicated version of WellSky and meets the same HUD HMIS Data Standards and reporting requirements as HMIS. Due to the use of the same software as the non-DV HMIS, the CoC can request the same performance data as it does for any project participating in HMIS. Additionally, the HMIS Lead can receive system performance measure data through the use of the DV database. Any report that is provided by the software vendor in HMIS is also available for use in DVMIS.

The DV housing and service providers in the CoC are using a HUD-compliant comparable database that is compliant with the FY 2024 HMIS Data Standards.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	
	Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:	

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	134	0	40	29.85%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	56	0	56	100.00%
4. Rapid Re-Housing (RRH) beds	64	0	64	100.00%
5. Permanent Supportive Housing (PSH) beds	71	0	41	57.75%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

Currently bed coverage rates for emergency shelter and permanent supportive housing project types fall below 84.99%. Steps to increase bed coverage within the CoC in these project types will include continuing to build relationships with the privately-funded, faith-based organization that operates these ES beds as well as initiating talks with the VA and PHA to establish data collection and reporting in HMIS.

The HMIS Lead will initiate talks with the VA and the PHA to determine barriers to the HUD-VASH program participating in HMIS. HMIS staff will work with the VA and the PHA to resolve the barriers and hopefully have them entering data in the HMIS system by the end of 2025. This would bring PSH coverage up to 100%. The HMIS Lead has been training staff at the seasonal Warming Shelter. they were just about ready to go live when they announced that the shelter will be closing permanently. The HMIS Lead has also been working with the Gospel Mission to implement HMIS. They are interested and have indicated a willingness, but they haven't been able to coordinate training and full implementation yet. They will continue talks and hopefully, have them fully trained and actively using HMIS by the end of 2025.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?		Yes

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

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

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

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

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/09/2024
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

We did not specifically engage unaccompanied youth or youth serving organizations in the most recent PIC count planning process. Our providers that serve homeless youth provided insight as to known locations for homeless youth and best practices for engaging them in order to gain an accurate count of our CoC's homeless youth. With a new HMIS and CE Lead Agency, we will plan to work with the schools, specifically the guidance counselors, to make contact with the youth they know are currently homeless or have had housing issues in the past in an effort to engage them in our PIT planning.

We typically do not have a large unaccompanied youth population. However, we do work with youth serving organizations including Crittenton Center, Boys and Girls Home, DHHS, and the local school districts to select locations where homeless youth are more likely to be identified during PIT count planning.

We were only able to involve homeless youth in the actual count to the extent that they participated in the count and were counted and they helped us identify other known locations and persons.

Although we don't typically have a large homeless youth population, especially unaccompanied youth under the age of 18, we do take measures to identify and count homeless youth. Many youth-serving agencies including Crittenton Center, Boys and Girls Home and Family Services, Sioux City Community Schools, Siouxland Community Health Center, and the Human Rights Commission, who works closely with the LGBTQ community, participate in the CoC and provide information to the CoC of any known locations of unsheltered homeless youth. Additionally, the knowledge gained through Street Outreach and Coordinated Entry assessments is used to identify known locations of homeless youth.

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

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

(limit 2,500 characters)

Our PIT count was not affected by people displaced from a natural disaster. In general, we believe the number of homeless in our community is increased due to person's seeking short-term shelter or housing assistance who recently arrived in our CoC's geographic area which may have affected our PIT count. Throughout the year, our CES and other shelter, housing, and service providers reported an increase in the number of people relocating to our area due to employment and/or cheaper housing opportunities, fleeing domestic violence or trafficking, or seeking substance use treatment. It is quite likely that some of these people had entered our system and remained in one of our shelters or programs at the time of the PIT.

We believe that contacting those persons from the CE prioritization list who indicated they were in an unsheltered situation increased our unsheltered PIT count numbers by 2 or 3 persons because outside of contacting them, neither CE nor Warming Shelter staff had contact with them that day. However, our unsheltered PIT numbers still remained consistent with the counts from previous years.

2C. System Performance

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

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

2C-1.	Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

The Number of First Time Homeless in our CoC decreased 34% (169 to 111) from FY2022 to FY 2023. The CoC looks at the reasons persons give as the primary and secondary cause of their homelessness to determine the risk factors used to identify persons experiencing homelessness. The CoC found that mental health and substance abuse, unemployment, and lack of childcare, transportation, and/or education/skills and life skills like budgeting are among the leading causes of homelessness. Many of those at risk of becoming homeless are also facing eviction. Others are doubled up with friends or family, and still others have lost their housing and are living in a hotel until their funds run out.

CE and agency Staff work with individuals and families at risk of becoming homeless to problem solve and try to come to a resolution that will prevent them from entering the homeless system. During the initial interaction and CE assessment, we employ diversion strategies to get a better idea of their current situation and divert them to other available housing and resources. Coordinated Entry employs a shelter diversion tool/Prevention-SPDAT to try to divert and prevent persons from becoming homeless. Due to a lack of ES beds for households with dependent children, a portion of the ESG RRH/HP funds are approved for homeless prevention so families are assisted before they become literally homeless. Other agencies offer Tenant-Base Rental Assistance and Emergency Food and Shelter Program funds for rent assistance. We encourage them to stay in a doubled up situation if they can to have some time flexibility to apply for Section 8 housing. We also brainstorm with them other resources that may help them stay in their current situation, even if precarious, to prevent literal homelessness. Our service providers are also very well-versed in available resources and can often make appropriate referrals to employment, education, subsidized housing, deposit assistance, DHHS, Consumer Credit Counseling, etc. to obtain assistance and prevent them from becoming homeless. When we are unable to prevent them from becoming homeless, the CoC, through the CES, not only prioritizes clients by their VI-SPDAT score, but we also consider tie-breakers including domestic violence, chronically homeless, length of time homeless, and veteran status.

CoC/ESG-funded agencies and The CoC Project Monitoring and Development Committee oversee this strategy.

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

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

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

(limit 2,500 characters)

For the past several years, clients completing the Coordinated Entry Intake Assessment have shared that a primary cause of their homelessness is relocation or the inability to pay rent due to unemployment and relocation. Likewise, these reasons for homelessness are being shared with housing and service providers. All too often, provider staff hear clients say that they relocated to the Sioux City, Iowa area because they have been led to believe that "housing is cheaper and easier to find and there are lots of jobs and other services and help." They have been told, either by providers or friends and family that the Section 8 waiting list is short and they can get a voucher quickly and that jobs are plentiful, and they are eager to go often because they are fleeing their unsafe communities such as inner city Chicago, Minneapolis, and Nashville in hopes of a better life. Providers have also fielded calls from folks in California who are coming here because the cost of living in California is too high. Unfortunately, once these people arrive, our providers then hear that it is not as they believed it would be. There are barriers with transportation, a lack of affordable housing, and most of the "high-paying jobs" are labor intensive, factory or packing plant line jobs. We have also seen an increase in the number of persons who are fleeing domestic violence and relocate to Sioux City seeking placement in a shelter that has openings. Same goes for treatment. They come to Sioux City because there are openings in the inpatient treatment program, and when they discharge, they are staying in Sioux City even if that means being discharged into homelessness.

2C-2.	Reducing Length of Time Homeless—CoC's Strategy.	
	NOFO Section V.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

Our CoC is reporting an 11% decrease (131 days in FY2022 down to 117 days in FY2023) in the average LOT individuals and persons in families remain homeless for persons in ES and TH. Our CoC holds CE Case Conferencing meetings twice a month where CE staff and providers discuss client situations, and recognizing our community's limited resources, we brainstorm and discuss potential solutions that may help the client self-resolve. CE Staff engage clients in diversion conversations each time they touch the system. The conversations guide the client through strength-based problem solving to identify places they may be able to stay until permanent housing can be identified. All programs have adopted a Housing First model and program staff work to quickly stabilize their housing and quickly move the clients to permanent housing. Program staff work closely with clients to help them overcome barriers preventing them from obtaining their own permanent housing. They assist the homeless with completing applications for permanent housing and housing assistance and help ensure they have filled out their applications correctly and completely. Staff also make referrals to appropriate agencies to help the client improve their credit or clear up past due rent and utility bills so that they can obtain their own housing and utilities. They also assist them with appeals if they are denied by the landlord due to credit or rental history or criminal history. Often, homeless clients remain homeless or in an ES or TH program longer than 90 days simply because it takes longer to work through their complex barriers to housing. We continue to work on landlord engagement, especially for the hardest to house. We also continue to work on community engagement. We do not terminate PSH clients for not participating in case management, but we stress the importance of that resource and maintaining mental health and substance use services. Those with the longest length of time homeless are identified through the Coordinated Entry intake and that information is used in placement on the prioritization list and referral to housing opportunities. Even then, some are service resistant but maintain contact and remain on the CE prioritization list in the hopes that one day they will be open to the services and housing available. CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

Our CoC is reporting a 3% decrease (53% to 50%) BUT a 50%+ PH exit rate from FY 22 to FY 23 in the number of persons who exited ES, TH, and RRH programs to a permanent housing destination. We are reporting a 1% increase (89% to 90%) from FY 22 to FY 23 in the number of persons who remained in PSH or exited PSH to another permanent housing destination. Although we are reporting a slight decrease with an exit rate of 50%, we feel this is still a low percentage of persons exiting to permanent housing destinations, especially from ES where so many of the clients either disappear without completing an exit interview or check in for a night and then disappear for several weeks. Although some clients exited PSH and maintained their own PH destinations, not all were ready to address their mental health or substance use leading to illegal activity, eviction, incarceration, and unsuccessful exits from PSH. All ES, TH, and RRH providers work with their clients on action steps to address and overcome the complex barriers and hardships preventing them from being eligible for housing such as poor credit or rental history, criminal history, past due debt with the housing authority or utility companies, and/or persistent substance use and mental health issues. Program staff also work with clients who are denied housing to help them write an appeal and get housed. All PSH project participants are strongly encouraged to participate in supportive services and case management to take full advantage of the PSH program and ensure their success both in the program and with maintaining their permanent housing. Services such as applying for SSI/SSDI, mental health counseling, substance abuse counseling, crisis response, day rehabilitation, psychiatry, medical and dental services, and community support that includes teaching them life skills, such as cleaning, cooking, and hygiene are offered to the clients to improve their housing stability. When it is determined that a client has stabilized their housing, finances, and disability and no longer need PSH, staff work with the client to help them secure subsidized housing and other supports to successfully transition and maintain their own permanent housing. Likewise, when it is determined the client needs a higher level of care, PSH staff also work with the client to secure alternate placement. CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

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

(limit 2,500 characters)

Our 6-month Return to Homelessness rate decreased from 16% in FY 2022 to 9% in FY 2023. Our 12-month Return to Homelessness rate decreased from 7% in FY 2022 to just 1% in FY 2023. Of the 238 persons who exited to a permanent housing destination, 21 persons (9%) returned to homelessness in 6 months. This is a decrease of 7% from FY 2022. Only 2 persons (1%) returned to homelessness in 12 months which is 67% lower than FY 2022 and well below 10%. Eight (8) had exited from TH; 6 had exited from PH; and 9 had exited from street outreach. Through Coordinated Entry and the sharing agreement among providers we can fully utilize system-level HMIS reports to identify common factors and identify the individuals and families who return to homelessness.

Once clients enter our homeless programs, program staff provide intensive case management to provide education and supportive services to prevent a recurrence of homelessness. Whether required or not, all program case managers encourage more frequent and intensive case management in the early stages of program participation to help the client focus on their goals and be successful. Through that intensive case management, various assessments and questions are asked to determine barriers, unmet needs, and struggles. Case management also provides guidance and accountability as the case manager and client work together to set and achieve goals, access various community resources, work toward and/or maintain a healthy and positive lifestyle, develop social skills and increase community involvement, etc. In addition to PSH programs, within our CoC there are a couple of RRH programs that can provide rental assistance for up to 12 months, allowing the clients time to address mental health and substance abuse issues, obtain income, and develop financial and housing stability to avoid a return to homelessness. Knowing when someone is returning to homelessness and knowing which other programs the client has been in allows us to better assess their situation and work with the client to set goals and connect to community resources (substance abuse treatment, mental health care, life skills – budgeting/money management, etc.) that will help them overcome their barriers to maintaining permanent housing and self-sufficiency and break the cycle and prevent future returns to homelessness.

CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

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)

The number of persons who exited with increased income from employment decreased by 33% (from 62% in FY 2022 to 29% in FY 2023), but our rate of employment income was also 29% which is higher than 20% goal. Through regular case management, the clients set education and/or employment goals designed to help them increase access to employment and cash income from employment. While setting goals, the case manager often discovers that the client has a specific skill set but is unable to work in the desired field because they have an expired license/certification or need to finish classes/credits in order to earn the certification. The case manager then assists the client with accessing resources to pay for re-certification, classes, etc.

Coordinated Entry prioritizes assisting clients with getting vital documents, such as state ID or green card, which is often a barrier to getting employed. All CoC-funded projects refer clients to mainstream employment organizations such as IowaWorks, Goodwill, Nebraska Vocational Rehab, Western Iowa Tech Community College, and Boost for classes to help them develop skills (application/resume writing, interviewing, job-related) and find/maintain employment. Staff from Iowa Workforce Development (IowaWorks) regularly attend the CoC meetings both to keep the CoC informed of their initiatives and how to access their services and to work with the CoC to help the homeless gain employment and cash income. In addition, there are several local short-term staffing agencies that help connect people with employment through various employers. Case managers and specialized classes through IowaWorks assist the clients with overcoming the barriers (criminal history, transportation, childcare, etc.) preventing them from obtaining/maintaining employment. IowaWorks tracks employment services, provides workshops, and completes skill assessments. IowaWorks also works with local mental health agencies on how to work with clients struggling with chronic mental illness leading to unemployment or difficulty obtaining/maintaining employment. The various mainstream employment organizations also offer various job training/skill building programs with hands-on learning. This gives clients time to learn and hone their skills so that they can be successful once they enter the workforce. CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

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)

The number of persons who exited with increased non-employment cash income increased by 19% (from 10% in FY 2022 to 29% in FY 2023) and our rate of non-employment income was 54%, which is greater than the 50% goal. All agencies recognize the need for clients to have a source of cash income to pay their rent and other bills. The CoC is working to increase non-employment income by inviting non-cash benefits providers to present information about their benefits at our CoC meetings. The information provided includes more specific information about available benefits, eligibility requirements, and the application process. Agencies also collaborate to problem-solve and determine non-employment cash income sources for which clients may be eligible. Regular case management is an important strategy to help clients access non-employment cash income. For clients who are fleeing domestic violence, often they either were not working or they left/lost their job when they fled. While in shelter, shelter staff assist them with applying for FIP/TANF so that they have a source of cash income until their housing can be stabilized and they can return to work. For clients who are unable to work due to a disability, staff help them apply for SSDI/SSI benefits. Even with SOAR-trained staff, this can be a long process that many clients could not and would not be able to complete without assistance. Among our agencies there are 2 staff who have completed SOAR training. These staff work with PSH clients and assist them with obtaining the required information and applying for SSDI/SSI benefits. The CoC encourages all projects, especially street outreach, coordinated entry, and permanent supportive housing to have at least one staff complete and stay current on SOAR training. Once a client is approved for SSI/SSDI, the case manager continues to assist them with budgeting or requesting a Representative Payee, if needed, to assist them with budgeting and money management. Several agencies are allowing clients to utilize their agency's mailing address, telephone number, and public-use computers for clients to apply for benefits and complete recertifications. CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

Project Name	Project Type	Rank Number	Leverage Type
SafePlace RRH Exp...	PH-RRH	3	Healthcare
Heartland PSH FY ...	PH-PSH	7	Healthcare
Sioux City Rapid ...	PH-RRH	8	Housing

3A-3. List of Projects.

1. What is the name of the new project? SafePlace RRH Expansion

2. Enter the Unique Entity Identifier (UEI): DNP9VAL6GG98

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 3

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Heartland PSH FY 2024 16 Beds

2. Enter the Unique Entity Identifier (UEI): MKRJPZRJFHD9

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 7

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Sioux City Rapid Rehousing FY 2024

2. Enter the Unique Entity Identifier (UEI): YL8QHJFYDZ37

3. Select the new project type: PH-RRH

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

5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A - CoC is not requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction.

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

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

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

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A - The CoC is not requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes.

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

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

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

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

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

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

1.	Enter the number of survivors that need housing or services:	119
2.	Enter the number of survivors your CoC is currently serving:	45
3.	Unmet Need:	74

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

(limit 2,500 characters)

Our CoC calculated the number of DV survivors needing housing or services using data from our HMIS and DVMIS system. Currently there are 119 clients within our CoC who are fleeing domestic violence situations or have a history of domestic violence. There are 45 clients who are either enrolled in a housing program or have been referred to one of the homeless housing projects within our CoC (ES, TH, RRH, PSH) but have not yet secured housing and DO NOT have a move-in date. That leaves 74 DV survivors who are enrolled in CE or are on the unnamed list who DO NOT have an open referral to a project and are in need of housing or services.

The data sources for this data are the local CoC's HMIS System, DVMIS System, and Empower database for advocates through the Department of Justice.

Our unmet need is listed at 74 survivors. The primary barrier to meeting the housing needs of survivors is the availability of safe, affordable rental units. Additionally, accessing financial assistance or securing adequate funding for rent presents significant challenges. Survivors may also encounter obstacles such as substance use or unmanaged mental health, which are often linked to the trauma they have endured. Another barrier is landlords' reluctance to engage due to prior experiences with property damage which leads to requirements for double deposits or rent above fair market value. Our CoC is committed to building partnerships with landlords and offering financial support to mitigate damages and make necessary repairs, fostering a more supportive housing environment. We also provide trauma-informed case management and personalized referrals, connecting survivors to community resources and mainstream services that promote healing and stability. Our approach aims to honor survivors' resilience and prioritize their safety and dignity at every step.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	
Applicant Name		
SafePlace		

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

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

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

1.	Applicant Name	SafePlace
2.	Rate of Housing Placement of DV Survivors—Percentage	93%
3.	Rate of Housing Retention of DV Survivors—Percentage	90%

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

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

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

(limit 1,500 characters)

The project applicant calculated housing placement rates using SafePlace RRH Program housing move-in date data from the CoC APR report from 07/01/2023 - 06/30/2024. To calculate the rate of housing placement in question 4A-3b, we used question 22e. Length of Time prior to Housing Move-in Date. The APR showed 46 persons participated, and 43 of those had successfully moved into housing for a 93% housing placement rate.

The rates account for exits to safe housing destinations. SafePlace prioritizes survivor autonomy in housing decisions within its RRH project. Projections include exits to all safe, permanent housing destinations as defined by participants and/or by the agency. Survivors have the autonomy to choose housing where they feel secure, whether in a unit located by the program, in a unit located by the participant, or with family/friends.

The applicant calculated housing retention rates using SafePlace RRH Program exit destination data from the CoC APR report from 07/01/2023 - 06/30/2024. To calculate the rate of housing retention in question 4A-3b, we used question 23c, Exit Destination. Our APR showed 10 persons completed the program, and 9 of those retained their permanent housing, for a 90% housing retention rate. One client determined an inpatient substance abuse treatment facility followed by relocation to live with family out of state was best for her and her family. Data came from SafePlace's CoC APR report pulled from the DVMIS comparable database system.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

Safe Place has built strong partnerships with shelters, non-profits, housing authorities, landlords, and other relevant agencies. A dedicated case manager assessed barriers to housing, navigated housing applications, obtained necessary documents, connected with resources, and developed individualized plans for safe, affordable housing. SafePlace staff engaged landlords and provided ongoing education about domestic violence. Communication was central, giving landlords direct access to a dedicated staff member for concerns. This built trust, leading to landlords setting aside units for survivors, giving them more housing options and autonomy.

SafePlace prioritized survivors through Coordinated Entry. SafePlace conducted Coordinated Entry Intakes with survivors and entered data into DVIMS, with non-identifying numbers assigned to survivors. The DVIMS and HMIS prioritization lists were merged and referrals were processed from the highest priority downward. SafePlace followed VAWA's emergency transfer plan, educating landlords and participants on requirements and the lease addendum. Staff assisted participants with documentation.

SafePlace identified survivors' supportive service needs based on barriers observed while providing shelter services. Common challenges included access to housing, financial stability, legal assistance, childcare, and mental health resources. To help navigate these systems, a housing advocate assisted survivors in securing housing and accessing benefits like healthcare and employment services, ensuring long-term stability.

SafePlace coordinated the referral to supportive services based on client choice. SafePlace transported survivors to service providers, assisted with phone calls and applications, and supported tele-counseling. SafePlace coordinated visits with agencies such as Seasons Behavioral Health, Siouxland Community Health, and others.

SafePlace transitioned participants from assisted housing to independent living through a comprehensive approach focused on immediate support and long-term stability. Each participant underwent a strengths and goals assessment, allowing SafePlace to tailor programs and ensure effective assistance for sustaining housing. The case manager assisted the survivor with applying for subsidized housing to have continued assistance in place prior to our assistance ending. Unrestricted agency funds cover immediate costs such as application fees, security deposits, or utility fees.

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

(limit 2,500 characters)

All SafePlace employees are Certified Domestic Abuse Advocates through the State of Iowa. SafePlace conducted all intake and interviews in secure, private spaces to minimize the risk of coercion and create a safe environment for survivors. Staff are trained to recognize signs of trauma or coercion and foster trust to ensure that survivors feel safe in disclosing personal details. Confidentiality is strictly maintained throughout the process, and no information is shared without explicit survivor consent.

SafePlace makes housing placements based on a thorough assessment of each survivor's unique needs, including immediate safety concerns, location preferences, and potential risks. Each placement is carefully selected to ensure that survivors are housed in safe, confidential environments—whether in congregate or scattered site units. Survivors were actively involved in the decision-making process to ensure their safety and comfort.

All survivor information, including their housing locations, is protected under strict confidentiality protocols. Only authorized personnel with a need to know have access to this information. SafePlace uses encrypted data systems, such as DVIMS, to store sensitive information, ensuring it is not accessible to unauthorized individuals.

SafePlace provides comprehensive training to all staff on confidentiality, safety protocols, and trauma-informed care during the initial advocacy certification training and annually thereafter. Staff learn to recognize signs of coercion and how to safeguard sensitive survivor information. Ongoing education ensures the team remains informed on best practices and updated threats to survivor safety and confidentiality.

SafePlace ensures the physical safety and confidentiality of scattered site units by choosing discreet locations and equipping units with security features such as reinforced doors, alarm systems, and security cameras. Regular safety checks are performed to ensure survivors remain safe. Through partnerships with Tech Soup, Amazon, and Ring, SafePlace provides doorbell cameras and other security equipment to survivors at no cost, with a lifetime subscription for ongoing protection. These measures help survivors feel secure and minimize the risk of their abusers discovering their location. This approach prioritizes both survivor safety and the confidentiality necessary to empower survivors to rebuild their lives free from fear.

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

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

(limit 2,500 characters)

SafePlace actively evaluated its ability to ensure the safety of DV survivors through a comprehensive assessment process. Key steps were taken to identify strengths and areas for improvement. Feedback sessions with survivors were conducted to gather input on safety measures. These sessions provided valuable insights into the effectiveness of current protocols and revealed any gaps. Survivors' experiences and suggestions were carefully analyzed to guide future safety strategies.

In addition, SafePlace performed internal audits of its safety procedures, reviewed incident reports, monitored security systems, and assessed staff compliance with safety protocols. These audits helped identify weaknesses and areas that needed improvement. The organization collaborated with local sheriff and police departments for unbiased evaluations of its safety measures, receiving recommendations based on best practices and emerging trends. Staff training programs were reviewed and updated based on evaluation results. SafePlace ensured that all team members were equipped with the latest knowledge and skills to effectively support and protect DV survivors. Training topics focused on recognizing signs of danger, implementing security protocols, and maintaining confidentiality.

One key focus area identified was the need for enhanced security technology at one of the locations. SafePlace plans to upgrade its surveillance systems and install advanced security features in both congregated and outreach buildings. This includes integrating stronger alarm systems, secure entry points, and real-time monitoring capabilities to ensure the safety of all survivors and staff. These ongoing efforts demonstrate SafePlace's commitment to creating a safe, supportive environment for DV survivors while continually improving and adapting safety measures to meet emerging challenges.

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

Describe in the field below the project applicant's experience in:

1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

Since 2016, SafePlace has operated a Rapid Rehousing (RRH) project. Our survivor-centered model empowers participants to explore options and make informed decisions. We ensure autonomy throughout the housing process and assist them with securing housing that meets their financial situation, safety, community, and access preferences and needs. SafePlace fosters an environment of mutual respect, ensuring survivors' voices are heard and respected and they are empowered to take ownership of their journey and make decisions that align with their goals. We do not employ punitive interventions, understanding that doing so can exacerbate trauma. Participant staff interactions are rooted in equality, minimizing power differentials and promoting survivor autonomy. Staff are trained on the effects of trauma and using trauma-informed care to effectively communicate with survivors about trauma and its impact on mental, emotional, and physical well-being. SafePlace offers individual advocacy sessions, support groups, and educational materials to help survivors understand trauma, manage triggers, and cope with its effects. Strength-based coaching and motivational interviewing help survivors recognize their own strengths, past achievements, and resilience to build a positive path forward. Tools such as eco maps are used to identify personal support networks. Case plans are developed around survivor-defined goals and abilities, fostering self-reliance.

Civil rights training and cultural competence, nondiscrimination, and language access education direct our efforts to provide services that are culturally responsive, inclusive, and accessible. Confidential interpretation services ensure that language is not a barrier to support. Staff are responsive to requests for culturally specific food, items, or services. Support groups, peer-to-peer activities, and mentorship programs bring survivors together to share their experiences, provide mutual encouragement, and learn from one another. Organized events and workshops promote social interaction, skill-building, and personal growth. A trauma-trained clinical pastor and hospital chaplain provides spiritual support and guidance. Parenting resources, referrals, and trauma-informed parenting support help survivors achieve stability. We help connect parents to legal services, mainstream resources, and childcare. We also partner with summer and after-school programs to help parents balance childcare, work, and life responsibilities.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
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6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

SafePlace advocates value all and meet survivors where they are in their life journey. Advocates are expected to have transparency with survivors, empowering them through choice. We recognize the critical importance of creating a safe and empowering environment for survivors. Our approach revolves around promoting agency, mutual respect, and equality in all interactions, both between program participants and staff members. We adopt a trauma-informed approach that prioritizes understanding and responding to the impact of trauma on survivors' lives. By acknowledging the potential power dynamics and triggers, we create an environment that supports healing and growth. We focus on survivors' strengths, skills, and goals rather than emphasizing their vulnerabilities. This approach empowers survivors to take ownership of their journey and make decisions that align with their aspirations. We believe that survivors are the experts of their own lives. We involve them in decision-making processes related to their support plans, housing placements, and program participation, ensuring their voices are heard and respected. We encourage transparent and open communication between program participants and staff members. By fostering an atmosphere where questions, concerns, and feedback are welcome, we create a culture of mutual respect and understanding.

We believe that informed survivors are empowered survivors. We are committed to providing program participants with access to accurate and relevant information on trauma. At SafePlace, morning groups are available five days a week and evening groups are available two days a week. Throughout our community multiple survivor groups that meet at various times of the day/week. During these group meetings, trained staff provide survivors information about trauma, the effects of trauma, and resiliency in the face of adversity.

We provide survivor participants with strength-based coaching that focuses on their abilities and potential. Our assessment tools incorporate strength-based measures that highlight survivors' existing skills, coping mechanisms, and support networks. By recognizing their strengths, survivors gain a greater sense of agency and confidence. We offer workshops and activities that promote resilience-building skills, such as stress management, positive coping strategies, and self-care practices. These skills empower survivors to navigate future challenges with confidence.

We provide our staff members with ongoing cultural competence training, equipping them with the skills to understand, appreciate, and respect diverse cultural backgrounds, ensuring that survivors receive support that is sensitive to their unique identities. Our organization has established policies that prohibit discrimination based on race, ethnicity, gender, sexual orientation, religion, and other identities. These policies create an inclusive environment where every survivor's experience is valued and respected. We offer services in multiple languages, ensuring that language is not a barrier to accessing support. Translation services and multilingual staff members are available to provide clear and effective communication with survivors.

We offer support groups that bring survivors together to share their experiences, provide mutual encouragement, and learn from one another's perspectives. These groups serve as safe spaces where participants can relate to others who have faced similar challenges. We organize cultural events, workshops, and recreational activities that cater to participants' interests. These gatherings promote social interaction, skill-building, and personal growth.

SafePlace offers extensive support for survivor parenting, connecting parents to legal services, mainstream resources, and childcare. Childcare is provided during group sessions to allow parents time to focus on their own healing and

development. SafePlace also partners with summer and after-school care programs to help parents balance childcare and other life responsibilities. Parenting resources, referrals, and trauma-informed parenting support are integral to helping survivors achieve stability for themselves and their children.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.	

(limit 5,000 characters)

SafePlace's commitment to supporting domestic violence (DV) survivors is evident through a comprehensive range of services designed to meet survivors' immediate and long-term needs while prioritizing safety and stability. In 2023, SafePlace served 1,160 individual survivors, providing them with essential services aimed at both recovery and independence.

***Legal and Advocacy Support** - SafePlace recognizes that DV survivors often face legal hurdles. To address this, 38 survivors received civil legal assistance, particularly with family law issues such as child custody and protective orders. For those needing immediate protection, SafePlace assisted 160 survivors in obtaining protection orders, ensuring confidentiality and reducing harm during these processes. Additionally, 54 survivors benefited from criminal justice support advocacy, helping them navigate the complexities of the legal system.

***Case Management and Crisis Intervention** - Crisis DV services are a cornerstone of SafePlace's offerings. In 2023, 354 survivors received crisis intervention services, including safety planning and emergency shelter placement. Moreover, SafePlace employed dedicated case managers, serving 410 survivors, to ensure a swift response to individual needs such as economic advocacy (176 survivors) and employment counseling (145 survivors). Advocates also assisted 325 survivors with personal advocacy, addressing safety and recovery concerns on a personal level.

***Housing and Economic Stability** - SafePlace recognizes that housing is often a key barrier to long-term safety for DV survivors. In 2023, 290 survivors received housing advocacy, including assistance with finding safe, affordable housing. A housing navigator helped identify local housing options, shortening the time required for survivors to secure permanent housing. Additionally, SafePlace provided material and financial assistance to 281 survivors, further alleviating economic challenges that often delay housing transitions. Support in credit repair, when needed, was available through community partnerships.

***Education and Employment Support** - In collaboration with local resources, SafePlace has increased access to education and employment opportunities for survivors. Five survivors were enrolled in GED classes through a partnership with a local community college, a service that was unavailable the prior year due to funding constraints. Employment counseling and economic advocacy supported survivors in achieving long-term financial independence.

***Transportation and Other Essential Services** - Recognizing the critical need for mobility, SafePlace provided transportation to 119 survivors and assisted an additional 113 with transportation advocacy. These services were crucial in helping survivors attend court hearings, job interviews, and educational programs. Survivors also received substance abuse counseling (106 individuals) and immigration assistance (27 individuals), ensuring that their diverse needs were addressed comprehensively.

***Community and Long-Term Planning** - In addition to these direct services, SafePlace's advocates worked with survivors to develop long-term housing safety plans. These plans included self-advocacy, systems advocacy, and legal support, ensuring survivors were equipped to maintain their independence and safety long after exiting the program.

SafePlace's comprehensive services emphasize quick, safe transitions into permanent housing while addressing the broader, long-term needs of DV survivors. Through community partnerships and a survivor-centered approach, SafePlace ensures that survivors receive the support they need for recovery, independence, and long-term safety. Support groups provide a sense of community, allowing survivors to share their stories and connect with others facing similar challenges. These therapeutic services are designed to empower survivors and help them move forward with their healing journey.

SafePlace promotes self-sufficiency by connecting survivors to educational programs, vocational training, and employment resources. Survivors interested in furthering their education are assisted in enrolling in GED or higher education programs. SafePlace partners with local community colleges and workforce development centers to offer skills training, ensuring survivors can improve their employment prospects and gain financial independence. As part of this support, survivors receive career counseling, job placement assistance, and interview preparation.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

(limit 2,500 characters)

The applicant will prioritize placing and stabilizing survivors in permanent housing through a trauma-informed, survivor-centered approach in the new DV Bonus Housing Project. Recognizing each survivor's unique experience, housing placement will focus on their preferences and needs, ensuring safety, dignity, and autonomy. The project will prioritize immediate safety and housing stability through confidential needs assessments that address urgent concerns like safety planning, childcare, and employment. Advocates and case managers will work to reduce housing barriers, including addressing bad credit and transportation needs.

Survivors will be placed in permanent housing using HUD-funded rapid rehousing or housing choice vouchers based on survivor preference. Advocates will collaborate with landlords and housing authorities to secure safe, affordable units. A housing navigator will foster relationships with landlords committed to supporting survivors, ensuring greater choice and control for survivors. To ensure long-term stability, survivors will have access to legal and financial resources such as credit repair and employment services.

We work closely with each survivor to develop individualized housing plans that take into account their unique circumstances, preferences, and needs. These plans serve as roadmaps to guide survivors toward safe, stable, and permanent housing solutions. Survivor choice remains central to the project's trauma-informed approach. Survivors will make decisions about housing, such as choosing proximity to family or preferred neighborhoods. Advocates will ensure survivors have control over housing types and rental agreements.

To meet survivors' specific needs, personalized case management will provide tailored support. For those requiring ongoing services, the project will offer permanent supportive housing or long-term rental assistance. Wraparound services, including trauma counseling, legal advocacy, and employment support, will help survivors achieve self-sufficiency and housing stability.

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

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

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

(limit 5,000 characters)

SafePlace will implement trauma-informed, survivor-centered practices in its new DV Bonus Housing Project by fostering agency, respect, and inclusivity. This project empowers survivors, promotes healing, and ensures safety and stability through trauma-informed strategies, while respecting each participant's unique needs and background. SafePlace will create an environment of mutual respect, minimizing power imbalances between staff and participants. Focusing on survivors' strengths, skills, and goals rather than emphasizing their vulnerabilities will empower them to take ownership of their journey and make decisions that align with their aspirations. We will involve them in decision-making processes related to their support plans, housing placements, and program participation, ensuring their voices are heard and respected. Monthly feedback sessions with survivors and staff will guide ongoing training to uphold dignity and respect across the agency.

Survivors will have access to written resources on trauma and trauma-informed care, along with one-on-one meetings with advocates to discuss trauma. Staff will receive annual training on trauma's impact and best practices for trauma-informed care.

A strength-based approach will guide survivor support, offering strength-finder assessments and motivational interviewing. Case plans will be developed collaboratively, empowering survivors to define and pursue their goals. SafePlace will ensure cultural responsiveness through dialogue with the community, survivors, and partner agencies. Staff will be trained in cultural competence, humility, nondiscrimination, and language access to meet survivors' diverse needs. Ongoing cultural competence training, equipping them with the skills to understand, appreciate, and respect diverse cultural backgrounds, ensuring that survivors receive support that is sensitive to their unique identities. Policies in place prohibit discrimination based on race, ethnicity, gender, sexual orientation, religion, and other identities. These policies create an inclusive environment where every survivor's experience is valued and respected. We offer services in multiple languages, ensuring that language is not a barrier to accessing support. Translation services and multilingual staff members are available to provide clear and effective communication with survivors.

Survivors will have opportunities for connection and healing through peer-to-peer groups, mentorships, and weekly arts and crafts sessions integrated with spiritual reflections, fostering community support. We offer support groups that bring survivors together to share their experiences, provide mutual encouragement, and learn from one another's perspectives. These groups serve as safe spaces where participants can relate to others who have faced similar challenges. We organize cultural events, workshops, and recreational activities that cater to participants' interests. These gatherings promote social interaction, skill-building, and personal growth.

SafePlace will connect survivors to trauma-informed parenting classes, childcare, and family law aid. We offer connections to local trauma-informed parenting classes that equip survivor parents with tools to manage the effects of trauma on themselves and their children. These classes focus on positive communication, boundary-setting, and emotional regulation. We recognize the importance of providing survivor parents with childcare support, allowing them to attend counseling sessions, support groups, and workshops. We assist survivor parents in navigating legal processes related to custody, protection orders, and child support. Our partnerships with legal experts ensure that parents have access to comprehensive legal support. We assign family advocates who work closely with survivor parents to create personalized safety plans for themselves and their children. These advocates offer emotional

support, resources, and guidance throughout the healing process.

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

(limit 2,500 characters)

SafePlace will incorporate the insights of survivors with diverse lived experiences into all aspects of the project. The project will engage survivors with a broad range of experiences—survivors of domestic violence, dating violence, sexual assault, stalking, and homelessness—by including them on staff as advocates, on the board of directors, and in policy discussions. These individuals will contribute their expertise to shaping services and ensuring they are trauma-informed and survivor-centered. Additionally, SafePlace will host monthly focus groups where survivors can provide feedback and share their lived expertise to guide ongoing program improvement. Weekly listening sessions are held in the shelter to create a consistent space for survivors to voice their insights and experiences, further enhancing the program's responsiveness. We organize storytelling workshops where survivors can share their personal experiences and journeys. These stories are used to raise awareness, educate the community, and inspire hope in others who may be facing similar challenges. We conduct focus groups with survivors to gather feedback on existing programs, identify gaps in services, and explore new approaches. This collaborative process ensures that our services remain responsive to evolving needs. Their participation amplifies the impact of our initiatives and helps shape public discourse on domestic violence. SafePlace ensures survivors are deeply involved in every stage of the project's development, implementation, and evaluation. Survivor feedback will be collected regularly through formal and informal channels, such as focus groups, surveys, and listening sessions. SafePlace will use this input to develop policies that reflect the real-world challenges survivors face and to shape program services in alignment with their needs. Survivors will also have opportunities to participate in decision-making processes through advisory roles, contributing directly to the creation and refinement of project policies. To continuously improve the program, SafePlace will evaluate the success of its policies and services with direct survivor input. Regular evaluations will incorporate survivor feedback to identify areas for adjustment and ensure that policies remain aligned with survivors' evolving needs. By centering survivor voices throughout all phases of the project, SafePlace will create a responsive, inclusive program that reflects the realities and needs of those it serves.

4B. Attachments Screen For All Application Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/12/2024
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/12/2024
1D-10a. Lived Experience Support Letter	Yes	1D-10a. Lived Exp...	10/08/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/05/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/05/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/08/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/08/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/08/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/08/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HDX Competition R...	09/04/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/08/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/08/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

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

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/12/2024
1B. Inclusive Structure	09/30/2024
1C. Coordination and Engagement	10/14/2024
1D. Coordination and Engagement Cont'd	10/14/2024
1E. Project Review/Ranking	10/15/2024
2A. HMIS Implementation	09/30/2024
2B. Point-in-Time (PIT) Count	09/30/2024
2C. System Performance	09/30/2024
3A. Coordination with Housing and Healthcare	10/08/2024
3B. Rehabilitation/New Construction Costs	10/08/2024
3C. Serving Homeless Under Other Federal Statutes	10/08/2024

4A. DV Bonus Project Applicants	10/15/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

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

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

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

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

Family Unification Program, Mainstream for Persons with Disabilities, VASH

Regular HCV Funding

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

4-III.C. SELECTION METHOD

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

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

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated

plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

The PHA will use local preference to select families from the waiting list.

The PHA has selected the following system to apply local preferences:

Local preferences will be aggregated using the following system:

Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list:

3 points – involuntary displacement

3 points – a family can only be eligible for ONE of these two preferences:

Moving up Preference

OR

Homeless Student

2 points – residency preference

1 point – working preference/elderly (62 years old or older)/disabled

Among applicants with equal preference status, the waiting list will be organized by date and time of completed application.

At the time of application, an applicant's entitlement to a local preference will be verified before they are placed on the waiting list. The PHA may verify all preference claims at the time they are approaching the top of the waiting list when the full application is processed if a change in circumstances seems to have occurred.

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the local preference. If at the time the family applied, the preference claim was the only reason for placement of the family on the list and the family cannot verify their eligibility for the preference, the family will be removed from the list.

Definition of Local Preferences

Moving Up Preference: Siouxland Coalition to End Homelessness (CoC) partners will identify persons or families in Permanent Supportive Housing (PSH) Rapid Rehousing (RRH), and Transitional Housing (TH) that meet criteria: were previously homeless prior to entry in to the PSH, RRH or TH program but who no longer need that level of supportive services. The Moving Up Preference will contribute significantly to the to the community's overall efforts to end homelessness by freeing up units for currently homeless families and individuals with disabilities who need housing combined with services.

To qualify:

- Voluntary Tenant Participation
- Permanent Supportive Housing Residency for at least 2 years. OR
- Rapid Rehousing participant for at least 3 months (less if rapid rehousing program provides at least 3 months of case management)
- Transitional Housing Residency for at least 3 months
- Tenant in good standing
- Referrals are restricted to service providers only; Continuum of Care (CoC) Providers with a Memorandum of Understanding (MOU)

Homeless Families with School Aged Children: This preference will identify homeless school aged children in the Sioux City Community School District that meet the criteria: meet HUD's definition of homelessness and are identified and referred by Sioux City and South Sioux City Community Schools and other private Sioux City schools under MOUs. PHAs and schools can collaborate to identify and assist children whose families are experiencing homelessness and to support housing stability. By working together to end homelessness for families, schools and PHAs can strengthen communities and improve educational outcomes for students.

To qualify:

- Voluntary Tenant Participation
- Meet HUD's definition of homelessness: Category 1
- Referrals are restricted to Sioux City and South Sioux City Community Schools, both public and private, who will identify and make referrals with a Memorandum of Understanding (MOU)

The students and their families must meet the definition of homelessness:

Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- a) An individual or family with a nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; *or*
- b) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local governments for low-income individuals); *or*
- c) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Working Preference: Families with at least one adult who is:

- 1) Employed an average of at least twenty hours per week for at least 6 months.
- 2) Is receiving unemployment benefits
- 3) Is an active, full time participant in an accredited education and/or training program designed to prepare the individual for the job market.

- 4) Is involved in a combination of education and employment to equal at least twenty hours per week for at least 6 months.
- 5) This preference is automatically extended to elderly families or families whose head or spouse is receiving income based on their inability to work or to which a doctor or other professional certifies his/her disability.

Residency Preference: For family who live, work, or have been hired to work or physically attend school in Sioux City, Iowa; Woodbury County & Plymouth County, Iowa; Dakota County, Nebraska; or Union County, South Dakota. Live is defined as having a permanent residence or at least 60 days staying in a temporary residence such as a shelter.

Involuntary Displacement

Involuntarily Displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of verification by the PHA.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of:

1. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.
2. Federal, state or local government action related to code enforcement, public improvement or development, *as long as the action is unrelated to the actions of the tenant.*
 - If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.
3. To avoid reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends rehousing the family to avoid or reduce risk of violence against the family.

The family must be part of a Witness Protection Program, or the HUD Office or law enforcement agency must have informed the PHA that the family is part of a similar program. The PHA will take precautions to ensure that the new location of the family is concealed in cases of witness protection.

4. By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status *including sexual orientation* and occurred within the last *thirty* days or is of a continuing nature.

5. Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978

Excerpt from South Sioux City Housing Agency Administration Plan:

4-III.C. SELECTION METHOD

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

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PHA Policy

Domestic (first priority): Victims of Domestic Violence. (See qualifications for preference)

Work, Disabled (second priority): Head, Spouse or Sole Member maintains employment or persons over the age of 62 or receiving Social Security Disability or Supplemental Security Income or verified as disabled.

Residential (Third priority): Family/Individual maintains a permanent place of residence in the HA's jurisdiction. This preference applies to a Family/Individual who currently maintains a residence in the South Sioux City Housing Agencies jurisdiction for a minimum of 6 months prior to the application date. (This preference requires Applicant to provide a current active Lease with their name on it or a current local electric bill with their name & address, to prove permanent residency.)

Homeless Families with School Aged Children Preference

This preference will identify homeless school aged children in the South Sioux City Community School District that meet this criteria: meet HUD's definition of homelessness and are identified and referred by South Sioux City Community Schools or other private South Sioux City schools. (The applicant must have referring agency submit documentation verifying from South Sioux City Schools. Siouxland Coalition to End Homelessness (CoC) partners will identify persons or families in Permanent Supportive Housing (PSH) and Transitional Housing (TH) that meet criteria: were previously homeless prior to entry in to the PSH or TH program but who no longer need that level of supportive services.)

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

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

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

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- b) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local governments for low-income individuals); *or*
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3. To avoid reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends rehousing the family to avoid or reduce risk of violence against the family.

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4. By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status *including sexual orientation* and occurred within the last *thirty* days or is of a continuing nature.

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

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

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

PHA Policy

Domestic (first priority): Victims of Domestic Violence. (See qualifications for preference)

Work, Disabled (second priority): Head, Spouse or Sole Member maintains employment or persons over the age of 62 or receiving Social Security Disability or Supplemental Security Income or verified as disabled.

Residential (Third priority): Family/Individual maintains a permanent place of residence in the HA's jurisdiction. This preference applies to a Family/Individual who currently maintains a residence in the South Sioux City Housing Agencies jurisdiction for a minimum of 6 months prior to the application date. (This preference requires Applicant to provide a current active Lease with their name on it or a current local electric bill with their name & address, to prove permanent residency.)

Homeless Families with School Aged Children Preference

This preference will identify homeless school aged children in the South Sioux City Community School District that meet this criteria: meet HUD's definition of homelessness and are identified and referred by South Sioux City Community Schools or other private South Sioux City schools. (The applicant must have referring agency submit documentation verifying from South Sioux City Schools. Siouxland Coalition to End Homelessness (CoC) partners will identify persons or families in Permanent Supportive Housing (PSH) and Transitional Housing (TH) that meet criteria: were previously homeless prior to entry in to the PSH or TH program but who no longer need that level of supportive services.)

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

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

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

October 03, 2024

To Whom It May Concern:

RE: IA-500 CoC Letter of Support from Persons with Lived Experience

We are writing this letter today in support of our local CoC's (IA-500 – the Siouxland Coalition to End Homelessness) priorities for serving individuals and families with severe service needs in Sioux City, IA; Woodbury County, IA; and Dakota County, NE.

We are employees of the local seasonal Warming Shelter, and we all actively participate in the CoC's Coordinated Entry System. Not only do we make referrals to the CES and ensure clients are completing the CES Intake Assessment, but we also participate in the bi-weekly CES pull meetings where we advocate for our clients and provide additional information regarding their situation and their barriers and vulnerabilities.

We also regularly attend the CoC's bi-monthly meetings where we participate in discussions about the severe barriers facing our homeless population, programs available to assist them, and solutions to eliminate the barriers and help end homelessness in our community.

Travis serves as the co-chair of the newly formed Intensive Case Management sub-committee of the Public Awareness and Advocacy Committee. The goal of this committee is to develop an intensive case management system for the homeless who are not currently in a program and would not otherwise receive or be eligible for case management. Through intensive case management our most vulnerable homeless with the most severe barriers would receive assistance with accessing the CES and obtaining housing and other community resources.

Sincerely,

Travis

A handwritten signature in black ink, appearing to read "Travis", with a stylized, flowing script.

Michal

A handwritten signature in black ink, appearing to read "Michal", with a stylized, flowing script.

SCEH CoC/ESG Project Monitoring Charts 2023-2024
TH, PH-RRH, PH-PSH
Housing First Focus
Goal: All funded housing projects must practice Housing First

Answer: Not at all; Somewhat; Always

Applicant/Project	Accepts all referrals from CES/ per CES policies	Low Barrier Program Entry	SS to maximize housing stability/ prevent returns to homelessness	Leases	Low Barrier Program Termination		Housing First Focus Y/N
Sioux City - RRH	Always	Always	Always	Always	Always		yes
Heartland Counseling - PSH	Always	Always	Always	Always	Always		yes
SafePlace RRH	Always	Always	Always	Always	Always		yes
Center For Siouxland - Bridges West	Always	Always	Always	Always	Always		yes

Low Barrier Program Entry/Entry NOT denied for:

- too little/no income
- active/history of substance abuse
- criminal record except for state-mandated restrictions
- fleeing DV

Leases:

- Housing is permanent, except TH; leases automatically renew
- Participant choice in location, type of housing
- Leases are the same for all tenants
- Participants educated on terms of lease

Housing stability is a priority - hold housing in the event of short/temporary stays outside of the unit; special payment arrangements on a case by case basis for rent arrears, etc.

Supportive Services to maximize housing stability/prevent returns to homelessness:

Participant choice/person-centered planning

array of community-based services - employment/income; childhood and education; stabilization to maintain housing services are permanently available for PSH; available for up to 6 months after person exits RRH or TH; available as long as person resides in ES

Low Barrier Program Termination/NOT terminated for:

not making progress on a service plan

loss in income/failure to increase income

being a victim of DV

any other activity not covered in a typical lease agreement



Siouxland Coalition to End Homelessness

DONATE

SCEH Local CoC Programs Competition Deadline

5:00 p.m. Friday, September 20, 2024

3	1	0	2	5	0	5	2
Days		Hours		Minutes		Seconds	

FUNDING OPPORTUNITY

Continuum of Care Funding

siouxlandhomeless.org/continuum-of-care-funding

Gmail

YouTube

Maps

Imported

VITA

Bridges West

CCCC

Center For Siouxland

Misc

HOME


ABOUT

GET INVOLVED

CALENDAR

MORE

CONTINUUM OF CARE FUNDING



The Continuum of Care Program is a Housing and Urban Development (HUD) program designed to develop supportive housing and services that will allow those experiencing homelessness to live as independently as possible. The Siouxland Coalition to End Homelessness received funding for the following programs in FY2023:

- Bridges West Transitional Housing, \$87,612
- Safe Place RRH \$115,775
- Heartland Counseling PSH \$406,814
- Sioux City HMIS \$43,156
- Sioux City Coordinated Entry \$186,608
- Sioux City Planning Project \$91,045

FY 2024-FY2025 COC NOTICE OF FUNDING OPPORTUNITY (NOFO)

The FY 2024-FY2025 Notice of Funding Availability (NOFO) has been released by HUD. The Siouxland Coalition to End Homelessness will be working diligently over the next few weeks to submit an application for funding prior to October 30, 2024. The items below will be updated with 2024 grant information. To find out more about the FY 2024-FY2025 NOFO, [click here](#).

FY 24 SCEH RFP Funding Notice, Project Review/Score/Rank Policy and Charts, Reallocation Policy (pdf)

Download

68°F Cloudy

Search

Calendar

Task View

Microsoft Edge

Google Chrome

Firefox

Opera

Brave

Microsoft Word

Microsoft Excel

Microsoft PowerPoint

Microsoft Teams

Microsoft OneDrive

Microsoft Outlook

Microsoft Access

Microsoft Publisher

Microsoft Word

Microsoft Excel

Microsoft PowerPoint

Microsoft Teams

Microsoft OneDrive

Microsoft Outlook

Microsoft Access

Microsoft Publisher

1:55 PM

8/20/2024

Weather

Calendar

Task View

Microsoft Edge

Google Chrome

Firefox

Opera

Brave

Microsoft Word

Microsoft Excel

Microsoft PowerPoint

Microsoft Teams

Microsoft OneDrive

Microsoft Outlook

Microsoft Access

Microsoft Publisher

FY 2024 HUD CoC Program/SCEH New and Renewal Project Application RFP

*****New and Renewal CoC Project Applications Due in eSnaps
by 5:00 p.m. on Friday, September 20, 2024*****

FY 2024 and FY 2025 CoC Program NOFO covers 2 years of funding. The CoC is only required to submit one CoC application that will be applicable to the FY 2024 and FY 2025 funds. Projects awarded FY 2024 funds may be eligible for FY 2025 funds using their FY 2024 application submission and are not required to apply for renewal in FY 2025.

This RFP pertains to FY 2024 new and renewal project applications. A separate RFP will be posted in 2025 for FY 2025 new project applications.

The CoC Consolidated Application consists of the FY 2024 -FY 2025 CoC Application, the FY 2024 Priority Project Listing, the FY 2024 New and Renewal Project Applications, as well as any required forms and attachments. The SCEH Grant and Project Monitoring and Development Committees provide support for this process, and our CoC Collaborative Applicant, the City of Sioux City, submits the application as recommended by the SCEH Project Monitoring and Development Committee and approved by the SCEH Board of Directors to HUD.

New Projects may be created through reallocation, DV Bonus, CoC Bonus, or a combination of reallocation and bonus; and CoC Planning.

New Projects created through reallocation or CoC bonus are limited to the following types of projects:

- New PH-PSH projects must serve persons eligible to be served by DedicatedPLUS projects and all units funded by the project must be used to serve program participants who meet the qualifications for DedicatedPLUS OR persons experiencing chronic homelessness at the time they initially enroll in the project.
- New PH-RRH, Joint TH and PH-RRH, and SSO-CE projects may serve persons who qualify as homeless under paragraphs (1), (2), or (4) of HUD's Homeless Definition.
- New Dedicated Homeless Management Information System (HMIS) for the costs that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant profile in *e-snaps*.
- SSO-CE project to develop or operate a centralized or coordinated assessment system.

New Projects created through the DV Bonus are limited to the following types of projects:

- PH-RRH projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3.
- Joint TH and PH-RRH component projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined at 24 CFR 578.3.
- SSO - Coordinated Entry project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.
- DV Bonus PH-RRH and Joint TH/PH-RRH projects must have a budget of at least \$50,000

Expansion Project - see pp. 43-45 of NOFO

- A new expansion project created through reallocation, CoC bonus, or the DV Bonus processes to expand existing projects that will increase the number of units, persons served, services provided to existing program participants, or to add additional activities to HMIS and SSO-CE projects.
- If applying for a new project for the purposes of expanding an eligible renewal in the CoC Program, the applicant must:
 - Enter the renewal grant number of the project being expanded on the new project application
 - Indicate how the new projects will expand units, beds, services, persons served, or services provided to existing program participants, or in the case of HMIS or SSO-CE projects, how the current activities will be expanded for the CoC's geographic area
 - Ensure the funding request for the expansion grant is within the funding parameters allowed under reallocation, CoC Bonus, or DV Bonus available amounts

Outside of reallocation, CoC Bonus, DV Bonus, and CoC Planning, there are no new funds available for new projects.

While HUD's final CoC Program Application deadline is Wednesday, October 30, 2024, the SCEH's local deadline for all New and Renewal Project Applications and required attachments and supplemental documentation is **5:00 p.m., Friday, September 20, 2024**. This will ensure the Project Monitoring and Development Committee has enough time to review, prioritize, and rank the project applications and notify the project applicants before submitting the entire CoC Program Application to HUD by the October 30, 2024 deadline.

Funding amounts - Incomplete as HUD has not yet finalized all FY 24-FY 25 documents:

SCEH's Preliminary Pro Rata Need (PPRN) = \$

SCEH's Annual Renewal Demand (ARD) = \$839,965 (amount needed for all current projects to renew for an additional year, pending any ineligible renewal projects)

SCEH's Final Pro-Rata Need (FPRN) = \$ [higher of PPRN or ARD (the base for the maximum award amount for projects within the CoC)]

Tier 1 project ranking amount = \$755,969 (90% of ARD)

Tier 2 project ranking amount = \$ (Difference between Tier 1 and the maximum amount of renewal, reallocation, and CoC Bonus funds that a CoC can apply for)

SCEH's Planning Funds = \$ (5% of FPRN)

SCEH's DV Bonus = \$ (10% of FPRN)

SCEH's CoC Bonus = \$ (7% of FPRN)

Anticipated timeline:

- Thursday, August 1, 2024: FY 2024 and FY 2025 CoC Program Competition opens - FY 2024 and FY 2025 NOFO is available.
- Thursday, August 1, 2024: FY 2024 CoC and New/Renewal Project Applications are available in eSnaps; other reference materials and instructions not yet available.
- Friday, August 16, 2024: SCEH RFP and deadline, FY 2024 NOFO, Scoring procedure, charts, etc., and Reallocation Process are available on SCEH website (www.siouxlandhomeless.org).
- Friday, September 20, 2024, 5:00 p.m.: New and Renewal Applications due to the SCEH in E-Snaps; The remaining required reports and documents as outlined below must be e-mailed to Susan McGuire (susan.mcguire@centerforsioxford.org). Late applications and/or required documents will not be accepted. Incomplete applications and/or documents will not be scored and will be rejected by the CoC.
- Friday, October 11, 2024 (likely date): Project applicants are notified whether their project applications were accepted or rejected for inclusion in the SCEH CoC Application.
- Tuesday, October 15, 2024 (likely date): SCEH CoC Application and Project Priority Listing are available on SCEH website for review
- Tuesday, October 22 - Thursday, October 24, 2024 (likely date): SCEH Board votes on and approves SCEH CoC Application as recommended by the SCEH Project Monitoring and Development Committee.
- Monday, October 28, 2024 (likely date): SCEH CoC Application submitted to HUD via E-Snaps

Tips to help ensure a smooth application process:

- 1) Review the CoC Interim Regulations and the CoC NOFO to understand COC Program Policies and Priorities. Links provided below. Pay special attention to the following sections of the NOFO:
 - a. pp 9-11 HUD's Homeless Policy and Program Priorities
 - b. pp 18-27 CoC Program Requirements/Definitions/Concepts as well as outside resources and references
 - c. pp 47-53 Threshold Requirements and Project Scoring
 - d. p 57 FY 2022 Project Application Requirements/Forms
 - e. pp 62-86 CoC Consolidated Application Scoring - If you are applying for a new or renewal project, you will be expected to actively participate in completing the CoC Consolidated Application and helping us meet HUD's program requirements and goals.
- 2) Refer to pages 57 of the NOFO for a list of Project Application requirements. All required forms must be dated between May 1, 2024 and October 30, 2024. Many of the required forms are part of eSnaps and found in the Applicant Profile and/or in the Project Application. They are filled in and signed electronically when completed in eSnaps. Required forms not in eSnaps will have to be uploaded in the Applicant Profile.
- 3) Make sure your Agency's Code of Conduct is on file with HUD at https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/conduct. If your organization is not listed, you will need to attach a copy of your Code of Conduct in the Applicant Profile. For more information on Code of Conduct requirements see the link on p. 78 of the NOFO.
- 4) Make sure you have appropriate staff persons identified who have access to and will complete your Project Application in the E-Snaps online system.
- 5) **Renewal Project Applicants:** Verify the Federal Award Identifier in question 5b. of section 1A. Application Type. This should be the first 6 digits of the expiring grant number as identified on the GIW (i.e. the first 6 numbers of the 2024-2025 grant number on the Grant Award letter dated February/March 2024. If you have questions, contact Susan McGuire at susan.mcguire@centerforsiouxiand.org or 712-252-1861 x107.
- 6) Identify your sources of match, and plan to obtain MOU's and commitment letters for housing/healthcare leverage, cash, and/or in-kind match. **MOU's and letters must be dated between May 1, 2024 and October 30, 2024.** When trying to secure match, cash or in-kind, please consider all sources of funding for your program as well as collaborating agencies/partners such as SCHC, SMHC, Mercy Medical, local businesses, etc. and ask them to provide a letter committing funds or to sign an MOU in the case of in-kind contributions. Susan McGuire can supply samples of such letters if needed.
- 7) **Renewal Project Applicants:** Please submit all correspondence from HUD regarding compliance/monitoring visits, findings, etc. during 2023/2024. to the SCEH Grant Committee (Susan McGuire @ susan.mcguire@centerforsiouxiand.org) by the deadline.
- 8) **Renewal Project Applicants:** The SCEH Grant Committee will review each project's required SCEH Quarterly Reporting for the past year and most recently completed APR in the SAGE HMIS Repository for scoring.
- 9) Make sure your SAM Registration is active OR Register in the System for Award Management (SAM) system.
- 10) Make sure your organization has a valid Unique Entity Identifier (UEI) number, obtained at SAM.gov w/ your SAM registration.
- 11) For questions, assistance, and guidance with a new or renewal project or with E-Snaps, contact Susan McGuire, the SCEH Grant Committee Chairperson, at susan.mcguire@centerforsiouxiand.org or 712-252-1861 x107.

Resources:

- 1) **FY 2024-FY 2025 CoC Program NOFO:** All applicants are encouraged to read the NOFO in its entirety. https://www.hud.gov/sites/dfiles/CPD/documents/FY2024_FY2025_CoC_and_YHDP_NOFO_FR-6800-N-25.pdf
- 2) **CoC Program Competition Page:** Application resources and guides. https://www.hud.gov/program_offices/comm_planning/coc/competition
- 3) **E-Snaps log-in page:** All applications must be submitted through E-Snaps. <https://esnaps.hud.gov/grantium/frontOffice.jsf>
- 4) **The Continuum of Care (CoC) program** - www.hudexchange.info
- 5) **The Siouxland Coalition to End Homelessness (SCEH) CoC** - www.siouxiandhomeless.org.

Siouxland Coalition To End Homelessness

New and Renewal Project Review/Score/Rank Policy

Policy: to determine the process by which new and renewal project applications will be reviewed, scored, and ranked within HUD's CoC Program Competition.

Renewal HMIS, SSO-Coordinated Entry, PH-PSH, PH-RRH, and TH Projects

In order to be considered for reviewing, scoring, and ranking, all renewal project applications must submit:

- a complete renewal project application to the CoC through the *eSnaps* online system by the announced deadline
- a complete set of other required reports and documents, as requested, by the announced deadline

Incomplete or late applications and materials will not be accepted, and the project application will be rejected by the CoC.

All renewal HMIS projects will be scored using the developed Performance Scoring Charts for HMIS Projects. Scoring criteria for renewal projects will include:

- HMIS System Performance – 65 pts.
 - Training – 15 pts.
 - Data Collection – 15 pts.
 - Reporting – 15 pts.
 - Efforts/Plans to expand HMIS Participation – 10 pts.
 - 360° Agency Review – 10 pts.
- Grant Funding Expenditures/Drawdown – 10 pts.
- Total points available = 75 points

All renewal Coordinated Entry (CE) projects will be scored using the developed Performance Scoring Chart for CE Projects. Scoring criteria for renewal projects will include:

- CE System Performance – 65 pts.
 - Access – 15 pts.
 - Assessment – 10 pts.
 - Prioritization – 10 pts.
 - Referral – 10 pts.
 - Efforts to Expand CE participation – 10 pts.
 - 360° Agency Review – 10 pts.
- Grant Funding Expenditures/Drawdown – 10 pts.
- Total points available = 75 points

All renewal PH-PSH, PH-RRH, and TH projects will be scored using the developed Performance Scoring Charts for PH-PSH, PH-RRH, and TH Projects. Scoring criteria for renewal projects will include:

- Performance Measures – 45 pts.
 - housing stability – 15 pts.
 - sources of cash income (employment, non-employment other cash) – 10 pts. each
 - gained or increased income – 10 pts.
- Housing First – 10 pts.
- Data Quality/Completeness and Data Entry Timeliness – 5 pts. each
- Grant Funding Expenditures/Drawdown – 10 pts.
- Total points available = 75 points

Accepted projects will be ranked by score, from highest to lowest. In the event that 1st year renewal projects (new projects awarded during the previous federal FY funding cycle) are not under contract and have not begun operating at the time of the competition, they will be exempt from the scoring criteria for renewal projects and will instead be automatically ranked in the order they ranked in the Priority Rankings submitted to HUD in the previous year.

New HMIS, SSO-Coordinated Entry, PH-PSH, and PH-RRH Projects

In order to be considered for scoring and ranking, all new project applications must submit a complete new project application to the CoC through the *eSnaps* online system by the announced deadline. Incomplete or late project applications will not be accepted, and the project application will be rejected by the CoC.

All new HMIS projects will be scored using the developed Performance Scoring Charts for New HMIS Projects. Total Points available = 50 points. Scoring criteria for new projects will include:

- Agency Experience – 15 pts.
- Project Detail – 50 pts.
 - Training
 - Increase HMIS Participation
 - Data Standards
 - Privacy and Security
 - Reporting
- Budget – 10 pts.
 - Admin – HUD allows 10% max., but SCEH recommends 7% max.
- Total Points Available - 75 pts.

All new Coordinated Entry (CE) projects will be scored using the developed Performance Scoring Chart for New CE Projects. Total points available = 50 points. Scoring criteria for renewal projects will include:

- Agency Experience – 15 pts.
- Project Detail – 50 pts.
 - Access
 - Increase CE Participation
 - Assessment
 - Prioritization
 - Referral
- Budget – 10 pts.
 - Admin – HUD allows 10% max., but SCEH recommends 7% max.
- Total Points Available – 75 pts.

All new PH-PSH and PH-RRH projects will be scored using the developed Performance Scoring Charts. Total Points available = 50 points. Scoring for New PH Projects will include:

- Agency Experience – 10 pts.
- Project Detail – 30 pts.
 - Complete and specific project description must address: Housing type (# and configuration of units); populations served; HOW project will meet performance measures; supportive services including type of service, who will provide, and they will ensure successful retention in or help to obtain permanent housing; obtaining mainstream health, social, and employment programs (Medicare/Medicaid, SSI, Food Stamps, etc.); and leveraging housing/healthcare (must provide letters of support/commitment for CoC Application).
- Housing First – 10 pts.
- Performance Measures – 10 pts.
- Supportive Services – 5 pts.
- Budget – 10 pts.
 - Ratio of Rental/Leasing dollars to Supportive Services dollars
 - Admin – HUD allows 10% max., but SCEH recommends 7% max.
- Total Points Available – 75 pts.

Accepted projects will be ranked by score from highest to lowest.

IA-500 SCEH CoC FY 2024 New Applicants Performance Charts

New PSH/RRH Projects Project Scoring Summary

Performance/Scoring Measure (Max. Pts. Available)					
Agency Experience (10 pts.)					
Project Description/Detail (30 pts.)					
Housing First (10 pts.)					
Performance Measures (10 pts.)					
Supportive Services (5 pts.)					
Budget (10 pts.)					

TOTAL COMBINED SCORE (75 pts.)

TOTAL COMBINED SCORE - PERCENTAGE

0	0	0	0	0
0.00	0.00	0.00	0.00	0.00

New HMIS Projects Project Scoring Summary

Performance/Scoring Measure (Max. Pts. Available)	
Agency Experience (15 pts.)	
Project Detail/HMIS Standards (50 pts.)	
Training	
Increase HMIS Participation	
Data Standards	
Privacy and Security	
Reporting	
Budget (10 pts.)	

TOTAL COMBINED SCORE (75 pts.)

0

TOTAL COMBINED SCORE - PERCENTAGE	0.00
-----------------------------------	------

**New CE Projects
Project Scoring Summary**

Performance/Scoring Measure (Max. Pts. Available)	
Agency Experience (15 pts.)	
Project Detail (50 pts.)	
Access	
Increase CE Participation	
Assessment	
Prioritization	
Referral	
Budget (10 pts.)	

TOTAL COMBINED SCORE (75 pts.)	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00

IA-500 SCEH CoC FY 2024 New Applicants Performance Charts

Agency Experience/Qualifications

Note: Calculations based on FY 2024 Project Application

For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

New PSH/RRH Projects Scoring:

3 or more Yes = 10 pts.

2 Yes = 5 pts.

1 or less Yes = 0 pts.

New Project Applicant	Experience with managing federal grants effectively	Experience leveraging funds from other govt. and private sources	Adequate organization, management, and accounting structure	Total "Yes" responses	Score
					0
					0

New HMIS or CE Projects Scoring:

3 or more Yes = 15 pts.

2 Yes = 10 pts.

1 or less Yes = 0 pts.

New Project Applicant	Experience with managing federal grants effectively	Experience leveraging funds from other govt. and private sources	Adequate organization, management, and accounting structure	Total "Yes" responses	Score
					0
					0

IA-500 SCEH CoC 2023 New Applicants Performance Charts

All New Project types

Project Detail/Description - Project Type, Housing Type, Target Population, etc.

Note: Calculations based on Section 3B. Project Description, 1. Description of Proposed Project of FY 2023 (GY 2024-2025) New Project Application
For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxioland.org if corrections are needed.

PSH Scoring:

5 pts. for each Yes answer up to 30 pts.

Does the Project Application/Description adequately/completely address the following? = Yes

PSH Projects	Population to be served - singles/families; 100% CH AND 100% from ES or street	Severe Barriers - which barriers will the project address; how will the project help the client overcome barriers	Individualized assistance/ access to Supportive Services AND Mainstream Benefits	How Project Rapidly Rehouses Participants	How Project will assist client w/ retaining PSH or exit to other PH	How project will assist client with gaining/ increasing cash income employment and/or other cash sources	How/to what extent the applicant will Leverage Housing and/or Healthcare*	How project improves the safety of the population served - measures in place, staff training, etc**	Total "Yes" responses	Score

*Project Applicant must leverage housing and/or healthcare and provide MOUs/Letters of Commitment to be included with CoC Application.

**Victim Service Providers must address how their project will improve the safety of the population they serve.

Total 1BR Units	Total 2BR Units	Total Units larger than 2BR	Total beds for HH w/out children	Total beds for HH w/ children

RRH Scoring:

5 pts. for each Yes answer up to 30 pts.

Does the Project Application/Description adequately/completely address the following? = Yes

RRH Projects	Population to be served - singles/families; 100% CH AND 100% from ES or street	Severe Barriers - which barriers will the project address; how will the project help the client overcome barriers	Individualized assistance/ access to Supportive Services AND Mainstream Benefits	How Project Rapidly Rehouses Participants	How Project will assist client w/ retaining PSH or exit to other PH	How project will assist client with gaining/ increasing cash income employment and/or other cash sources	How/to what extent the applicant will Leverage Housing and/or Healthcare*	How project improves the safety of the population served - measures in place, staff training, etc**	Total "Yes" responses	Score

*Victim Service Providers must address how their project will improve the safety of the population they serve.

Total 1BR Units	Total 2BR Units	Total Units larger than 2BR	Total beds for HH w/out children	Total beds for HH w/ children

HMIS Scoring:

10 pts. for each Yes answer up to 50 pts.

Does the Project Application/Description adequately/completely address the following? = Yes

HMIS Project	HMIS	Increase HMIS participation	Training	Data Standards	Privacy and Security	Reporting	Total "Yes" responses	Score
								0
								0

CE Scoring:

10 pts. for each Yes answer up to 50 pts.

Does the Project Application/Description adequately/completely address the following? = Yes

CE Project	CE	Increase CE participation	Access	Assessment	Prioritization	Referral	Total "Yes" responses	Score
								0
								0

IA-500 SCEH CoC FY 2024 New Applicants Performance Charts

New Permanent Housing Projects

Increase Housing Stability - Housing First/ Low Barrier

Note: Calculations based on "3B. Project Description. 5. Housing" First of FY 2024 New Project Application

For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

PSH/RRH Housing First Scoring:

Yes to all = 10 pts.

No = 0 pts.

PSH/RRH Projects	Project will accept all referrals from the CES/per CES policies	Project will quickly and successfully connect clients to PH	Project has low barrier program entry (based on low barrier description below)	Project has low barrier program termination (based on low barrier description below)	Project offers supportive services to maximize housing stability and prevent returns to homelessness		Score

PSH/RRH Low Barrier to Project Entry Description:

Entry not denied for too little or no income

Entry not denied for active or history of substance abuse

Entry not denied for criminal record with exception for state-mandated restrictions

Entry not denied for fleeing domestic violence

PSH/RRH Low Barrier to Project Termination Description:

Clients not terminated for not making progress on a service plan

Clients not terminated for loss of income or failure to increase income

Clients not terminated for being a victim of domestic violence

Clients not terminated for any other activity not covered in a typical lease agreement

IA-500 SCEH CoC FY 2024 New Applicants Performance Charts
New Permanent Housing Projects
Performance Measures

Note: Calculations based on Section 3B. Project Description, 1. Description of Proposed Project of FY 2024 New Project Application
For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsioxland.org if corrections are needed.

Performance Measures Scoring:
Commitment and Plan for meeting performance measures

Yes to all = 5 pts.

2 Yes = 2.5 pts.

0 or 1 Yes = 0 pts.

Permanent Housing Project	Participants assisted to obtain PH in 90 days or less	PSH Project: 96% or more remain in PH-PSH project or exit to other PH destination; RRH/joint TH-RRH Project: 50% or more exit TH/RRH to PH	40% or more gain or increase their income from employment or non-employment cash income	Employment Rate of 20% or more; Non-employment cash income rate of 50% or more		Score

IA-500 SCEH CoC FY 2024 New Applicants Performance Charts
New Permanent Housing Projects
Supportive Services - Type, Provided by

Note: Calculations based on Section 4A. Supportive Services for Participants of FY 2024 New Project Application
For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxiand.org if corrections are needed.

Supportive Services Scoring:

1 pt. per service up to 5 points for SS
provided by applicant or applicant referral

Project	Supportive Service	Provided by Applicant	Provided by Applicant Referral	Score
	Assessment of Service Needs			
	Assistance with Moving Costs			
	Case Management			
	Child Care			
	Education Services			
	Employment Assistance/Job Training			
	Food			
	Housing Search/Counseling Services			
	Legal Services			
	Life Skills Training			
	Mental Health Services			
	Outpatient Health Services			
	Outreach Services			
	Substance Abuse Treatment Services			
	Transportation			
	Utility Deposits			
	Assessment of Service Needs			
	Assistance with Moving Costs			
	Case Management			
	Child Care			
	Education Services			
	Employment Assistance/Job Training			
	Food			
	Housing Search/Counseling Services			
	Legal Services			
	Life Skills Training			
	Mental Health Services			
	Outpatient Health Services			
	Outreach Services			
	Substance Abuse Treatment Services			
	Transportation			
	Utility Deposits			

IA-500 SCEH CoC FY 2024 New Applicants Performance Charts

All New Project Types

Financial Management, Cost Per Client, Program/Shelter Capacity

Note: Calculations based on FY 2024 New Project Application

For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Budget Categories/Percentages - PH-PSH, PH-RRH Projects

Leasing/Rental Assistance - $\geq 75\%$ = 2.5 pts.

Operations - $\leq 10\%$ = 2.5 pts.

Supportive Services - $\leq 25\%$ = 2.5 pts.

Admin - $\leq 7\%$ = 2.5 pts.

Applicant/Project	Total Budget	Total Leasing/ Rental Assistance	% of Total Budget	Total Operations	% of Total Budget	Total Supportive Services	% of Total Budget	Admin	% of Total Budget		Score
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		

Budget Categories/Percentages - HMIS Projects

HMIS - $\geq 93\%$ = 5 pts.

Admin - $\leq 7\%$ = 5 pts.

Applicant/Project	Total Budget	Total HMIS	% of Total Budget	Admin	% of Total Budget			Score
			#DIV/0!		#DIV/0!			
			#DIV/0!		#DIV/0!			

Budget Categories/Percentages - CE Projects

Supportive Services - $\geq 93\%$ = 5 pts.

Admin - $\leq 7\%$ = 5 pts.

Applicant/Project	Total Budget	Total Supportive Services	% of Total Budget	Admin	% of Total Budget			Score
			#DIV/0!		#DIV/0!			
			#DIV/0!		#DIV/0!			

Note: Calculations based on FY 2024 application

Shelter Capacity - not scored							
Applicant/Project	Total # of Clients to be served	Total # Singles/Couples to be served	Households w/ Children to be served	# of beds available	# of 1BR units available	# of 2BR units available	# units >2BR available
	0	0		0			

Application Submission - not scored

Application must be Complete and Submitted by 5:00 p.m., Friday, September 20, 2024

Incomplete or Late Applications will not be accepted.

Applicant/Project	Application submitted in eSnaps by 09/20/2024

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts

All Projects

Project Scoring Summary

Performance/Scoring Measure (Max. Pts.)	Heartland Counseling - PSH	Center For Siouxland - Bridges West TH	SafePlace - DV Bonus RRH
Housing Stability (15 pts.)			
Housing First Focus (10 pts.)			
Earned Income (10 pts.)			
Other Cash Income Source (10 pts.)			
Gained or Increased Income (10 pts.)			
Data Quality/Completeness (5 pts.)			
Data Entry Timeliness (5 pts.)			
Program Management/Spending (10 pts.)			

TOTAL COMBINED SCORE (75 pts.)

TOTAL COMBINED SCORE - PERCENTAGE

0	0	0
0.00%	0.00%	0.00%

Performance/Scoring Measure (Max. Pts.)	City of Sioux City - HMIS
Training (15 pts.)	
Data Collection (15 pts.)	
Reporting (15 pts.)	
Efforts/Plans to expand HMIS Participation (10 pts.)	
360 Agency Review (10 pts.)	
Program Management/Spending (10 pts.)	

TOTAL COMBINED SCORE (75 pts.)

TOTAL COMBINED SCORE - PERCENTAGE

0
0.00%

Tab 3 - 3A Obj 3 - All

Performance/Scoring Measure (Max. Pts.)	City of Sioux City - Coordinated Entry
Access (15 pts.)	
Assessment (10 pts.)	
Prioritization (10 pts.)	
Referral (10 pts.)	
Efforts/Plans to expand CE participation (10 pts.)	
360 Agency Review (10 pts.)	
Program Management/Spending (10 pts.)	

TOTAL COMBINED SCORE (75 pts.)	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00%

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts

Transitional and Permanent Housing Projects

Increase Housing Stability. (Goal: 80%+ remaining in PH or exiting to PH)

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxland.org if corrections are needed.

PH - PSH Scoring:

(maintain/exit to PH)

96% or higher = 15 pts.

80% - 95% = 10 pts.

less than 80% = 05 pts.

Permanent Housing Projects	Total participants	Stayers	Exits to Other PH (Q23A, 23B)	Total stayers and PH exits	Percentage of participants who either remained in PH or exited to PH.	Avg. length of time to housing	Score
Heartland Counseling - PSH					#DIV/0!		
Totals	0	0	0	0	#DIV/0!		

TH Scoring

50% or higher = 15 pts.

40% - 49% = 10 pts.

less than 49% = 5 pts.

PH - RRH Scoring:

50% or higher = 15 pts.

40% - 49% = 10 pts.

less than 49% = 5 pts.

Transitional Housing Projects	Total participants	Stayers	Exits to PH (Q23A, 23B)	Total leavers	Percentage of participants who exited to PH.	Avg. length of time to housing	Score
Center For Siouxland - Bridges West					#DIV/0!	N/A	
SafePlace - DV Bonus RRH					#DIV/0!		
Totals	0	0	0	0	#DIV/0!		

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts

TH, PH-RRH, PH-PSH

Housing First Focus

Goal: All funded housing project must practice Housing First

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Answer: Not at all; Somewhat; Always

Score:

All Answers = Always/Somewhat = Yes Housing First = 10 pts.

<5 Answers = Always/Somewhat = Not Housing First = 0 pts.

Applicant/Project	Accepts all referrals from CES/ per CES policies	Low Barrier Program Entry	SS to maximize housing stability/ prevent returns to homelessness	Leases	Low Barrier Program Termination		Housing First Focus - Y/N	Score
Sioux City - RRH								
Heartland Counseling - PSH								
SafePlace RRH								
Center For Siouxland - Bridges West								

Low Barrier Program Entry/Entry NOT denied for:

too little/no income

active/history of substance abuse

criminal record except for state-mandated restrictions

fleeing DV

Leases:

Housing is permanent, except TH; leases automatically renew

Participant choice in location, type of housing

Leases are the same for all tenants

Participants educated on terms of lease

Housing stability is a priority - hold housing in the event of short/temporary stays outside of the unit; special payment arrangements on a case by case basis for rent arrears, etc.

Low Barrier Program Termination/NOT terminated for:

not making progress on a service plan

loss in income/failure to increase income

being a victim of DV

any other activity not covered in a typical lease agreement

Supportive Services to maximize housing stability/prevent returns to homelessness:

Participant choice/person-centered planning

array of community-based services - employment/income; childhood and education; stabilization to maintain housing

services are permanently available for PSH; available for up to 6 months after person exits RRH or TH; available as long as person resides in ES

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts

All Projects (Excluding HMIS, CE)

Sources of cash income. (PSH Goals: 15%+ obtain employment/earned income; 50%+ obtain other cash income)

RRH/TH Goals: 50%+ obtain employment/earned income; 30%+ obtain other cash income)

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxiand.org if corrections are needed.

Earned Income Scoring: PSH Projects

20% or higher = 10 pts.

10% - 19% = 7 pts.

less than 10% = 3 pts.

Other Cash Income Scoring: PSH Projects

50% or higher = 10 pts.

30% - 49% = 7 pts.

less than 30% = 3 pts.

Project	Cash Income Sources	# of Adult Leavers w/ income source (18)	Total Adult Leavers (5a)	% of Adults w/ earned income	% of Adults w/ other cash income	% of Adults w/ both earned income and other income	% of Adults w/ no cash income	Score
Heartland Counseling - PSH	Earned Income			#DIV/0!				
	Other Cash Income Sources:				#DIV/0!			
	Both Earned and Other Income Sources:							
	No Cash Income Sources:						#DIV/0!	

leavers and stayers w/ annual assessment

Earned Income Scoring: RRH/TH Projects

20% or higher = 10 pts.

10% - 19% = 7 pts.

less than 10% = 3 pts.

Other Cash Income Scoring: RRH/TH Projects

50% or higher = 10 pts.

30% - 49% = 7 pts.

less than 30% = 3 pts.

Project	Cash Income Sources	# of Adult Leavers w/ income source (18)	Total Adult Leavers (5a)	% of Adults w/ earned income	% of Adults w/ other cash income	% of Adults w/ both earned income and other income	% of Adults w/ no cash income	Score
CFS - Bridges West	Earned Income			#DIV/0!				
	Other Cash Income Sources:				#DIV/0!			
	Both Earned and Other Income Sources:							

	No Cash Income Sources:						#DIV/0!	
SafePlace - DV Bonus RRH	Earned Income			#DIV/0!				
	Other Cash Income Sources:				#DIV/0!			
	Both Earned and Other Income Sources:							
	No Cash Income Sources:						#DIV/0!	

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts**All Projects (Excluding HMIS, CE)****Obtain or increase project participants income (from employment and from other sources).****(Goal: PSH/RRH/TH - 40%+ gain or increase income from employment and other sources)****Note: Calculations based on most recent SCEH Quarterly Reporting Data****For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxland.org if corrections are needed.****Gained or Increased Income Scoring:**

40% or higher = 10 pts.

20% - 39% - 7 pts.

less than 20% = 3 pts.

Applicant/Project	Total Adult Leavers (5a6)	Adult Leavers who maintained income (19a2, row 6, column 4)	Percentage of Total Adults who maintained income (C/B)	Adult Leavers who gained or increased income (19a2; row 6, columns 5+6)	Percentage of Adult Leavers who gained or increased income (E/B)	Score
Heartland Counseling - PSH			#DIV/0!		#DIV/0!	
Center For Siouxland - Bridges West			#DIV/0!		#DIV/0!	
SafePlace - DV Bonus RRH			#DIV/0!		#DIV/0!	
	0	0	#DIV/0!	0	#DIV/0!	

leavers and stayers w/ annual assessment

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts**All Projects (Excluding HMIS, CE)**

**Data Quality, Timeliness (Goals: <5% null/missing data in all categories;
100% of entry/exit data entered in <6 days)**

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Data Quality/Completeness Scoring:

95-100% complete in all categories = 5 pts.

85-94% complete in any category = 3 pts.

less than 85% complete in any category = 0 pts.

Data Entry Timeliness Scoring:

100% in <= 6 days = 5 pts.

95-99% in <= 6 days = 3 pts.

less than 95% in <= 6 days = 0 pts.

Project	Data Element	% of Error Rate			Score
Heartland - PSH	Name (6a)				
	SSN (6a)				
	Date of Birth (6a)				
	Race (6a)				
	Ethnicity (6a)				
	Gender (6a)				
	Veteran Status (6b)				
	Relationship to HoH (6b)				
	Client Location (6b)				
	Disabling Condition (6b))				
	Destination (Exit) (6c)				
	Income and Sources (Entry) (6c)				
	Income and Sources (Annual Assess) (6c)				
	Income and Sources (Exit) (6c)				
	of Times/# of Months Homeless in Past 3 years)				
	Domestic Violence (14a)				
	Fleeing Domestic Violence (14b)				

Tab 4 - 3A Obj 4 - All

	Residence Prior to Project Entry (15)				
	Non-Cash Benefit Received (20b)				
	Covered by Health Insurance (21)				
	Data Quality/Completeness Score				
Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <6 days	% entered in <6 days	Score
Heartland - PSH	Data Entry Timeliness			#DIV/0!	
Project	Data Element	% of Error Rate			Score
CFS - Bridges West	Name (6a)				
	SSN (6a)				
	Date of Birth (6a)				
	Race (6a)				
	Ethnicity (6a)				
	Gender (6a)				
	Veteran Status (6b)				
	Relationship to HoH (6b)				
	Client Location (6b)				
	Disabling Condition (6b))				
	Destination (Exit) (6c)				
	Income and Sources (Entry) (6c)				
	Income and Sources (Annual Assess) (6c)				
	Income and Sources (Exit) (6c)				
	Chronic Homelessness (Approx Date Started, # of Times/# of Months Homeless in Past 3 years) (6d)				
	Domestic Violence (14a)				
	Fleeing Domestic Violence (14b)				
	Residence Prior to Project Entry (15)				

Tab 4 - 3A Obj 4 - All

	Non-Cash Benefit Received (20b)				
	Covered by Health Insurance (21)				
	Data Quality/Completeness Score				
Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <6 days	% entered in <6 days	
CFS - Bridges West	Data Entry Timeliness			#DIV/0!	

SafePlace - DV Bonus RRH	Name (6a)				
	SSN (6a)				
	Date of Birth (6a)				
	Race (6a)				
	Ethnicity (6a)				
	Gender (6a)				
	Veteran Status (6b)				
	Relationship to HoH (6b)				
	Client Location (6b)				
	Disabling Condition (6b))				
	Destination (Exit) (6c)				
	Income and Sources (Entry) (6c)				
	Income and Sources (Annual Assess) (6c)				
	Income and Sources (Exit) (6c)				
	Chronic Homelessness (Approx Date Started, # of Times/# of Months Homeless in Past 3 years) (6d)				
	Domestic Violence (14a)				
	Fleeing Domestic Violence (14b)				
	Residence Prior to Project Entry (15)				
	Non-Cash Benefit Received (20b)				
	Covered by Health Insurance (21)				

Tab 4 - 3A Obj 4 - All

	Data Quality/Completeness Score				
Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <6 days	% entered in <6 days	Score
SafePlace - DV Bonus RRH	Data Entry Timeliness			#DIV/0!	

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance

HMIS

Training (15 pts.)

Points to consider when scoring:

Types of training provided
Avg. # of hours spent providing training
Adequacy of training provided
Responsiveness to agencies
Barriers to training
Opportunities for the future

Score:

Scorer's Comments:

Data Collection (15 pts.)

Points to consider when scoring:

Efforts to improve data collection/reporting
Efforts to improve SPM's
Bed Coverage % in HMIS
Barriers to data collection
Opportunities for the future

Score:

Scorer's Comments:

Reporting (15 pts.)

Points to consider when scoring:

Meeting HUD required data elements
Availability of CoC-level data

Score:

Scorer's Comments:

Barriers to reporting
Opportunities for the future

Expanding HMIS Participation (10 pts.)

Points to consider when scoring:

Efforts to engage non-funded agencies
Efforts to increase bed coverage
Barriers to expansion
Opportunities for the future

Score:

Scorer's Comments:

360 Agency Review (10 pts.)

Points to consider when scoring:

Types of training available/received
Adequacy of training
Responsiveness of staff
Overall experience

Score:

Scorer's Comments:

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance

Coordinated Entry

Access (15 pts.)

Points to consider when scoring:

Accessibility of CE - advertising/promotion,
walk-in hours, phone assistance, scheduled
appts., etc.

of CE Assessments done weekly

Barriers to Access

Opportunities for the future

Score:

Scorer's Comments:

Assessment (10 pts.)

Points to consider when scoring:

Timeliness of CE Assessments

Hours spent on CE Assessments weekly

Barriers to Assessment

Opportunities for the future

Score:

Scorer's Comments:

Prioritization (10 pts.)

Points to consider when scoring:

Adequacy of prioritization model - VI-SPDAT
score, tiebreakers

Barriers to Prioritization and Referral

Opportunities for the future

Score:

Scorer's Comments:

Referral (10 pts.)

Score:

Points to consider when scoring:

of referrals made/accepted
Efforts to reduce avg. length of time
Efforts to decrease # of 1st time homeless
through prevention/diversion
Barriers to Referral
Opportunities for the future

Scorer's Comments:

Efforts to Expand CE Participation (10 pts.)

Points to consider when scoring:

Efforts to increase CE participation - non-
funded agencies, PHA's, landlords, etc.
Barriers to CE Expansion
Opportunities for the future

Score:

Scorer's Comments:

360 Agency Review (10 pts.)

Points to consider when scoring:

of referrals made vs. # of successful
placements
Responsiveness of staff
Overall experience

Score:

Scorer's Comments:

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts**All Projects****Financial Management, Application Submission****(Goals: 100% funds expended)****Note: Financial Calculations based on Most Recently Completed APR Report in SAGE****For all performance charts, please review all numbers from your APR and email susan.mcguire@centerforsiouxland.org if corrections are needed.****Recaptured Funds/Budget Amendment Scoring**

100% expended, as budgeted = 10 pts.

6% - 10% recaptured/re-budgeted = -2 pts.

5% or less recaptured/re-budgeted = 5 pts.

>10% recaptured/re-budgeted = -5 pts.

Applicant/Project	Total Budget	Total Funds Expended	% of Funds Expended	Score
Heartland Counseling - PSH			#DIV/0!	
Center For Siouxland - Bridges West TH			#DIV/0!	
SafePlace - DV Bonus RRH			#DIV/0!	
Sioux City - HMIS			#DIV/0!	
Sioux City - Coordinated Entry			#DIV/0!	

Application/Report Submission - not scored

Application must be Complete and Submitted by 5:00 p.m., Friday, September 20, 2024

Incomplete or Late Applications will not be accepted.

Applicant/Project	Application submitted in eSnaps by 9/20/24	Addl. Materials submitted to SCEH by 9/20/24	HUD Correspondence, if applicable	Score
Heartland Counseling - PSH			N/A	
Center For Siouxland - Bridges West TH			N/A	
SafePlace - DV Bonus RRH			N/A	
Sioux City - HMIS			N/A	
Sioux City - Coordinated Entry			N/A	

CoC Reallocation Plan
Siouxland Coalition to End Homelessness

Voluntary Reallocation: An applicant may voluntarily choose to reallocate funds from an existing renewal project to free additional funds for one or more new projects.

- The applicant may choose to reallocate all or a portion of their renewal funds to create a new project(s).
- All funds freed through voluntary reallocation may be made available for one or more new projects. If no new project applications are submitted, funds will remain available for the original renewal projects.

If the same applicant wishes to apply for a new project using those same funds, the following parameters apply:

- The applicant will be required to submit a new project application in eSnaps following all usual HUD requirements for new projects.
- The Siouxland Coalition to End Homelessness retains final approval for the new project to be included in the CoC Consolidated Application to HUD.
- If, for any reason, the Siouxland Coalition to End Homelessness does not approve the new project, the same applicant may instead submit the original renewal project. In this way, the applicant choosing to voluntarily reallocate to a new project avoids the risk that the new project will be rejected by the Siouxland Coalition to End Homelessness and funds lost as a result.
- All projects are subject to final consideration by HUD for funding. Approval by the Siouxland Coalition to End Homelessness does not guarantee that a project will be funded by HUD.
- The applicant may also choose to compete for a portion or all of the funds available to the CoC through bonus funds. In this case, the applicant would be subject to competitive review along with other new project applications. Any additional funding will depend on the scoring. If the applicant does not score well enough to be competitive for additional funding, it may still submit the new project using just their own voluntarily reallocated funds.

If another applicant wishes to apply for a new project using the reallocated funds, the following parameters apply:

- The applicant will be required to submit a new project application in eSnaps following all usual HUD requirements for new projects.
- The Siouxland Coalition to End Homelessness retains final approval for the new project to be included in the CoC Consolidated Application to HUD.
- All projects are subject to final consideration by HUD for funding. Approval by the Siouxland Coalition to End Homelessness does not guarantee that a project will be funded by HUD.

Voluntary Reallocation Project(s) Impacted:

Project Name:

Amount Reallocated:

Total Reallocated:

Involuntary Reallocation: The SCEH may reallocate funds in whole or in part from eligible low scoring or lower performing renewal projects to create one or more new projects without decreasing the CoC's ARD (Annual Renewal Demand).

- Projects with recaptured funds or budget amendments reallocating funding from one BLI to another changing the priority/focus of the original funding (i.e. from rental assistance to operations) may be subject to having the amount of recaptured or budget amendment funds reallocated to new projects.
- Funds from low/the lowest scoring project(s) and/or from lower performing projects may be involuntarily reallocated to higher scoring new projects.

O Project applicants that are subject to partial involuntary reallocation must develop a plan to continue with their renewal project(s) with the reduced level of funding. This includes HUD contract compliance for numbers of persons served and the types of services provided. It may be possible to seek a contract amendment from HUD for some changes. Applicants should contact their HUD representative to discuss any options for amendment. If the reduction in funding will result in loss of assistance for persons currently served by the program, the applicant must develop a transition plan for these persons. Any concerns should be brought to the CoC.

O If there are no applications for new projects, funds will remain available for the original renewal projects.

Involuntary Reallocation Project(s) Impacted:

Project Name:

Amount Reallocated:

Total Reallocated:

The following New Project Types may be created through Reallocation:

- Permanent Housing – Permanent Supportive Housing (PH-PSH) projects
- Permanent Housing – Rapid Rehousing (PH-RRH) projects
- Joint TH and PH-RRH component projects
- Dedicated HMIS project for the costs at 24 CFR 578.37(a)(4) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant and is listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*.
- Supportive Services Only Coordinated Entry (SSO-CE) project to develop or operate a centralized or coordinated assessment system.

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts

All Projects

Project Scoring Summary

Performance/Scoring Measure (Max. Pts.)	Heartland Counseling - PSH	Center For Siouxland - Bridges West TH	SafePlace - RRH
Housing Stability (15 pts.)	10	15	15
Housing First Focus (10 pts.)	10	10	10
Earned Income (10 pts.)	7	10	3
Other Cash Income Source (10 pts.)	7	10	10
Gained or Increased Income (10 pts.)	7	10	3
Data Quality/Completeness (5 pts.)	5	3	5
Data Entry Timeliness (5 pts.)	5	0	5
Program Management/Spending (10 pts.)	5	5	10

TOTAL COMBINED SCORE (75 pts.)

TOTAL COMBINED SCORE - PERCENTAGE

56	63	61
74.67%	84.00%	81.33%

Performance/Scoring Measure (Max. Pts.)	City of Sioux City - HMIS
Training (15 pts.)	15
Data Collection (15 pts.)	13
Reporting (15 pts.)	14
Efforts/Plans to expand HMIS Participation (10 pts.)	8
360 Agency Review (10 pts.)	10
Program Management/Spending (10 pts.)	10

TOTAL COMBINED SCORE (75 pts.)

TOTAL COMBINED SCORE - PERCENTAGE

70
93.33%

Tab 3 - 3A Obj 3 - All

Performance/Scoring Measure (Max. Pts.)	City of Sioux City - Coordinated Entry
Access (15 pts.)	15
Assessment (10 pts.)	10
Prioritization (10 pts.)	10
Referral (10 pts.)	10
Efforts/Plans to expand CE participation (10 pts.)	10
360 Agency Review (10 pts.)	10
Program Management/Spending (10 pts.)	10

TOTAL COMBINED SCORE (75 pts.)

75

TOTAL COMBINED SCORE - PERCENTAGE

100.00%

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts

Transitional and Permanent Housing Projects

Increase Housing Stability. (Goal: 80%+ remaining in PH or exiting to PH)

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxland.org if corrections are needed.

PH - PSH Scoring:

(maintain/exit to PH)

96% or higher = 15 pts.

80% - 95% = 10 pts.

less than 80% = 05 pts.

Permanent Housing Projects	Total participants	Stayers	Exits to Other PH (Q23A, 23B)	Total stayers and PH exits	Percentage of participants who either remained in PH or exited to PH.	Avg. length of time to housing	Score
Heartland Counseling - PSH	56	42	6	48	86%	24.75 days	10
Totals	56	42	6	48	86%		

TH Scoring

50% or higher = 15 pts.

40% - 49% = 10 pts.

less than 49% = 5 pts.

PH - RRH Scoring:

50% or higher = 15 pts.

40% - 49% = 10 pts.

less than 49% = 5 pts.

Transitional Housing Projects	Total participants	Stayers	Exits to PH (Q23A, 23B)	Total leavers	Percentage of participants who exited to PH.	Avg. length of time to housing	Score
Center For Siouxland - Bridges West TH	46	15	25	32	78%	N/A	15
SafePlace - RRH	13	10	2	3	67%	36.3 days	15
Totals	59	25	27	35	77%		

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts

TH, PH-RRH, PH-PSH

Housing First Focus

Goal: All funded housing project must practice Housing First

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Answer: Not at all; Somewhat; Always

Score:

All Answers = Always/Somewhat = Yes Housing First = 10 pts.

<5 Answers = Always/Somewhat = Not Housing First = 0 pts.

Applicant/Project	Accepts all referrals from CES/ per CES policies	Low Barrier Program Entry	SS to maximize housing stability/ prevent returns to homelessness	Leases	Low Barrier Program Termination		Housing First Focus - Y/N	Score
Heartland Counseling - PSH	Always	Always	Always	Always	Always		yes	10
SafePlace - RRH	Always	Always	Always	Always	Always		yes	10
Center For Siouxland - Bridges West TH	Always	Always	Always	Always	Always		yes	10

Low Barrier Program Entry/Entry NOT denied for:

too little/no income
active/history of substance abuse
criminal record except for state-mandated restrictions
fleeing DV

Leases:

Housing is permanent, except TH; leases automatically renew

Participant choice in location, type of housing

Leases are the same for all tenants
Participants educated on terms of lease

Housing stability is a priority - hold housing in the event of short/temporary stays outside of the unit; special payment arrangements on a case by case basis for rent arrears, etc.

Low Barrier Program Termination/NOT terminated for:

not making progress on a service plan
loss in income/failure to increase income
being a victim of DV
any other activity not covered in a typical lease agreement

Supportive Services to maximize housing stability/prevent returns to homelessness:

Participant choice/person-centered planning
array of community-based services - employment/income; childhood and education; stabilization to maintain housing services are permanently available for PSH; available for up to 6 months after person exits RRH or TH; available as long as person resides in ES

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts

All Projects (Excluding HMIS, CE)

Sources of cash income. (PSH Goals: 15%+ obtain employment/earned income; 50%+ obtain other cash income)

RRH/TH Goals: 50%+ obtain employment/earned income; 30%+ obtain other cash income)

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxiand.org if corrections are needed.

Earned Income Scoring: PSH Projects

20% or higher = 10 pts.

10% - 19% = 7 pts.

less than 10% = 3 pts.

Other Cash Income Scoring: PSH Projects

50% or higher = 10 pts.

30% - 49% = 7 pts.

less than 30% = 3 pts.

Project	Cash Income Sources	# of Adult Leavers w/ income source (18)	Total Adult Leavers (5a)	% of Adults w/ earned income	% of Adults w/ other cash income	% of Adults w/ both earned income and other income	% of Adults w/ no cash income	Score
Heartland Counseling - PSH	Earned Income	4	32	13%				7
	Other Cash Income Sources:	10	32		31%			7
	Both Earned and Other Income Sources:	0	32			0%		
	No Cash Income Sources:	18	32				56%	

leavers and stayers w/ annual assessment

Earned Income Scoring: RRH/TH Projects

20% or higher = 10 pts.

10% - 19% = 7 pts.

less than 10% = 3 pts.

Other Cash Income Scoring: RRH/TH Projects

50% or higher = 10 pts.

30% - 49% = 7 pts.

less than 30% = 3 pts.

Project	Cash Income Sources	# of Adult Leavers w/ income source (18)	Total Adult Leavers (5a)	% of Adults w/ earned income	% of Adults w/ other cash income	% of Adults w/ both earned income and other income	% of Adults w/ no cash income	Score
CFS - Bridges West TH	Earned Income	4	20	20%				10
	Other Cash Income Sources:	14	20		70%			10
	Both Earned and Other Income Sources:	1	20			5%		

	No Cash Income Sources:	3	20				15%	
SafePlace - RRH	Earned Income	0	2	0%				3
	Other Cash Income Sources:	1	2		50%			10
	Both Earned and Other Income Sources:	0	2					
	No Cash Income Sources:	1	2				50%	

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts**All Projects (Excluding HMIS, CE)****Obtain or increase project participants income (from employment and from other sources).****(Goal: PSH/RRH/TH - 40%+ gain or increase income from employment and other sources)****Note: Calculations based on most recent SCEH Quarterly Reporting Data****For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxland.org if corrections are needed.****Gained or Increased Income Scoring:**

40% or higher = 10 pts.

20% - 39% - 7 pts.

less than 20% = 3 pts.

Applicant/Project	Total Adult Leavers (5a6)	Adult Leavers who maintained income (19a2, row 6, column 4)	Percentage of Total Adults who maintained income (C/B)	Adult Leavers who gained or increased income (19a2; row 6, columns 5+6)	Percentage of Adult Leavers who gained or increased income (E/B)	Score
Heartland Counseling - PSH	32	5	16%	9	28%	7
Center For Siouxland - Bridges West TH	20	7	35%	9	45%	10
SafePlace - RRH	2	1	50%	0	0%	3
	52	12	23%	18	35%	

leavers and stayers w/ annual assessment

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts**All Projects (Excluding HMIS, CE)**

**Data Quality, Timeliness (Goals: <5% null/missing data in all categories;
100% of entry/exit data entered in <6 days)**

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Data Quality/Completeness Scoring:

95-100% complete in all categories = 5 pts.

85-94% complete in any category = 3 pts.

less than 85% complete in any category = 0 pts.

Data Entry Timeliness Scoring:

100% in <= 6 days = 5 pts.

95-99% in <= 6 days = 3 pts.

less than 95% in <= 6 days = 0 pts.

Project	Data Element	% of Error Rate			Score
Heartland - PSH	Name (6a)	0.00%			
	SSN (6a)	5.00%			
	Date of Birth (6a)	0.00%			
	Race (6a)	0.00%			
	Ethnicity (6a)	0.00%			
	Gender (6a)	0.00%			
	Veteran Status (6b)	0.00%			
	Relationship to HoH (6b)	0.00%			
	Client Location (6b)	0.00%			
	Disabling Condition (6b))	0.00%			
	Destination (Exit) (6c)	0.00%			
	Income and Sources (Entry) (6c)	2.00%			
	Income and Sources (Annual Assess) (6c)	10.00%			
	Income and Sources (Exit) (6c)	0.00%			
	of Times/# of Months Homeless in Past 3	0.00%			
	Domestic Violence (14a)	0.00%			
	Most Recent DV Experience (14b)	0.00%			

Tab 4 - 3A Obj 4 - All

	Residence Prior to Project Entry (15)	0.00%			
	Non-Cash Benefit Received (20b)	0.00%			
	Covered by Health Insurance (21)	0.00%			
	Data Quality/Completeness Score				3
Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <6 days	% entered in <6 days	Score
Heartland - PSH	Data Entry Timeliness	35	32	91%	0
Project	Data Element	% of Error Rate			Score
CFS - Bridges West TH	Name (6a)	0.00%			
	SSN (6a)	9.00%			
	Date of Birth (6a)	0.00%			
	Race (6a)	0.00%			
	Ethnicity (6a)	0.00%			
	Gender (6a)	0.00%			
	Veteran Status (6b)	0.00%			
	Relationship to HoH (6b)	0.00%			
	Client Location (6b)	0.00%			
	Disabling Condition (6b))	0.00%			
	Destination (Exit) (6c)	0.00%			
	Income and Sources (Entry) (6c)	0.00%			
	Income and Sources (Annual Assess) (6c)	0.00%			
	Income and Sources (Exit) (6c)	0.00%			
	Chronic Homelessness (Approx Date Started, # of Times/# of Months Homeless in Past 3 years) (6d)	0.00%			
	Domestic Violence (14a)	0.00%			
	Most Recent DV Experience (14b)	0.00%			
	Residence Prior to Project Entry (15)	0.00%			

Tab 4 - 3A Obj 4 - All

	Non-Cash Benefit Received (20b)	0.00%			
	Covered by Health Insurance (21)	0.00%			
	Data Quality/Completeness Score				3
Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <6 days	% entered in <6 days	
CFS - Bridges West TH	Data Entry Timeliness	58	49	84%	0

SafePlace - RRH	Name (6a)	0.00%			
	SSN (6a)	100.00%			
	Date of Birth (6a)	0.00%			
	Race (6a)	0.00%			
	Ethnicity (6a)	0.00%			
	Gender (6a)	0.00%			
	Veteran Status (6b)	0.00%			
	Relationship to HoH (6b)	0.00%			
	Client Location (6b)	0.00%			
	Disabling Condition (6b))	0.00%			
	Destination (Exit) (6c)	0.00%			
	Income and Sources (Entry) (6c)	0.00%			
	Income and Sources (Annual Assess) (6c)	0.00%			
	Income and Sources (Exit) (6c)	0.00%			
	Chronic Homelessness (Approx Date Started, # of Times/# of Months Homeless in Past 3 years) (6d)	13.00%			
	Domestic Violence (14a)	0.00%			
	Most Recent DV Experience (14b)	0.00%			
	Residence Prior to Project Entry (15)	13.00%			
	Non-Cash Benefit Received (20b)	0.00%			
	Covered by Health Insurance (21)	0.00%			

Tab 4 - 3A Obj 4 - All

	Data Quality/Completeness Score				3
Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <6 days	% entered in <6 days	Score
SafePlace - DV Bonus RRH	Data Entry Timeliness	16	3	19%	0

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance

HMIS

Training (15 pts.)

Points to consider when scoring:

- Types of training provided
- Avg. # of hours spent providing training
- Adequacy of training provided
- Responsiveness to agencies
- Barriers to training
- Opportunities for the future

Score: 15

Scorer's Comments: having a variety of training options and methods is nice and makes it easier for end users to complete training on their time and in a way that works for them

Data Collection (15 pts.)

Points to consider when scoring:

- Efforts to improve data collection/reporting
- Efforts to improve SPM's
- Bed Coverage % in HMIS
- Barriers to data collection
- Opportunities for the future

Score: 13

Scorer's Comments: You do a great job helping agencies clean up their data and find/correct data entry errors. We don't want to make more work for anyone, but it would be nice if we could get them to review their APR report every month and correct data errors before the quarterly reporting. As the committee moves forward, the HMIS lead will play a vital role in helping us understand the SPM's and the data used in reporting/figuring them so that we can work toward improving them/solutions; would like to see the HMIS lead take a more active role in the project monitoring committee to help us understand the SPMs and how we can improve our systems and end results.

Reporting (15 pts.)

Points to consider when scoring:

- Meeting HUD required data elements
- Availability of CoC-level data

Score: 14

Scorer's Comments: Reporting has always been a struggle. Canned reports don't always meet our needs, yet most people can't specifically verbalize what

Barriers to reporting
Opportunities for the future

they need and maybe don't even know exactly what they need or want to see. As the HMIS Lead, your role is vital to helping the agencies know what is available and understanding the data being collected. You should also play a vital role in helping improve data quality and system performance measures.

Expanding HMIS Participation (10 pts.)

Points to consider when scoring:

Efforts to engage non-funded agencies
Efforts to increase bed coverage
Barriers to expansion
Opportunities for the future

Score: 8

Scorer's Comments: the priority for HMIS use should be increasing bed coverage in HMIS. We have been losing points for years because our bed coverage for PSH and ES are below 85% and we don't have any solid plans to increase that participation. We are closest to 85% w/ VASH, so i would like to see that prioritized even over the WS or GM. All communities struggle to get "mission-type" agencies on HMIS, but VASH is a combined HUD/VA program.

360 Agency Review (10 pts.)

Points to consider when scoring:

Types of training available/received
Adequacy of training
Responsiveness of staff
Overall experience

Score: 10

Scorer's Comments:
only received 1 360 Agency review - all positive comments, quick to respond, quick to resolve issues with data entry, reporting errors; like the online training/testing option that allows them to do the training on their time, especially since most info isn't new but required annually. One agency mentioned on CE review that an HMIS manual would be helpful

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance

Coordinated Entry

Access (15 pts.)

Points to consider when scoring:

Accessibility of CE - advertising/promotion, walk-in hours, phone assistance, scheduled appts., etc.

of CE Assessments done weekly

Barriers to Access

Opportunities for the future

Score: 15

Scorer's Comments: Overall, the City is spot on with their answers - at least as they pertain to what the other agencies and reviewers say/observe. Need to caution them about allowing other agencies to conduct CE assessments. Seems they are moving away from the "One Door" policy and returning to the "No wrong door policy" for specific populations. Could change routes but need to go through proper channels.

Assessment (10 pts.)

Points to consider when scoring:

Timeliness of CE Assessments

Hours spent on CE Assessments weekly

Barriers to Assessment

Opportunities for the future

Score: 10

Scorer's Comments: It is difficult to maintain contact when people don't consistently check in or have a valid phone number. Wow! 52.5 hours available for CE intakes and follow up. That's great!

Prioritization (10 pts.)

Points to consider when scoring:

Adequacy of prioritization model - VI-SPDAT score, tiebreakers

Barriers to Prioritization and Referral

Opportunities for the future

Score: 10

Scorer's Comments: Would like to see a committee formed (ad hoc or subcommittee of an existing committee) to review and perhaps choose an alternate assessment tool. Are there other options instead of keeping people on the list for years who either have no other viable options because they've been in all of our programs or who continually decline referrals? Do we have to keep them on the list indefinitely?

Referral (10 pts.)

Score: 10

Points to consider when scoring:

of referrals made/accepted
Efforts to reduce avg. length of time
Efforts to decrease # of 1st time homeless
through prevention/diversion
Barriers to Referral
Opportunities for the future

Scorer's Comments: good grasp of available programs/services and other agencies to make referrals; ability to contact seems to be a recurring barrier/issue not isolated to CE

Efforts to Expand CE Participation (10 pts.)

Points to consider when scoring:

Efforts to increase CE participation - non-funded agencies, PHA's, landlords, etc.
Barriers to CE Expansion
Opportunities for the future

Score: 10

Scorer's Comments: Thank you for continuing to reach out and build relationships with non-funded agencies. The more agencies you can have at the table making/taking referrals and working to resolve homelessness even in the absence of program openings, the better it is for everyone.

360 Agency Review (10 pts.)

Points to consider when scoring:

of referrals made vs. # of successful placements
Responsiveness of staff
Overall experience

Score: 10

Scorer's Comments:

Received 7 agency reviews; really only 4 were valid; other 3 were from agencies that only refer to CE, don't accept referrals, don't actively participate in CE or SCEH; only 2 agencies actually provided feedback.
Overall, comments positive - CE staff helpful in locating clients that have been referred to programs; all programs noted difficulty with locating clients and having successful outcomes from referrals; 1 agency frustrated that the same people remain on the list even though they have either been referred or been in all programs or denied program referrals or haven't been in contact; it's like they are making the choice to remain homeless but we have to keep them on the list because they are homeless even though they don't want or there isn't other help for them.

IA-500 SCEH CoC FY 2024 Renewal Applicants Performance Charts**All Projects****Financial Management, Application Submission****(Goals: 100% funds expended)****Note: Financial Calculations based on Most Recently Completed APR Report in SAGE (GY 2022-2023)****For all performance charts, please review all numbers from your APR and email susan.mcguire@centerforsiouxland.org if corrections are needed.****Recaptured Funds/Budget Amendment Scoring**

100% expended, as budgeted = 10 pts.

6% - 10% recaptured/re-budgeted = -2 pts.

5% or less recaptured/re-budgeted = 5 pts.

>10% recaptured/re-budgeted = -5 pts.

Applicant/Project	Total Budget	Total Funds Expended	% of Funds Expended	Score	
Heartland Counseling - PSH	\$ 388,718.00	\$ 345,285.91	89%	5	\$132,504.85 SS (38%); \$202,067.06 RA (59%); \$10,714 Admin (3%)
Center For Siouxland - Bridges West TH	\$ 130,609.00	\$ 102,369.54	78%	5	\$10,659.40 SS (10%); \$83,166.14 Ops (81%); \$8,544 Admin (9%)
SafePlace - RRH	\$ 15,321.00	\$ 15,321.00	100%	10	\$14,160 RA (92%); \$1,161 Admin (8%)
Sioux City - HMIS	\$ 43,156.00	\$ 43,156.00	100%	10	\$43,156 HMIS (100%)
Sioux City - Coordinated Entry	\$ 186,608.00	\$ 186,608.00	100%	10	\$173,588 SS (93%); \$13,020 Admin (7%)

Application/Report Submission - not scored

Application must be Complete and Submitted by 5:00 p.m., Friday, September 20, 2024

Incomplete or Late Applications will not be accepted.

Applicant/Project	Application submitted in eSnaps by 9/20/24	Addl. Materials submitted to SCEH by 9/20/24	HUD Correspondence, if applicable	Score
Heartland Counseling - PSH	yes	yes	N/A	N/A
Center For Siouxland - Bridges West TH	yes	yes	N/A	N/A
SafePlace - RRH	yes	yes	N/A	N/A
Sioux City - HMIS	yes	yes	N/A	N/A
Sioux City - Coordinated Entry	yes	yes	N/A	N/A

IA-500

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

Our CoC **did not** reject or reduce any projects during our CoC's FY 2024 local competition.

From: [Wendy Jackson](#)
To: [Clara Coly](#); jmwander@sioux-city.org
Subject: CoC Project Applications Accepted
Date: Tuesday, October 8, 2024 1:05:55 PM

Dear Jill and Clara,

This email is to inform you that your CoC Project Applications have been accepted and will be included in the CoC's FY 24 Consolidated Application to be submitted to HUD by the end of the month.

Accepted Projects include:

Renewal - Sioux City – Coordinated Entry - \$186,608; Score - 75/75; Rank position - 1

Renewal - Sioux City – HMIS - \$43,156; Score - 70/75; Rank position - 2

New – Sioux City – RRH - \$195,463; Score - 52.5/75; Rank position - 8

SCEH Planning Grant - \$110,332; Rank position - not ranked

Funding is contingent upon the CoC's Consolidated Application being awarded HUD Homeless Program funding. Thank you for your commitment to serving the homeless in Siouxland.

Sincerely,

Wendy Jackson, SCEH Project Monitoring and Development Committee Chair.

From: [Wendy Jackson](#)
To: [Susan McGuire](#); [Jonette Spurlock](#)
Subject: CoC Project Applications Accepted
Date: Tuesday, October 8, 2024 1:13:07 PM

Dear Jonette and Susan,

This email is to inform you that your CoC Project Application has been accepted and will be included in the CoC's FY 24 Consolidated Application to be submitted to HUD by the end of the month.

Accepted Projects include:

Renewal – Center For Siouxland – Bridges West TH - \$87,612; Score - 63/75; Rank position - 4

Funding is contingent upon the CoC's Consolidated Application being awarded HUD Homeless Program funding. Thank you for your commitment to serving the homeless in Siouxland.

Sincerely,
Wendy Jackson, SCEH Project Monitoring and Development Committee Chair.

From: [Wendy Jackson](#)
To: [Jennifer Jackson](#)
Subject: CoC Project Applications Accepted
Date: Tuesday, October 8, 2024 1:15:22 PM

Dear Jennifer,

This email is to inform you that your CoC Project Applications have been accepted and will be included in the CoC's FY 24 Consolidated Application to be submitted to HUD by the end of the month.

Accepted Projects include:

Renewal – Heartland Counseling Services – PSH - \$406,814; Score - 56/75; Rank position - 6

New – Heartland Counseling Services - PSH Expansion - \$224,895; Score - 55/75; Rank position - 7

Funding is contingent upon the CoC's Consolidated Application being awarded HUD Homeless Program funding. Additionally, your renewal PSH project is straddling the line between Tier 1 and Tier 2. Should the CoC's Consolidated Application not score high enough to get all projects in Tier 2 funded, your renewal PSH funding may be reduced to \$322, 818. The Grant Committee feels that they have written a very strong application this year, so we are hopeful that all projects will be fully funded. Thank you for your commitment to serving the homeless in Siouxland.

Sincerely,
Wendy Jackson, SCEH Project Monitoring and Development Committee Chair.

From: [Wendy Jackson](#)
To: [Stephanie Pickinpaugh](#)
Subject: Coc Project Applications Accepted
Date: Tuesday, October 8, 2024 1:10:46 PM

Dear Stephanie,

This email is to inform you that your CoC Project Applications have been accepted and will be included in the CoC's FY 24 Consolidated Application to be submitted to HUD by the end of the month.

Accepted Projects include:

Renewal – SafePlace – RRH - \$115,775; Score - 61/75; Rank position - 5

New – SafePlace – DV Bonus RRH Expansion - \$263,300; Score - 67.5/75; Rank position - 3

Funding is contingent upon the CoC's Consolidated Application being awarded HUD Homeless Program funding. Thank you for your commitment to serving the homeless in Siouxland.

Sincerely,

Wendy Jackson, SCEH Project Monitoring and Development Committee Chair.

IA 500

1E-5b. Local Competition Selection Results - Scores for All Projects

Applicant Name	Project Name	Project Score	Project Accepted/ Rejected Status	Project Rank (if accepted)	Requested Funding Amount	Reallocated Funds
City of Sioux City	Sioux City Coordinated Entry FY 2024	75/75	Accepted	1	\$ 186,608	
City of Sioux City	Sioux City HMIS FY 2024	70/75	Accepted	2	\$ 43,156	
SafePlace	SafePlace RRH Expansion - DV Bonus	67.5/75	Accepted	3	\$ 263,300	
Center For Siouxland	Bridges West Transitional Housing	63/75	Accepted	4	\$ 87,612	
SafePlace	SafePlace RRH	61/75	Accepted	5	\$ 115,775	
Heartland Counseling Services	Heartland PSH FY 2024	56/75	Accepted	6	\$ 406,814	
Heartland Counseling Services	Heartland PSH FY 2024 16 Beds	55/75	Accepted	7	\$ 224,895	
City of Sioux City	Sioux City Rapid Rehousing FY 2024	52.5/75	Accepted	8	\$ 195,463	
City of Sioux City	SCEH Planning Project	N/A	Accepted	N/A	\$ 110,332	



SIoux CITY HOUSING AUTHORITY

405 6th Street, P.O. Box 447

Sioux City, IA 51102

(712) 279-6348

October 1, 2024

City of Sioux City
Sioux City Neighborhood Services
Attn: Clara Coly
PO Box 447
Sioux City, IA 51102

Re: City of Sioux City's Continuum of Care PH-RRH Application – Letter of Commitment

Dear Amy:

The Sioux City Public Housing Authority wishes to submit this letter of commitment for Sioux City Neighborhood Services grant application for 2024 Continuum of Care PH-RRH funds. This application supports Sioux City's low-income and homeless population and is key to providing safe, affordable housing in our community.

As a show of our commitment, the Sioux City Public Housing Authority has updated our local Moving Up Preference to the following:

Siouxland Coalition to End Homelessness (CoC) partners will identify persons or families in Permanent Supportive Housing (PSH), Rapid Rehousing (RRH) and Transitional Housing (TH) that meet criteria: were previously homeless prior to entry into the PSH, RRH or TH program but who no longer need that level of supportive services. The Moving Up Preference will contribute significantly to the community's overall efforts to end homelessness by freeing up units for currently homeless families and individuals with disabilities who need housing combined with services.

To qualify:

- Voluntary Tenant Participation
- Permanent Supportive Housing residency for at least 2 years; OR
- Rapid Rehousing participant for at least 3 months (less if rapid rehousing program provides at least 3 months of case management)
- Transitional Housing residency for at least 3 months
- Tenant in good standing
- Referrals are restricted to service providers only; Continuum of Care (CoC) providers with a Memorandum of Understanding (MOU)

The Sioux City Housing Authority is prepared to accept at least 25% of the PH-RRH households into the Section 8 program (4 units) and understand that Sioux City Neighborhood Services will provide case management to those households for up to six months and will enter into a MOU with Sioux City Neighborhood Services.

If you need any additional information, please let me know.

Sincerely,

A handwritten signature in blue ink, appearing to read "Amy Tooley".

Amy Tooley
Housing Services Manager
City of Sioux City



October 3, 2024

Andrea Buckley, Interim CEO
Siouxland Community Health Center
1021 Nebraska St.
Sioux City, IA 51105

RE: Health Care Commitment

To whom it may concern,

It is my pleasure to provide this letter of support to your organization for your grant application for Rapid Rehousing Expansion.

The relationship between Siouxland Community Health Center (SCHC) and SafePlace assures that all survivors served have access to healthcare. SCHC is a Federally Qualified Health Center and provides primary care, mental health, reproductive health, prenatal, HIV, pharmacy, and case management services.

We are excited about the possibilities to continue our support of SafePlace through their application for Rapid Rehousing Expansion. We commit to this collaboration for the proposed project commencing on January 1, 2026 – December 31, 2026, and will be renewed annually. The estimated value of the collaboration is \$65,825 per year to provide the following services:

- Twice monthly onsite HIV/HCV/STI testing and risk-reduction education by SCHC HIV Prevention staff
- Sexual/Reproductive health kits and supplies
- SCHC Community Health Worker onsite at SafePlace 4 hours per week
- Chronic health education (i.e., diabetes, hypertension, obesity, etc.)
- Small Durable Medical Equipment (blood pressure cuffs, glucometers and related supplies, pill boxes, etc.) for uninsured/underinsured patients

We guarantee that these services will be available to all SafePlace residents who are of age to consent to such services. Additionally, all SafePlace residents will have access to the full range of services provided by SCHC and deliverable through public/private insurers and sliding scale fees.

Sincerely,



Andrea Buckley
Interim CEO



September 10, 2024

Stephanie Pickinpaugh
SafePlace
1723 Grandview Blvd
Sioux City, IA 51105

RE: Rosecrance Jackson Centers Commitment

Dear Stephanie,

It is our pleasure to provide this letter of support to your organization for your grant application SafePlace RRH FY24.

With a longstanding relationship between Rosecrance Jackson and SafePlace, we look forward to continuing to provide substance use screening, assessment, and treatment services to your clients. We are excited about your plans for SafePlace and the SafePlace RRH Expansion project.

We commit to this collaboration for the proposed project commencing on January 1, 2026, and will be renewed annually. The estimated value of the collaboration is \$15,950 for screening and assessment services alone. Additional costs could be incurred for those requiring outpatient treatment services. Eligibility for program participants will be based on the Continuum of Care Program Fair Housing requirements and will not be restricted by Rosecrance Jackson Centers.

Sincerely,

Julie Enockson, Regional President

Rosecrance Jackson Centers

rosecrance
life's waiting®

Rosecrance Jackson Centers
800 Fifth Street
Sioux City, Iowa 51101

T 712.234.2300
F 712.234.2398

rosecrancejackson.org



October 3, 2024

Siouxland Community Health Center
1021 Nebraska St.
Sioux City, IA 51105

RE: Siouxland Community Health Center Commitment

To Whom it May Concern,

It is my pleasure to provide this letter of support to the submitted application for funds on behalf of Heartland Counseling Services, South Sioux City, Nebraska.

The relationship between Siouxland Community Health Center (SCHC) and Heartland assures that all survivors and patients served have access to healthcare. SCHC is a Federally Qualified Health Center and provides primary care, mental health, reproductive health, prenatal, HIV, pharmacy, and case management services.

We are excited about the possibilities to continue our support of Heartland through their application for PSH Expansion. We commit to this collaboration for the proposed project starting December 1, 2025, and will review and renew the commitment annually. The estimated value of the collaboration is established at \$49,000 per year to provide the following services:

- HIV/HCV/STI testing and risk-reduction education by SCHC HIV Prevention staff
- Sexual/Reproductive health kits and supplies
- Chronic health education (i.e., diabetes, hypertension, obesity, etc.)
- Small Durable Medical Equipment (blood pressure cuffs, glucometers and related supplies, pill boxes, etc.) for uninsured/underinsured patients

We guarantee that these services will be available to all Heartland residents who are of age to consent to such services. Additionally, all Heartland residents will have access to the full range of services provided by SCHC and deliverable through public/private insurers and sliding scale fees.

Sincerely,



Andrea Buckley
Interim CEO



Healthcare Formal Agreement

This is a formal healthcare agreement between Heartland Counseling Services, Inc.'s Permanent Supported Housing Program and Catholic Charities. The project name is Heartland PSH FY2024 16 beds. The dates the healthcare resources will be provided from December 1, 2025, to November 30, 2026. All healthcare services will be available to the program participants in the project and will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider. There are a total of 20 clients who will be in the new program.

Catholic Charities agrees to:

- a. Provide mental health evaluations at the rate of \$175 per visit for 10 PSH clients, once each, a year for a total contribution of \$1750.
- b. Provide mental health therapy at the rate of \$87 per visit for 5 PSH clients, 12 times each, a year for a total contribution of \$5220.
- c. Provide psychiatric evaluations at the rate of \$250 per visit for 5 clients once a year each, for a total contribution of \$1250.

Heartland Counseling Services, Inc. and Catholic Charities have agreed to provide coordinated services in a joint effort to positively impact the lives of individuals/family and reduce the recurrence of homelessness in the Siouxland community through education and preparation while these individuals/families are in the PSH program for a total of \$8220 annually.

A handwritten signature in cursive script, reading "Amy Bloch".

Catholic Charities

09/09/2024

Date

A handwritten signature in cursive script, reading "Amy J. Jansen".

Heartland Counseling Services, Inc.

09/09/2024

Date

Offering Hope, Healing & Understanding

CARROLL/STORM LAKE
409 1/2 W. 7th St
P.O. Box 13
Carroll, IA 51401
712-792-9597
fax: 712-792-6146

FORT DODGE
1414 Central Ave
Ft. Dodge, IA 50501
515-576-4156

SIOUX CITY HOME OFFICE
1601 Military Road
Sioux City, IA 51103
712-252-4547

cathchar.com

SPENCER
607 1st Ave. W.
P.O. Box 1124
Spencer, IA 51301-3915
712-580-4320

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.

- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHDP Renewal; and
- YHDP Replacement and Reallocation.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.

- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHDP Renewal Project Listing (All Rounds); and
- YHDP Replacement and Reallocation Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: City of Sioux City

2. Reallocation

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects? No

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Reallocation	Rank	PSH/RRH	Expansion
SafePlace RRH Exp...	2024-09-27 11:49:...	PH	SafePlace	\$263,300	1 Year	DV Bonus	DE3	RRH	Yes
Heartland PSH FY2...	2024-09-30 18:44:...	PH	Heartland Counsel..	\$224,896	1 Year	CoC Bonus	E7	PSH	Yes
Sioux City Rapid ...	2024-10-08 13:19:...	PH	City of Sioux City	\$195,463	1 Year	CoC Bonus	8	RRH	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Bridges West Tran...	2024-08-28 09:56:...	1 Year	Center For Siouxland	\$87,612	4		TH		
Sioux City Coordi...	2024-09-27 14:51:...	1 Year	City of Sioux City	\$186,608	1		SSO		
Sioux City HMIS F...	2024-09-27 14:52:...	1 Year	City of Sioux City	\$43,156	2		HMIS		
SafePlace RRH	2024-09-27 18:00:...	1 Year	SafePlace	\$115,775	E5	RRH	PH		Expansion
Heartland PSH FY2024	2024-10-01 13:34:...	1 Year	Heartland Counsel. ..	\$406,814	E6	PSH	PH		Expansion

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
Sioux City Planni...	2024-10-03 15:45:...	1 Year	City of Sioux Cit...	\$110,332	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

☐

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☐

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

☒

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
This list contains no items								

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Funding Type	Accepted?
This list contains no items							

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$839,965
New CoC Bonus and CoC Reallocation Amount	\$420,359
New DV Bonus Amount	\$263,300
New DV Reallocation Amount	\$0
CoC Planning Amount	\$110,332
YHDP Renewal and Replacement Amount	
YHDP Reallocation Amount	
Rejected Amount	\$0
TOTAL CoC REQUEST	\$1,633,956

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	HUD 2991 Certific...	10/09/2024
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: HUD 2991 Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	09/04/2024
2. Reallocation	10/08/2024
5A. CoC New Project Listing	10/08/2024
5B. CoC Renewal Project Listing	10/08/2024
5D. CoC Planning Project Listing	10/08/2024
5E. YHDP Renewal Project Listing	No Input Required

**5F. YHDP Replacement and YHDP Reallocation
Project Listing**

No Input Required

Funding Summary

No Input Required

Attachments

10/09/2024

Submission Summary

No Input Required

**U.S. Department of Housing
and Urban Development**

**Certification of Consistency Plan
with the Consolidated Plan
for the Continuum of Care
Program Competition**

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: IA-500 Sioux City/Woodbury, Dakota Counties CoC

Project Name: See Attached List

Location of the Project: Sioux City, IA; Woodbury County, IA; Dakota County, NE

Name of
Certifying Jurisdiction: City of Sioux City, IA

Certifying Official
of the Jurisdiction Name: Robert K. Padmore

Title: City Manager

Signature: 

Date: 10/03/2024

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. This form does not collect SSN information. The Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under 24 CFR part 91, 24 CFR Part 578, and is authorized by the McKinney-Vento Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (42 U.S.C. 11371 et seq.).

HUD considers the completion of this form, including the local jurisdiction(s) authorizing official's signature, as confirmation the project application(s) proposed activities submitted to HUD in the CoC Program Competition are consistent with the jurisdiction's Consolidated Plan and, if the project applicant is a state or unit of local government, that the jurisdiction is following its Consolidated Plan per the requirement of 24 CFR part 91. Failure to either submit one form per project or one form with a listing of project information for each field (i.e., name of applicant, name of project, location of project) will result in a technical deficiency notification that must be corrected within the number of days designated by HUD, and further failure to provide missing or incomplete information will result in project application removal from the review process and rejection in the competitive process.

**HUD-2991 Certification of Consistency with the Consolidated Plan
IA-500 Sioux City/Dakota, Woodbury Counties CoC
FY 2024 Project Listing**

Project Sponsor

1. Center For Siouxland
2. City of Sioux City
3. City of Sioux City
4. City of Sioux City
5. City of Sioux City
6. Heartland Counseling Services
7. Heartland Counseling Services
8. SafePlace
9. SafePlace

Project Name

Bridges West Transitional Housing (TH)
Sioux City HMIS Project (HMIS)
Sioux City Coordinated Entry (SSO-CE)
Sioux City Rapid Rehousing FY 2024 (PH-RRH)
SCEH Planning Grant (Planning Grant)
Heartland PSH (PH-PSH)
Heartland PSH FY 2024 16 Beds (PH-PSH)
SafePlace RRH (PH-RRH)
SafePlace RRH Expansion (DV Bonus - PH-RRH)