Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC’s project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 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.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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1A-1. CoC Name and Number: MN-500 - Minneapolis/Hennepin County CoC

1A-2. Collaborative Applicant Name: Hennepin County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances
1B. Continuum of Care (CoC) Engagement

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC’s coordinated entry system.

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
<th>Participates in Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant: Minneapolis/Hennepin County COC
Project: MN-500 CoC Registration FY2019
COC_REG_2019_170811

FY2019 CoC Application Page 3 10/01/2019
Applicant: Minneapolis/Hennepin County COC  
Project: MN-500 CoC Registration FY2019

<table>
<thead>
<tr>
<th>Youth Advocates</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| 5 CoC board members with lived experience | Yes | Yes | Yes |
| Veterans Administration | Yes | Yes | Yes |
| Red Lake Tribal Nation | Yes | Yes | No |

1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)

(1) In 2019, the CoC Governing board undertook a push to strengthen representation by people with lived experience of homelessness and persons of color. A new board was appointed with 53% lived experience. Following the 100 Day Challenge, established Youth Action Board (YAB) as a formal committee of the CoC with voting seat on the CoC Governing board. The Street Voices of Change advocacy group gained 2 voting seats on the Executive committee & Shelter Efficiency. (2) The CoC maintains and regularly expands/updates its listserv (2,058 subscribers in 2019) to include targeting specific populations for engagement, as well as general interest in preventing & ending homelessness. Three websites to include CoC basic needs, Governing & working committee + NOFA, CES Scoop related to CE. Bi-monthly e-mail blasts via listserv to include; CoC forums, CoC Governing board + working committee meeting postings and updates. (3) Annually, the CoC holds a broadly advertised annual CoC forum, attended...
by over 200 people from 50 comm. org’s., + promoted in shelters & advocacy
groups, more than 50 people with lived experience participated. This meeting
allows the CoC to highlight emerging initiatives & system changes, solicit
feedback, and identify unmet needs/local trends. In 2019: 1) Implementation of
‘by name’ registry for Chronic Homeless. 2) Continued youth 100-day challenge
innovations, including case conferencing & employment service integration.
3) Single, family & youth homeless advisory board development. 4) Pohlad
foundation infuses $15,000 in stipends to ensure persons with lived experience
are remunerated for their time on all boards/committees.

(4) Offer multiple formats of communication to ensure individuals with
disabilities are able to access and participate in local CoC planning &
implementation. All documents related to the Continuum of Care NOFA are
posted in PDF format on a public website and also announced through our
listserv.

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new
   members;
3. how the CoC ensures effective communication with individuals with
   disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons
   experiencing homelessness or formerly homeless persons are
   encouraged to join the CoC.

(limit 2,000 characters)

(1) Per CoC charter, the invitation process is comprehensive, transparent &
publicly announced throughout the year through board & working committee
membership. The annual CoC meeting is one major push to invite new
members to join the HC CoC. HC has 8.5 FTE planners that staff the CoC
board & working committees, engage in outreach, & build relationships with
community partners/providers.

New members are invited throughout the year both formally and informally as
identified by working committee needs, or general interest in participation.
Listserv has over 2000 members who can link to join on any HC staff signature
line or on the HC website.

(2) When seeking new CoC board or committee members, HC posts an
invitation to apply on the HC website, sends to our partner
agencies/organizations & CoC listserv. Targeted outreach for
underrepresented groups to include: persons of color, GLBTQ, & persons with
lived experience.

(3) Multiple formats of communication to ensure individuals with disabilities are
able to access and participate in local CoC planning & implementation. All
documents related to the CoC are posted in PDF format on a public website &
on the listserv. 1 FTE communications planner hired for effective & ADA
accessible formats.

(4) New board members are solicited annually. CoC committees solicit
members throughout the year, with emphasis by CoC shelters/drop-in’s to have
increased attendance from persons with lived experience of homelessness.

(5) CoC board has membership committee that prioritizes & conducts on-going
outreach to various underrepresented groups to include communities of color and persons with lived experience of homelessness for the CoC board & working committees. HC CoC has multiple homeless and formerly homeless affinity groups (singles/families/youth) who participate in system development. CoC board has 53% persons with lived experience. Stipends are provided for all persons with lived experience to participate in the CoC.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.

(limit 2,000 characters)

(1) Prior to the NOFA and throughout the year, HC and state partners direct new NOFA-related proposal inquiries (15 in 2019) to the CoC, who meets individually with interested organizations. 2019 Priorities are developed & shared with CoC/listserv & on website (2/2019) HC holds a bidders conference (1/8/19) for state & ESG jurisdiction housing/homeless funds to include NOFA opportunity. One week following the release of the NOFA (7/19/19), the CoC advertises broadly, and holds a NOFA overview meeting for all New and Renewal applicants outlining changes in the NOFA, RFP process, local timeline, and time for Q&A’s. In 2019, 10 new agencies inquired about this funding opportunity. Notification modes include; Hennepin County NEOGOV subscribers’ listserv, public HC CoC website, and other CoC listservs (over 2000) to reach any interested organizations.

(2) 2019 CoC Needs & Gaps analysis using PIT/HIC/CES data - priority populations & housing needs approved by CoC. Two notification opportunities: 1 prior to NOFA release (4/15/19), 1 following (7/9/19) to submit a pre-application for new CoC projects provided via CoC listserv & HC listservs, website. 1:1 meetings to include organizations who have not previously received CoC funds. The CoC Funding comm. reviewed pre-applications (11 total) using New project score tool, threshold criteria, & priority pop’s & app. activities (8/7/19). 10 new projects selected for full applications. Selected received: 1:1 TA for e-snaps, application assistance, and project review/feedback.

(3) Needs & Gaps pre-application RFP (4/15/19) Post NOFA pre-application RFP (7/9/19)

(4) Supplier portal and CoC listserv communications for applicants, access to
language interpreters in HC if requested, DeafCan coordination meetings, other access for ESL. 1:1 TA with new agencies in homeless system (5 held 2019). Paper applications and electronic submissions accepted. Communication is simplified to encourage anyone to inquire & apply. (5)N/A
1C. Continuum of Care (CoC) Coordination

**Instructions:**

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
</tbody>
</table>

Minnesota Tribal Collaborative | Yes |
1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.

(limit 2,000 characters)

(1) CoC, City of Mpls., & Hennepin County (HC) ESG entitlement jurisdictions staff meet bi-monthly to work together to review how funds are allocated based on local needs/gaps/trends as identified by the CoC. In 2019:
• City ESG funds to include reprioritized essential services in shelter as well as capital, recognizing that increasing throughput & reducing length of time homeless based on HC/City/COC consultations and feedback.
• CoC written standards integrated into ESG contracts for street outreach & RRH.
• Discussions continue regarding reallocation of CoC and ESG resources to maximize impact and meet the needs and gaps in our homeless response system.
• Alignment between Rapid Re-Housing projects funded by the City of Mpls, HC ESG and state family homeless funds. Super RFP combines all RRH funds into one process.

(2) ESG and CoC lead agency staff participated in the review & selection of shelter ESG proposals for State of MN (for operations), City Mpls (for capitol) and HC ESG proposals. HMIS reports are underway specific to ESG funded activities alongside with performance of other state/local projects of the same type to develop a baseline for all CoC/ESG projects. OEH worked with the City to design the RFPs for both shelter (incorporating more guest input in the process) and street outreach (reflecting current community challenges and better linkage to CES). SysPM data/Written Standards incorporated into City of Mpls and HC contracts for ESG services. City/County government task force with elected officials to address unsheltered homeless crisis established.

(3) ESG staff serve as ex-officio HC CoC Governing board, which has reviewed PIT/HIC/CES data, identified needs/gaps, developed Written Standards. Utilized CoC meetings and committees for Consolidated Plan public comment forum needs/gaps. Con Plan public comment sessions coordinated with CoC board, working committee, annual meeting and CoC listserv/newsletter.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

Yes to both
1C-2b. Providing Other Data to Consolidated Plan Jurisdictions

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors

Applicants must describe:
1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.

(limit 2,000 characters)

(1) CoC policies/protocol implemented January 2019 to include trauma informed & victim-centered practices & training requirements. HC CoC allows participants who are victims of DV to request an ER transfer from their current unit to another unit or Housing Provider (HP). The CES Leadership reviews the de-identified requests & approves electronically within 2 business days. Availability of a safe temporary or permanent unit is a consideration as well. An approved survivor for emergency transfer will receive priority for the next available housing unit in same level of housing support they were receiving, or a lower intervention if they chose. The HP and Housing Referral Coordinator keep confidential DV data through an alternate data base, and any emergency transfer info., unless the participant gives written permission to release the information on a time limited basis, or if disclosure is required by law or court order.

(2) There is no wrong door for DV survivors to be assessed (to maximize choice), unless there is preference for a DV agency/organization requested by the survivor. Singles have multiple assessors, one assessor agency for families, & two designated alternate access points through DV providers, (outside of HMIS, with safety concerns, safety planning, a triage to review all resources available within and outside of CES). All assessors provide a warm hand-off when clients opt to switch access points, to include confidentiality and time-limited releases of information. Non-DV assessing agencies also offer to safety plan with the individual at the point of assessment utilizing the safety plan guide created and provided by the CES DV Workgroup. This flexibility allows survivors autonomy to select the agency that works best for their unique situation and location while receiving the level of support they desire.

1C-3a. Training–Best Practices in Serving DV Survivors

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and

2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.

(1) In order to ensure that survivors of domestic violence, dating violence, sexual assault, and stalking are served in a trauma-informed, victim-centered way, the CES leadership and victim service providers will conduct annual training for broader system DV & housing provider cross-sections. The CoC has DV voting members on the CoC Governing board and DV workgroup as a sub-committee of the CES leadership. All assessors will have access to Day 1 – the DV hotline. Cornerstone provides a 60-hour specialized DV/SV training that is open to the community and incorporates safety planning, needs assessment, systems advocacy, problem solving, cultural competency, identification of resource needs, and trauma-informed care. DV victims are connected with trauma-informed housing & services by experienced providers supported with federal funds to include; CoC DV Bonus - TH & RRH, if none available, offered units in other programs with client choice first. CoC - 11 units TH, 21 units RRH, CES assessor & navigation. DOJ - TH scattered site & legal services. DOJ - Shelter operations & services. HHS - Shelter operations & services.

(2) As part of CES Polices/procedures, curriculum for current CES priority list staff will contain a component of training focused on complex dynamics of DV, privacy & confidentiality, & safety planning, including how to handle emergency situations at access points, whether a physical or virtual location. In a case where an Emergency Transfer is requested, CES staff will review de-identified household information through a “Transfer form”, submitted by housing provider, & prioritize when possible, as well as assist with facilitation a warm hand off between the previous housing provider & the new provider.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.

(2,000 characters)

Domestic Violence service provider partners funded by the CoC each have their own comparable database to track services provided to survivors of domestic violence, dating violence, sexual assault & stalking. New in September 2019, the CoC developed a Coordinated Entry/HMIS integrated platform outside HMIS that can be used by VAWA agencies, participants not wishing to enter their information in HMIS, & youth that provides safe & equal access to the CES Priority List. For the FY2019 NOFA, the CoC used Point in Time (PIT) data (2,333 persons) from HMIS to articulate total numbers who indicated they were a DV survivor/victim from HMIS to articulate total numbers who identify as experiencing domestic violence (387 persons) for need, and data collected from the DV providers “comparable database”.

When DV projects were asked to provide data for assess needs, there were multiple responses provided.

1) From 7/1/18-12/31/18, Day One Call Center responded to 3,105 calls from
Hennepin CoC. Of those, 2,544 were looking for safe shelter & 891 were unable to find shelter due to non-availability, location, or availability for family size.

2) MN Coalition for Battered Women (MBCW) partnered with Hennepin Office to End Homeless to administer a supplemental PIT count in January – there were 1092 people counted as attempting to flee using the HUD extrapolation tool.

3) The MN Wilder Research State tri-annual survey in 2018 counted 4,072 persons who identified as having experienced domestic violence.

4) Tubman turned away 2,474 requests for ES due to lack of capacity.

Due to the above comparable database, survey, & turn away data, we know there is a lot more work we have to do in the coming months/years to assure we are able to assess the true unmet need of DV survivors in Hennepin County CoC.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minneapolis Public Housing Authority</td>
<td>48.00%</td>
<td>Yes-Both</td>
<td>Yes-Public Housing</td>
</tr>
<tr>
<td>Metropolitan Council</td>
<td>0.00%</td>
<td>Yes-HCV</td>
<td>Yes-Both</td>
</tr>
</tbody>
</table>

1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

(1) HC CoC has strong working relationships with all PHA’s in the CoC and are integrated into the homeless response system for various local programs/vouchers/developments. Following the FY2018 NOFA, the metro CoC’s requested TA from HUD local field office to initiate discussions regarding development of a “Move Up Strategy”. The response was “Move up” preferences with the 2 largest PHA’s in the CoC. The CoC will work to expand the Move on preference to other interested PHA’s in 2019-2020.

Minneapolis Public Housing Authority (MPHA) – Multiple meetings with MPHA staff to develop Move On priority policy in ACOP for 35 HCV vouchers per year from CE system (2/28/19, 6/17/19) Bi-monthly meeting with HC housing stability staff & MHPA director to discuss opportunities to partner and work together.
Collaboration Stable Homes, Stable Schools launched early 2019 allocating 320 vouchers from Minneapolis PHA, alongside time-limited supportive services to families in the top 15 schools with highest rate of homelessness. Metropolitan Council – 2019 NOFA CoC project reallocate to transition households to HCV program. This reallocation will create 150 new PH/RRH options for Chronic singles in Hennepin. Multiple meetings with Metro staff to develop Move On priority in updated ACOP (9/25/19) for 40 HCV vouchers per year from CES system (7/2019 – approved by board on 9/25/19). St Louis Park PHA – Family Unification Voucher coordination.

(2) N/A

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

1. Both largest PHA’s in CoC have approval in ACOP updated plans to set aside HCV vouchers each year for Hennepin CoC starting in 2019 – MPHA (30 vouchers), Metropolitan Council (40 vouchers).
2. CoC scattered site & site based PSH providers, have met multiple times with HUD local field office & CoC Coordinators to research & develop a screening tool to assess households for move on readiness – dates of planning 6/17/19, 7/16/19 & 9/5/19 to include a pilot use of tool in CoC programs to assure efficacy of tool. Prioritization will take place with CoC Move on team to identify households for vouchers as they become available. Market rate housing will be secured if site based and scattered site participants will transition in place from CoC PSH voucher to Section 8 with assistance of case manager.
3. In 2020 Low Income Tax Credit state partners will be approached to determine how to integrate.
4. Hennepin County Housing Supports (LTH) partners are at the table and will meet with provider group to determine how to integrate.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)

HC CoC uses policy, training and planning to develop strategies that further all forms of anti-discrimination. Policy: State law and City ordinance prohibit discrimination based on sexual orientation, gender identity and race/ethnicity. CoC wide Equal Access, Fair Housing & anti-discrimination policy. Through the Letter of Intent, all CoC
projects have agreed to the Equal Access and Fair Housing Access to housing. CoC requests Admission & Termination policies (tenant selection criteria) for renewing/new projects. Fair Housing Law information posted at provider locations, & clearly described appeals process communicated to all tenants. HC reinforces fair housing training for screeners, intake, & enrollment for participants with HMIS consent.

Training: Required training takes place throughout the year under the Fair Housing Act, Equal Access, LGBTQ and discrimination based on any protected classes. (4 in 2019) All CoC housing providers are trained in Fair Housing Law in MN, including Fair Housing training by agency legal teams and Proactive Asset and Housing Management leadership (e.g. compliance with updates to Housing Law, VAWA, Reasonable Accommodations, and Companion/Therapy Animals).

Planning: Sharing local & web based training opportunities related to anti-discrimination on CoC listserv. HUD TA to educate CoC’s regarding Fair Housing laws & practices as it relates to Coordinated Entry (CE) and projects serving culturally specific populations. CE assessment includes preferred name/pronouns. Culturally specific projects prioritized in local funding opportunities. CoC providers (esp. youth) offer LGBTQ-specific projects, including a CoC-funded LGBTQ RRH project; a project pairing LGBTQ youth with extensively-trained host families; and a shelter/housing/mental health agency partnership targeting queer youth.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source? Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act? Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing? Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area.

1. Engaged/educated local policymakers: X
2. Engaged/educated law enforcement: X
3. Engaged/educated local business leaders: 
4. Implemented communitywide plans: 

Applicant: Minneapolis/Hennepin County COC
Project: MN-500 CoC Registration FY2019

FY2019 CoC Application  Page 14  10/01/2019
1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

(1)The CoC has over 60 trained CES assessors, including street outreach teams, drop-in centers, and all shelters to ensure 100% coverage in both the City of Mpls. & suburbs for all populations. Methods to ensure coverage: a) physical walk in locations (multiple access sites strategically placed throughout the community & accessible for households to include HUD Category 4). b) web based CES portal. c) street outreach teams, and d) community partnerships with geographically disbursed locations. HC has a coordinated front door for all single adult shelters and a right-to-shelter policy for all families. CES has fully integrated DV 3 sites + mobile (CoC funded 2018).

(2) CES trained outreach workers engage with the hardest to reach and to conduct assessments 6 days per week. HC implemented a state funded Native American outreach & housing program (2 FTE’s) to engage and develop individualized housing strategies for this overrepresented population. CES are advertised in locations frequented by persons experiencing instability or homelessness. All shelters drop in centers and meal centers have trained assessors, or can contact 3 mobile assessor teams (to include DV assessors). New CES navigators (3FTE’s) assist assessed consumers prepare for housing or referred consumers with additional assistance between assessment & housing.

(3) CES prioritization: chronic, VI-SPDAT score, & HUD Cat 1-LOT homeless. Outreach workers engage with the hardest to reach conduct CES assessments on the spot. Assessments conducted in person or via phone to include mobile assessment teams and domestic violence assessors. In 2019, HC developed & implemented a technical application that allows providers serving minor youth, DV or any people who opt out of having data in HMIS tracked and integrated into the Priority List using de-identified data. This innovation has provided our system a safe & efficient way to make referrals fairly in real time for all consumers regardless of HMIS entry.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

| Foster Care:    | X |
| Health Care:   | X |
| Mental Health Care: | X |
| Correctional Facilities: | X |
| None:          |   |
1E. Local CoC Competition

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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*1E-1. Local CoC Competition—Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;</td>
<td></td>
</tr>
<tr>
<td>2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;</td>
<td></td>
</tr>
<tr>
<td>3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and</td>
<td></td>
</tr>
<tr>
<td>4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.</td>
<td></td>
</tr>
</tbody>
</table>


Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);</td>
<td></td>
</tr>
<tr>
<td>2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and</td>
<td></td>
</tr>
<tr>
<td>3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.</td>
<td></td>
</tr>
</tbody>
</table>

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.

(limit 2,000 characters)

(1) Severity of Needs & Vulnerabilities in Hennepin CoC are reviewed through the following 3 elements; 1) CoC Score Tool 2) Project Review/Rating 3) Ranking Process. Through the steps above, HC CoC considers chronic homelessness(CH), domestic violence, substance abuse, mental illness, HIV/AIDS, low/no income, & criminal histories.

(2) SCORE TOOL: (4 pts – 18% of total) for low barrier & housing first. (3 pts – 14% of total) for PSH projects % of dedicated CH beds. Points attached for increases in housing stability & income increases by using APR data from 2018-2019. In addition, the CoC reviews comparison data of project clients served for chronic, DV, substance/mental health & HIV/AIDS using the 2018 APR clients actually served vs. the previous year Project Application projection. REVIEW: CoC Funding committee meets monthly to review quarterly data reflection reports & quality improvement plans (QIP’s) for any project below 50% of total points on score tool. In addition, 1/3 of all projects receive annual site visits, which get into further details regarding challenges/barriers of performance & context. For new projects, filling a system gap, using best practices & CES strategies & DV Safety plans. RANKING: The Ranking Committee initially reviews for each applicants score, based on the CoC approved objective measures. However, project score is the starting point to ranking projects priority. Additional considerations such as type & scope of services provided, client sub-population (including vulnerabilities above plus disability, LGBTQ, Native American), and the degree to which projects serving identified underrepresented populations across the spectrum of the CoC’s existing projects. In 2019, all new & renewal projects serving CH singles were included in Tier 1 based on CoC priorities based on needs & gaps analysis.


Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.
1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 7%


Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.

(limit 2,000 characters)

(1)To evaluate project viability and identify potential targets for reallocation, following the NOFA process, the CoC Funding Committee reviewed project performance in November 2018. The committee targets projects, included those that received less than 50% of possible points on the Scoring Tool, and those with the lowest performance in one of the 4 client performance areas for participation in a Quality Improvement Plan (QIP). Projects that met the above criteria were required to submit a QIP outlining measurable steps taken in the next 12 months to improve these outcomes, and to report on progress made toward those goals. Additionally, quarterly submission of performance data is required of all CoC-funded projects. This intensive review process is setting a path by which HC CoC will evaluate and plan for reallocation of funds to higher performing projects in the coming year. In addition, strategic conversations to develop Move On Strategies for the 2 largest S+C projects was another reallocation strategy that was successfully implemented in 2019.
(2) The Reallocation process was presented to the membership at CoC meeting on 7/9/18. Discussion & feedback recorded & score tool adjusted to include a comment section for context as needed for considerations. The process was approved by the CoC Governing board.

(3) CoC reallocation process was reviewed at CoC meeting on 7/19/19 & provided to individual projects 1:1 for those on QIP’s to develop measurable goals/outcomes for improvements.

(4) In 2019, we implemented reallocation strategy of 2 (S+C) projects ($2M) by moving clients onto HCV vouchers with 2 largest PHA’s.

(5) The CoC is reviewing projects quarterly and working closely with those on a QIP. CoC will request HUD TA following the 2019 NOFA to work toward successful reallocation transition practices moving into 2020 for current projects with low performance.

As of 2019, HC has reallocated 25% since 2015.
DV Bonus

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at:

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1   DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

<table>
<thead>
<tr>
<th>Type of Project</th>
<th>符合</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PH-RRH</td>
<td>X</td>
</tr>
<tr>
<td>2. Joint TH/RRH</td>
<td>X</td>
</tr>
<tr>
<td>3. SSO Coordinated Entry</td>
<td>X</td>
</tr>
</tbody>
</table>

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Housing or Services</td>
<td>2,720.00</td>
</tr>
<tr>
<td>the CoC is Currently Serving</td>
<td>2,333.00</td>
</tr>
</tbody>
</table>
1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

(1) The CoC collected data from HMIS by combining the number reflected in the response for 1F-2 (2,333 individuals), and HMIS data on domestic violence from the CoC’s Coordinated Entry system (387 individuals). A customized CES report was used to generate the Coordinated Entry data, which was also pulled for the night of the January 23rd Point in Time count. Using HMIS, 2,720 persons are in need of housing & services in the CoC’s geographic area.
(2) The data sources are HMIS.

1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

<table>
<thead>
<tr>
<th>DUNS Number</th>
<th>098419484</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
<td>Domestic Abuse Project</td>
</tr>
</tbody>
</table>

1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:
1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and
2. the proposed project addresses inadequacies identified in 1. above.
(limit 2,000 characters)

(1) Current systems get overwhelmed by requests for assessments for those fleeing or attempting to flee violence, resulting in extended lengths of time to receive a call back, assessment, and the length of time for a referral to housing. To mitigate this issue, DAP created a new pathway for victim survivors at risk of homelessness by becoming an access point for obtaining a coordinated entry screening and receiving support in search for housing and other forms of stability tied to domestic violence. In order to maintain consistency and reliability of CES assessment information, DAP is one of 2 agencies that are designated assessing agencies. They are responsible for the alternative path to assessments outside of HMIS. DAP specializes in diversion, prevention, safety planning, & system resource knowledge, as well as CES talking points to fully inform individuals of all options. DAP will work closely with HRC’s to partner when there are capacity constraints in order to ensure full access to CE screening services and associated resources.
When a victim is fleeing they are socially isolated, lack financial resources, struggle with shame, fear & mistrust - all while experiencing an increase in the risk of lethality.
(2) Our specialized training and expertise allows us to better identify these barriers, build connection & trust, complete safety planning, & identify victim/survivor’s housing needs. By providing navigation services, our
assessors will be able to follow an individual from assessment through a warm hand-off to a RRH worker. Our staff will also guide the victim to other resources that will provide further stabilization such as; filing an Order for Protection, getting set up with the Safe At Home program that will protect a victim survivors home address, engage in therapeutic services to address patterns and root causes in domestic violence as well as break the cycle of isolation and introduce various methods of long-term support.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>DUNS Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubman</td>
<td>060409570</td>
</tr>
<tr>
<td>Cornerstone Advoc...</td>
<td>185563012</td>
</tr>
<tr>
<td>Our Savior's Comm...</td>
<td>601158137</td>
</tr>
</tbody>
</table>
1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>060409570</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Tubman</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>85.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>70.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

Tubman calculated the rate of housing placement for our proposed rapid re-housing project estimating the rate based on housing exits in our HUD-funded transitional housing program. That rate was 86%, calculated by dividing the number of people who went to permanent housing destinations (defined by HUD) by the total number of people who left our transitional housing program in 2018. Tubman’s HMIS comparable database is the source of data.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

Tubman follows a Housing First model. We do not restrict program entry based on income, substance abuse, criminal record or other factors. When we receive a referral from coordinated entry, we address any immediate needs and conduct an intake to learn about the client’s safety concerns and housing needs. Clients complete a support and resource scale and relationship mapping to identify their strengths, resources, and needs. We also assess for emotional, physical, or verbal activators and adapt services accordingly to avoid re-traumatizing people.

Clients create budgets, so they know what they can afford, and identify areas where they would feel comfortable living. We provide individual support to help youth obtain necessary documents, build a credit history, complete housing applications and obtain furniture and household items from donations to Tubman and through other community resources. We work to get clients immediately into housing and operate with a voluntary, client-centered services model.

We are deepening landlord relationships for scattered site rapid rehousing. Processes will protect tenant rights, habitability, safety and fair market housing.
We will track landlords and rental experiences and help remedy landlord/tenant concerns. Support includes rapid rehousing rental assistance, security and utility deposits and transportation.

Our approach focuses on each client’s strengths and is grounded in positive lifespan development. Voluntary support services customized for each client include safety planning; initial and annual assessments for the client and their children; goal planning; help accessing public benefits and health insurance; financial, career exploration and job readiness services; help obtaining safe, affordable housing; support groups; parenting support; and child care and educational programs. We do not have service participation requirements beyond a typical lease agreement.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
   (limit 2,000 characters)

Tubman’s services are survivor-centered with a focus on strategies to enhance safety. We train staff to assist survivors in developing safety plans at orientation and through ongoing trainings on topics such as the safe use of technology, stalking and harassment, and tips to prevent cyberstalking. Staff participate in safety planning trainings by the US Office on Violence Against Women and the MN Coalition for Battered Women. We conduct intake in a private room which was designed as a quiet, welcoming space to minimize distractions for survivors with seen and unseen disabilities. Tubman does not serve couples. We work with children to create their own safety and goal plans.

Tubman’s intakes with survivors focus on gathering information about their safety and housing needs, including preferred locations to protect their safety, provide easy access to transportation, school, and employment, and enhance their support network. Clients are eligible for rental assistance based on income. Tubman will assess scattered site rapid rehousing units for safety and habitability and update safety planning with survivors after they are placed in housing. We help survivors self-advocate with the property manager if there are concerns about locks, lights and other safety features. Intake may take place in Tubman’s community locations which have security systems and cameras. Tubman helps clients obtain confidential addresses through the MN Secretary of State’s Safe at Home system. We work with landlords to protect survivors’ confidentiality and make them aware of special legal protections for survivors. We encourage survivors who have orders for protection to share them with the landlord.
landlord to enhance their safety. Last year 98% of survivors served by Tubman developed customized safety plans and strategies to enhance their safety. Clients who do not meet this goal are most likely to be one-time callers.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   (g) offering support for parenting, e.g., parenting classes, childcare.
(4,000 characters)

Tubman’s client-centered services are informed by best practices recognized by SAMHSA, National Child Traumatic Stress Network, and C4 Innovations. We recognize that each person has unique and complex needs that are best addressed through customized services. To reduce the negative impact of labels, Tubman uses person-first language that identifies each client first as a person and secondarily as having a specific characteristic or facing a particular challenge. Staff operate within an ecological approach to violence, endorsed by the CDC and the World Health Organization’s Violence Prevention Alliance. This model addresses violence through recognition of the person in relationship to themselves, others, and the systems with which they interact, respecting diverse experiences and understanding violence from a global perspective.

Our services are designed to acknowledge the potential impact of trauma, identified or not, on our clients’ lives. Tubman prioritizes client choice by discussing their safety needs and housing priorities. We offer clients a choice of available housing and place them in safe housing as quickly as possible. We anticipate more intensive supportive services at the beginning of a client’s stay. Services are voluntary and goal-planning is based on client strengths and what they identify as priorities. All people are treated with respect and we prioritize client voice. If there are issues we help problem-solve. Clients can raise concerns without fear of retaliation.
Tubman trains staff on trauma and staff work with clients on active steps to mitigate trauma. Tubman offers a DV support group and therapy groups addressing trauma. We also connect clients to services in their community. Clients identify customized goals based on their strengths and needs using our support & resource scale and relationship mapping.

To offer services that are survivor-centered and trauma-informed, Tubman provides culturally-responsive services, defined as upholding the values and traditions inherent to supporting our clients’ experiences. Staff are trained on fair housing laws and historical trauma. In 2019 all staff attended three workshops facilitated by the Racial Justice Team of the YWCA of Minneapolis on the topics of Microaggressions and Bias, Intersectionality, and White Privilege and White Fragility. Clients identify resources and activities that they’re interested in and staff help them access programs at Tubman and other providers. Advocates provide parenting support and Tubman’s DV support group often addresses parenting concerns. We help clients access resources for child care and connect them to ECFE and Head Start programs in their community.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

Tubman’s staff and volunteer attorneys help survivors address child custody concerns and provide legal advice and representation in orders for protection and family law cases. Legal advocates assist survivors in orders for protection and provide victim advocacy in criminal cases. We assess other legal needs and connect clients with free legal services. Staff assist clients in obtaining their criminal records, offer resources for expungement, and provide support on address criminal history in housing or job applications. We help clients get their credit report and provide information on how to repair their credit and correct issues; we refer them to free legal resources. We work with landlords so they understand changes in the survivor’s circumstances and the support Tubman provides.

Tubman ensures that all school age children are enrolled in school. We offer assistance obtaining a GED and accessing other educational opportunities to increase income. Tubman helps clients identify career paths and connect with specific job training programs matching their interests. We help with job search,
applications, resumes, cover letters and provide coaching on how to navigate employment issues, improve performance, be proactive, and develop positive communication strategies.

Tubman connects clients to Healthcare for the Homeless and other free and low cost clinics to address their physical health needs. Tubman connects clients with our mental and chemical health assessment and services and other resources in the community. We help parents access resources for child care and provide a checklist on selecting a child care provider.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>185563012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Cornerstone Advocacy Service</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>85.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>75.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. An exit interview is provided for shelter and transitional/permanent participants when leaving services and they are asked about their living arrangements moving forward. This information is entered into the Apricot database. Currently we do not capture this data for other programming.
2. Apricot database

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

Advocate staff are trained and knowledgeable about available housing opportunities and the CE system. ES is implementing a new protocol “Participant Plan for Transitioning from Shelter” which provides staff with written steps and processes to assist survivors in moving more rapidly from shelter to stability. CEES is continuing to enhance TH/PH survivor acceptance into programming through streamlining application and interviewing processes for both internal and external agency applicants.
1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

Cornerstone strives to ensure all of our services are trauma-informed with a survivor-centered approach to provide a welcoming, inclusive and accessible environment. Our work, based on the participant’s selected goals and identified needs, is to assist them in transitioning them from crisis to safe and stable lives. All advocates are trained to provide on-going safety planning from the moment of a participant’s entry into to services and throughout their engagement with us. Plans are discussed and adjusted with participants based on their changing safety needs. On an annual basis, CAS through a current OVW project, conducts a barriers assessment which identifies 3 key points- accessibility, emotional and environmental safety, and trauma informed spaces and practices. Current in our ER shelter program we are in the process of renovating several spaces to provide more private trauma-informed spaces for participants to meet both with our advocates and therapist & other community partners. Furniture pieces are chosen based on color and ADA accessibility standards. In addition, we have updated our support group room & therapy rooms to lend themselves to more comforting environments. Currently, CAS does not provide couples’ intakes. If a family enters the shelter and includes two adults (e.g. daughter over 18, living with mother and who is also in danger and both enter shelter), separate individuals intakes are done. Children/youth are not in the adult intake process. If the participant chooses, children/youth may enter services designed for them at which an intake will be conducted. Information about any participant’s living on our properties is not shared by us unless we have a signed ROI. If someone calls or is at our building inquiring about a participant, staff always states that we cannot confirm or deny who is a participant. The only time we reveal limited confidentiality without a release is when it required by law (mandated reporting, Duty to Warn, etc.)

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.

Cornerstone was founded as a non-profit in 1983 to provide services for victims/survivors of domestic violence and their families. We have grown from a primary volunteer-based agency to over 100+ employee-based agency. We provide services in Hennepin County and statewide through the MN Day One Crisis Line for victims/survivors of domestic violence, sexual assault, and human trafficking/sexual exploitation. We also provide the statewide hotline for victims/survivors of general crimes.

Core to our values are:
• We recognize and understand the traumatic impact violence has on adults, children, and communities. We meet those we serve where they are in terms of their lived experience, relationship with others and self-identity.
• We advocate a survivor centered and empowerment approach.
• Honor and Respect We honor and respect differences in age, culture, experience, gender identity, abilities, immigration status, race, religion, sexual orientation, and socio-economic status.

We live out these values through trauma-informed approaches which tend to a victim’s emotional and psychological being alongside their physical safety needs. These trauma-informed approaches encompass the understanding that the effects of trauma may impact one’s trust of others, feelings of immobilization, and/or no sense of control in their life. So in that we work to build a trusting relationship that is survivor-centered and restores hope as they work towards their self-defined goals.

We create “low-barrier” guidelines for those receiving shelter or Transitional Housing services so while they are receiving services we are focusing on their strengths versus following rules of the program. CAS provides wrap-around services which allows both resident and community participants to receive parenting, youth advocacy, financial empowerment classes, budgeting, job seeking skills, therapeutic services, support groups and individual advocacy services.

We provide high quality training for all direct services advocates
1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

Cornerstone provides Civil and Criminal Justice Advocacy Services which assist participants with:
• Protection Orders- Order for Protection/Harassment Orders. Advocates are available throughout the process to assisting in preparing and filing the orders to court hearings.
• Advocates are available in 11 major Hennepin county cities inclusive of our Bloomington and Brooklyn Park locations and area police departments to inform victims/participants’ of their rights and domestic violence court proceedings. Advocates work closely with the police departments and city prosecutors to ensure the victim/survivors safety choices and voices are heard
• Community advocates are available to meet with participants in.
• Advocates are available to discuss civil matters inclusive of child custody, dissolution, etc. and provide
• CAS’ Community and Economic Empowerment advocates provide:
• One-on-one sessions to provide support, advocacy and safety planning
• Financial literacy courses, job coaching, and budgeting
• Assist with credit repair and expungement of criminal records
• We offer IDA’s for those saving for housing, vehicles and education

Clinical Therapeutic Services:
• Licensed therapist provide individual sessions at our Bloomington (inclusive of in-shelter), Minneapolis and Brooklyn Park locations.
• Support Groups and Education Sessions are held on a regular basis including:
• Open support group for those staying in the relationship, in the process of leaving a relationship or transitioning out of a relationship
• Domestic Violence 101
• Divorce Court Education

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity
1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. We use the Caper report from HMIS to determine which individuals are DV survivors. We then cross-reference this list with our housing outcomes, and use the 3 and 6 month follow up check-ins to determine retention.
2. We are currently required to use HMIS, and have several staff members trained to do so. In addition, we keep a database related to client outcomes information in an Excel spreadsheet, as a crosscheck for our data.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

Housing assessment begins at intake. Case managers immediately begin investigating and establishing the individual’s housing goals and taking inventory of barriers to housing. Barriers that can be reduced are focused on, and case managers are well-versed in record expungement, credit improvement, and income increases. Case managers begin applying for appropriate housing options as soon as possible with each client, often in the first month of program. Case managers help individuals work toward independent housing with market-rate landlords (the agency has developed several relationships with landlords, and also employs a “Housing Specialist” to assist in the search for independent housing. Case managers will also help individuals find supportive housing, facilitate CES transfers, apply for public/subsidized housing, senior housing, and a variety of other housing programs/options. Individuals are encouraged to leave the program as soon as they are ready for permanent housing options.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and

2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1.

a) All staff are trained in the following safety topics:
   • Providing a Safe Environment
   • Spectrum of Violence
   • Violence prevention
   • Managing & de-escalating disruptive/violent individuals
   • Using emergency services
   • Disaster plan
   • Mental Health First Aid
   • Safety Contracts
   • The Cycle of Abuse

b) Intakes are completed in a space of the applicant’s choosing. Thus, intakes are often done in the field at local shelters and libraries. Intakes done on site are completed in a private living room that is welcoming and comfortable. Intake staff are kept to a minimum to avoid overwhelming the applicant, and applicants are given sufficient notice of topics to be covered in the intake.

c) We haven’t had this happen yet- but if we did have a couple, they would be treated as separate residents, have separate intakes and case managers, and would likely live on separate floors. We typically only serve single individuals.

d) Case managers investigate individual safety needs for each client. All clients are offered up to 3 options and would never be asked to move somewhere that does not feel safe. Client choice is honored in housing choices.

e) All properties are monitored at each outside door by security cameras. Proper lighting is maintained near doors and in hallways. Visitor hours are limited for all guests and no overnight guests are allowed. Roommates are allowed to veto a guest or roommate’s guest if they have made them feel unsafe. Case managers will trespass individuals with any known violence on property. Door codes and keys are changed with every lost key or move-out.

f) All agency staff are coached to not disclose the location of the DV properties. Clients are asked to keep visitors to a minimum to limit the amount of people who know the properties.

2. We have not yet had the abuser of one of our survivors come onto our campus to threaten a resident. However, we do continue to work at improving all safety measures related to our program.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and

2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:

(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures
program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.

1. All staff have training in domestic violence and trauma-informed care. Agency policies are regularly inspected for alignment with trauma-informed care standards and adjusted accordingly.
2. a) All housing plans are individualized to the clients’ wants and needs. Clients are given as many realistic choices as possible. b) One of OSH’s Guiding Principles reads, “Mutual Respect: In working together, we will value and recognize the unique knowledge, ability, and independence of each person. We are committed to treating all persons with fairness and impartiality. We desire to maintain credibility by matching actions with words.”

OSH operates within the framework of Restorative Justice. When harm happens within our community, our main goal is to facilitate repair and healing-both for individuals involved and the community as a whole. We resist punitive measures and aim to retain as many clients as possible. c) Trauma-informed care training is provided to all new staff, including support staff, within their first week. The agency provides ongoing training in this topic through staff meetings, with at least two annual trainings on trauma or trauma-informed care. Individual staff also participate in outside trainings as they are available. d) All case managers are trained in strength-based approaches both at on-boarding and annually. Case plans are individualized to fit each person’s unique strengths and goals. Staff utilize a variety of goal-setting techniques. e) OSH staff are trained in anti-oppression and cultural competence at on-boarding, and several times annually. OSH is committed to subverting racism, sexism, homophobia, transphobia, and ableism. f) Programming offered at OSH TH:
• Monthly facilitated floor meetings
• Tenant training
• Employment skills workshops
• Life skills workshops
• Peer Empowerment events

Because we typically work with single adults, not currently with minor children, we would refer out for this if it became a need.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met service needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety
needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

1. Child custody: We have a regular volunteer lawyer who gives advice and helps with CPS cases.
2. Legal services: We have a regular volunteer lawyer who gives advice and helps with criminal expungement and housing law matters. We also refer to VLN and Mid-Minnesota Legal Aid.
3. Criminal history: We have a regular volunteer lawyer who gives advice and helps with criminal expungement. Case managers are also able to help with criminal expungement and coaching clients to explain their criminal history well to future employers or landlords.
4. Bad credit history: Case managers can run credit reports, offer support in improving credit score, and coach clients to explain poor credit to future landlords.
5. Education: Case managers assist clients to apply for training programs, High school diploma/ GED classes, and/or college. Case managers help clients pick the right option for them, get into the program, and see the program through to completion.
6. Job training: Please see above.
7. Employment: Regular workshops are held in employment skills such as resume-writing, interviewing, workplace etiquette, etc. We also refer to local employment support agencies such as PPL, the Workforce Center, and the Opportunity Center.
8. Physical/mental heathcare: Case managers will assist in connecting clients to healthcare and insurance for physical, mental, or chemical health.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2A-1. HMIS Vendor Identification.
WellSky (prior name Mediware Information Systems)
Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.
Using 2019 HIC and HMIS data, applicants must report by project type:

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Number of Beds in 2019 HIC</th>
<th>Total Beds Dedicated for DV in 2019 HIC</th>
<th>Total Number of 2019 HIC Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>1,954</td>
<td>1,681</td>
<td>1,776</td>
<td>650.55%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>18</td>
<td>0</td>
<td>18</td>
<td>100.00%</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>794</td>
<td>76</td>
<td>561</td>
<td>78.13%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>1,166</td>
<td>0</td>
<td>1,166</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>4,287</td>
<td>32</td>
<td>3,797</td>
<td>89.24%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>3,092</td>
<td>22</td>
<td>2,855</td>
<td>93.00%</td>
</tr>
</tbody>
</table>

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:
1. steps the 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 the CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

(1) Strategies to increase TH coverage includes targeting 3 TH projects (60 TH beds) for HMIS clean up and clarification of beds in TH programs in the next 12 months. Targeting the identified projects will increase HMIS bed coverage rates to 90.0% (TH).
(2) Steps include; CoC Coordinator, ICA state system administrator to meet 1:1 with the 3 identified agencies/organizations for in person meetings to review all TH beds with leadership to assure HMIS coverage rate increases.


Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

*2A-4. HIC HDX Submission Date.

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)

04/25/2019
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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2B-1. PIT Count Date. 01/23/2019
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/24/2019
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s sheltered PIT count results; or
3. state “Not Applicable” if there were no changes. (limit 2,000 characters)
Not Applicable

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.
Applicants must select whether the CoC added or removed emergency shelter, No

Project: MN-500 CoC Registration FY2019
COC_REG_2019_170811

Applicant: Minneapolis/Hennepin County COC
MN-500
transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s unsheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)
Not Applicable

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.

Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

Hennepin CoC implemented various measures to plan the youth PIT count. All youth shelters (HMIS or non-HMIS providers) were included in the 2019 PIT count through either HMIS, or through the PIT Live survey tool. Youth outreach providers met 1 time per month 6 months prior to the PIT count to develop strategies for the count. Program Directors for shelters serving youth, and the CoC’s Outreach Group (representatives of outreach providers), were involved in the youth PIT planning process and identification of locations to be included; (2) School district liaisons and public library representatives were notified and participated in both the planning process and the count itself to capture data for youth at those locations. Hennepin County also used input/findings from national experts (consulted in preparation for Voices of Youth participation) and system mapping to identify locations where homeless youth were most likely to be identified on a regular basis. A youth phone line was available for youth to call in themselves, or with a case manager or homeless school liaison to take the survey.
(3) Homeless youth were used as both direct assessors in the count and to identify additional areas that should be included/focused on by other outreach in the PIT. Stipends were provided for planning & participation.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness;
2. families with children experiencing homelessness; and
3. Veterans experiencing homelessness.
(limit 2,000 characters)

(1) Six months prior to January PIT count, the CoC Outreach committee convenes monthly meetings, particularly around unsheltered CH individuals. Outreach teams gather feedback from workers & consumers to inform and shape the January PIT count process. Increased volunteers outreach for conducting unsheltered interviews. Extensive training provided 2 weeks prior to the count. Due to the significant increases in chronic single adults both in shelter & unsheltered locations overall, the CoC has 2 strategies: 1) Unsheltered design team – 100 metropolitan stakeholders, including lived experience of homelessness to inform recommendations to HC board. 2) Contracted with the Community Solutions as a Built for Zero (BFZ) CoC to better understand our data & develop strategies: a) A Chronic Homeless by name list for all individuals in shelter & unsheltered locations b) Bi-weekly meetings c) CH data dashboard development & bi-weekly review d) Work plan to end CH for check in with BFZ.

(2) Families with children were identified through HMIS records (or estimation for non-HMIS shelter populations), interviews as schools, or contact at community food shelves. Engagement and coordination with MDE & all Minneapolis/Hennepin school homeless school liaisons. Planning started 12 months prior to PIT with MDE coordination meetings every 3 months.

(3) HC implements various actions to assure a thorough count of all veterans on the night of the PIT to include: Planning started 5 months prior to PIT – monthly meetings with VA, State VA, MAC V veteran registry group. VA provided outreach volunteers, participated in planning & provided outreach cards. VA provided immediate in person or phone support if a veteran was identified for the State Veterans Registry process. HC solicited and trained Veteran specific outreach workers to conduct interviews with identified veterans on the night of the count.
3A. Continuum of Care (CoC) System Performance

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

| Report the Number of First Time Homeless as Reported in HDX. | 7,788 |


Applicants must:
1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC’s strategy 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 the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time.

(limit 2,000 characters)

(1) The CoC analyzes Family Prevention committee data (MN Prevention tool), HMIS, CES, local data & pilot outcomes. HC & the University of MN School of Public Affairs collaborate to produce annual research examining determinants of homelessness. Risk factors CoC uses include history of homelessness, current housing status, income, barriers to housing, & affordability.
(2) Pohlad foundation funds leveraged with state & local govt. funds have put us in a strong position to make progress on this measure. New funded efforts include Pohlad ($500,000) 1) Eviction prevention pilot (10/1/18-3/31/19) 268 HH served, 96% achieved housing stability with intervention. 2) Expanding prevention pilot – 62 HH served, 98% achieved stability & informed hiring of
consultant to streamline access to all prevention programs (EA/EGA).
Coordinate/align all prevention funds, HUBS in community for full access to all
prevention/diversion resources in high eviction/racial disparate areas – 1st HUB
go live 01/2020. 3) Family shelter diversion pilot -1 year results indicate 109
families served (presenting for shelter), of which 95% exited to stable housing, 0
shelter re-entry. 4) Family diversion pilot, Stable Homes, Stable Schools
launched early 2019 allocating 320 vouchers from Mpls. PHA, w/ services for
families in the 15 schools with highest rate of homelessness -over 3 years. As
of 9/2019, 79 families referred /15 families housed. 5) HC receives increase in
State Family Prevention program funds (~$500,000 p/year) will add new
prevention/RRH beds online in late 2019, including culturally specific & youth
CES support. 6) Case managers(CM) accept direct referrals from Adult Shelter
Connect to divert singles from entering shelter. Prevention services offer CM to
HH’s assessed for ongoing need to assure that people have tools needed for
success upon exit: life skills, financial counseling, tenant/landlord, employment,
supports.
(3) HC OEH & CoC board

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

| Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX. | 83 |


Applicants must:
1. describe the CoC’s strategy to reduce the length of time individuals
   and persons in families remain homeless;
2. describe how the 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 the CoC’s strategy to reduce the length of time
   individuals and families remain homeless.
(limit 2,000 characters)

(1) The CoC has worked to develop multiple strategies that aim to decrease the
Length of Time(LOT) homeless. The CoC leverages RRH funds from state
FHPAP($1.3m), city($253), county($283) ESG, & HC($265) to quickly house
clients with the longest LOT. Reallocation/Move on strategy for $2M(S+C) will
create 150 units of PSH & 50 units of RRH for CH singles with longest LOT. In
2020, new capital support –HC supportive housing strategy includes issuing
$2M(proposal to increase to $5m p/year upon approval) capital for site-based
PSH for CH. RFP issued 9/2019 (input on preferences & priorities from 19
people with lived experience & racial equity lens).
SINGLES: Due to increases in CH singles, HC contracted with Built for Zero to
develop strategies/support. 1) Team developed (HC Access team, Healthcare
for Homeless, CES team, VA). 2) CH registry & by name list (HMIS data) to
identify CH & long-term stayers (shelter/ unsheltered). 3) Bi-weekly case
conferencing to target CH list. 4) CoC funded navigators(2 FTE), uses intensive
support both when assessed & upon referral to assure housing stability. 5) CH
verification shift from assessor self-report to HMIS, streamlining eligibility for CH registry list. Follow up e-mail if referral is over 3-4 months to check housing status. CES Inactive policy – reduced referrals with no contact from 40% to 14% inactive. Past 12 mos. 149 CH housed.

FAMILIES: Family shelter use is at historic lows, however, remaining families have barriers with 60-month TANF limit & very few housing choices. 2019-250,000 of on-going state funds for 3 FTE “family navigation” workers, to help obtain documentation, resolve barriers, & expedite exits to housing. Family case conferencing start up.

YOUTH: 100 day challenge bi-weekly case conferencing. Enhanced youth employment partnerships.

(2) CES identified longest LOT homeless, CH Index, HMIS LOS report, & coaching graphs (inflow/outflow & # housed) to identify LOT homeless.

(3) HC OEH & CoC board

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

| Percentage |  
|---------------------------------------------|---|
| 1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX. | 20% |
| 2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX. | 91% |

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:

1. describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

(1) 1) CoC Written Standards (8/29/18) to standardize exit planning focus - successful exits. 2) CES: VISPDAT + supplemental Q’s review to assure score = successful placement in housing. 3) Connecting people to non-CES
resources using HC’s new Housing Key – an online inventory of housing/services with live vacancies. 4) Using progressive engagement & CoC transfer policy for households from TH or RRH to PSH or an alternate housing strategy if needed. 5) SOAR & workforce development resources to increase income from other sources. 6) MPHA issued mainstream vouchers for use by homeless outreach. FAMILY: Immediate access for any mainstream and employment resources. YOUTH: Immediate access for intake & housing plan or family reunification. Low youth to case manager ratio 8:1. CES assessments conducted. SINGLES: Of the 6,000 served annually, 50% leave shelter within 2 weeks. CES assessments conducted after 14 days. Bi-weekly case conference by name list for longest shelter stayers.  
(2) CoC Governing board (review data outcomes/formalize strategies) & CES leadership.  
(3) 1) Enhance CoC training on (hsg. navigation, landlord engage, trauma informed, harm reduction).  
2) Explore Move on Strategies with PHA’s. 3) Implement new “light touch” RRH for single adults who require hsg. assistance & moving costs to exit to PH. 4) Increase singles RRH funds by 50% to allow programs to offer longer assistance prior to exit. 5) Monitor & analyze negative exit data. Connect HH’s with risk factors to relevant on-going supports(e.g. young families to HC Child protection, diversion, Medicaid MH services) 6) Require housing providers to attempt to re-house participants who lose their housing. If relationship damaged, transfer request made to alternative provider with vacancies. 7) SOAR & workforce development strategies for increasing income from employment & other sources.  
(4) CoC Governing board & CES leadership

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.  
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.  


3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:  
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;  
2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and  
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.  
(limit 2,000 characters)

(1) The CoC uses HMIS demographics, Return to Homeless report data & FHPAP state reports to identify risk factors for families with multiple
homelessness incidents or at risk for shelter reentry. In addition to current data, CoC partners with universities for research projects & conducts pilots in order to best identify risk factors & predictors of persons with high risk of returning to homelessness. In 2019, U of M capstone research regarding predictors of eviction to target tailored housing interventions for people with high-risk of returning and preventing people with histories of homelessness from returning to homelessness. Family diversion pilot 2 year results after year 1 released 10/2019.

(2) 1) Stable Families Initiative established protocol to proactively contact households housed out of shelter that with high risk factors for return. Early identification of recurring housing instability & early connection to assistance + prevention service. 2) CoC hosting Diversion Cleveland Mediation Group to provide training for 100 staff in 2020 + 20 “train the trainers”. Ending year 1 of 2-year pilot for family diversion w/ funded navigators & shelter team coordination. HMIS used for tracking progress and key indicators. Preliminary results: affordable housing, navigation integration with shelter team to divert from shelter entry. 3) RRH redesign – progressive engagement with increased assistance/services for all participants. 4) Coordination of all prevention resources through person-centered design process and will be training community members on new “system” at the same time as diversion training to include prevention/diversion/navigation access. 5) CES transfer policy for HH’s needing different housing option & progressive engagement strategies. 6) Upon housing, PSH projects develop stability plans & collaborate with family, property mgmt. & services to identify risk factors & steps for success.

(3) OEH and CoC Governing board

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.</td>
</tr>
<tr>
<td>2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.</td>
</tr>
</tbody>
</table>


Applicants must:

1. describe the CoC’s strategy to increase employment income;
2. describe the CoC’s strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase jobs and income from employment.

(limit 2,000 characters)

(1) Through the focus and structure of the CoC Employment & Income
Committee, increasing employment income is guided by these strategies: 1) Building awareness and knowledge of the importance of employment & income in preventing & ending homelessness across the CoC. Members created a “Blueprint for integrating employment & housing” presentation – Mpls workforce (12/18), CoC committees (2018) 2) Sponsoring learning opportunities to advance knowledge & integration across the workforce & housing sectors (12 in 2018, 5 in 2019).

(2) Piloting partnerships that co-locate workforce services within housing & homeless agencies. Goodwill Easter seals & YMCA have co-located at access points – plan to use federal funds to expand partnerships. Working with MN Dept of Employ & Econ. Develop. to allow WDB’s to focus on homeless consumers, while allowing relaxed performance metrics for this population. Through WIOA youth & adult funds, we could focus on harder to serve populations using a stable funding source. HC has developed partnerships with community based employment service providers. These providers have co-located at access points such as outreach centers and shelters.

(3) Through the partnerships and pilots identified in #2 above, the CoC is helping connect people experiencing homelessness to work. We know that there is in depth expertise in the mainstream employment organizations, & instead of duplicating this in our CoC, the strategy is to connect to the strong resources that already exist in our community. Over the past year we have been planning to set up tenant resource centers (Nov 2019 first site) to include employment triage with employment service providers ready for referrals. PPL, Goodwill, YMCA & Avivo (WIOA funded) will provide “up-stream” employment services to assist with preventing homelessness.

(4) Employment & Income committee


Applicants must:
1. describe the CoC’s strategy to increase non-employment cash income;
2. describe the CoC’s strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase non-employment cash income.

(1) HC CoC is leading a county-wide effort to increase the use of SNAP E&T. We have seen a 3X increase in the amount of SNPA E&T 50% reimbursed funds claimed since 2018 by contracting with a number of employment service providers. Access to funds for child care, work clothing or other allowable expenses, increase overall income. Employment specialists actively recruit to offer assistance to individuals in finding out what public assistance benefits they may be eligible for and then help them to apply for & navigate the county systems. The reimbursed funds are rolled back into the community to provide more employment resources.

(2) In 2019, DHS funded 2 additional SOAR service funded grants – HC Healthcare for the Homeless & Our Saviour’s shelter. The expectation of SOAR grantees is quarterly CoC participation & SOAR program presentations. DHS Social Security Advocacy and SOAR staff are planning to offer a 2-hour training for each CoC region on SOAR eligibility and referral in 2020. In addition, the CoC will apply for a $5k micro grant to assist with SOAR service integration into the region’s homeless response system & a more robust/sustainable SOAR.
infrastructure (e.g. exploring funding from newly approved Housing Stability services as Medicaid benefit & PATH coordination). Financial coaches are imbedded within the employment service providers teaching budgeting & credit building to people enrolled in trainings. We also partner with local banks to provide these services at our homeless outreach & shelter sites. Participants can make appointments with financial coaches and often case/non-cash options are discussed in the meetings based on the needs identified. Bridge to Benefits screenings are conducted to review/verify eligible for any potential/additional benefits.

(3) The CoC Governing board/Employment & Income committee is responsible for overseeing this strategy.


Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.

(limit 2,000 characters)

(1) CoC has an Employment & Income committee meets monthly to: Identify & implement strategies to assist CoC programs in improving their employment & build awareness & knowledge of the importance of employment & Income in ending homelessness. The committee includes employers, workforce providers, and homeless agencies. For the past 4 years, the committee has hosted monthly Employment Community of Practice events On 7/18/19, CoC participated in a Minnesota Interagency Council DEED webinar to educate staff about how to partner with local CoC regions. June 2019 -Workforce Roundtable to include employers, workforce providers, & persons with lived experience. HC workforce services sponsors 6 job fairs annually (30-40 employers focused on SNAP, TANF, & GA through HC). Relationship development with WellsFargo & Sunrise Banks who send staff to shelters to provide financial counseling.

(2) A few PSH providers have goals for all served to positively impact themselves in the community 25 hours per week. Partnerships include food shelves, senior daycares, care centers, treatment programs & places of worship. These create meaningful daytime activities, develop work readiness, volunteer experience on resume & develop references for future employment. PSH create employment/volunteer opportunities by engaging & educating small local & chain businesses to connect with consumer desire to work. CoC & 2 WBD’s do not have formalized prioritization of people experiencing homelessness though agreement to partner with HC and committed to serve homeless populations. Outreach for County-involved adults & youth (via Hennepin Career Connections) serves homeless (via suburban locations), in-school youth (via North HC Chamber) & in house referrals from veteran & Vocational Rehab. Services. Hennepin Carver: Between 7/1/16-7/30/19, 25 homeless individuals and 12% of youth were served. Mpls: Total served 1/16 – 8/19 = 8% adults, 10% in-school youth & 42% out of school youth.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:

<table>
<thead>
<tr>
<th>Step</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.</td>
<td></td>
</tr>
<tr>
<td>2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).</td>
<td></td>
</tr>
<tr>
<td>3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.</td>
<td></td>
</tr>
<tr>
<td>4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.</td>
<td></td>
</tr>
<tr>
<td>5. The CoC works with organizations to create volunteer opportunities for program participants.</td>
<td></td>
</tr>
<tr>
<td>6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).</td>
<td></td>
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<tr>
<td>7. Provider organizations within the CoC have incentives for employment.</td>
<td></td>
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<tr>
<td>8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.</td>
<td></td>
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</tbody>
</table>

3A-6. System Performance Measures

Data–HDX Submission Date 05/24/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.
Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

<table>
<thead>
<tr>
<th>Factor</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td>2. Number of previous homeless episodes</td>
<td></td>
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<tr>
<td>3. Unsheltered homelessness</td>
<td></td>
</tr>
<tr>
<td>4. Criminal History</td>
<td></td>
</tr>
<tr>
<td>5. Bad credit or rental history</td>
<td></td>
</tr>
<tr>
<td>6. Head of Household with Mental/Physical Disability</td>
<td></td>
</tr>
</tbody>
</table>

3B-1a. Rapid Rehousing of Families with Children.
Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once
assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless. (limit 2,000 characters)

(1) HC is a right to shelter county for all families with children. The CoC rapidly rehousing families within 30 days by: CES offers families via VI-SPDAT assessment within 7-14 days of shelter entry and maintains a housing priority list based on longest time in shelter. The CoC aims to limit those on the priority list for 30+ days to 10%, tailoring housing strategies to those clients. CoC coordinates with Shelter Team staff, reviews families unhoused at 30 days, and crafts policies to shorten wait times (e.g. RRH for families, tenancy supports, PSH for lower-scoring families). RRH projects continually engage with landlords to quickly place high-barrier families and use a Fast Track program for families with higher incomes/resources, while CoC funding for RRH is tied to performance, including days-to-housing. New in 2019: RRH program creates program with 1 FTE to target high & repeat shelter users. Increase of 200 units of RRH for families in state prevention 2019/21 biennium. 2018 DV bonus award increases 25 families with RRH funds.

(2) Services to maintain housing include: navigation services for families to connect with mainstream resources and ongoing services & housing plans, sharing guidance developed by “top housing providers” with all housing providers, and pairing high performing providers with low performers. Strategies also include increased case manager training capacity to find housing options, use of a “bridge to housing” RRH model for families who score for PSH. Finally, RRH projects must connect families to on-going services, and allow up to 24 months of services for families if needed for housing stability. Innovations used by CoC: Progressive Engagement, Critical Time Intervention, employment-enriched, and formalized “step down” direct assistance models for continued improvement & effectiveness.

(3) The Family prevention & CES Family Leadership Committees.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics. 

2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics. ✗

3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.

### 3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

<table>
<thead>
<tr>
<th>1. Unsheltered homelessness</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Human trafficking and other forms of exploitation</td>
<td>Yes</td>
</tr>
<tr>
<td>3. LGBT youth homelessness</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Exits from foster care into homelessness</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Family reunification and community engagement</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

<table>
<thead>
<tr>
<th>1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Number of Previous Homeless Episodes</td>
<td>X</td>
</tr>
<tr>
<td>3. Unsheltered Homelessness</td>
<td>X</td>
</tr>
<tr>
<td>4. Criminal History</td>
<td>X</td>
</tr>
<tr>
<td>5. Bad Credit or Rental History</td>
<td>X</td>
</tr>
</tbody>
</table>

### 3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. All youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. Youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.

(limit 3,000 characters)
(1) In 2019 HC launched a “County-involved Young Adults housing & services” program for youth (18-24), involved in or transitioning from county systems of care & services, (foster care, extended foster care, behavioral health services, & juvenile corrections). The program is funding a “funding follows the young adult” model for both housing & services, which can follow the youth in the living settings of their choice. Advocated for more funds at the state level to serve youth more robustly. Safe Harbor received a $2 million increase to the existing base funding with $1 million going to DHS for Emergency Shelter & Housing for Sex Trafficking Victims/Survivors and the other $1 million going to MDH for supportive services & evaluation. Shelter Linking Mental Health (a new concept to provide funds for mental health therapists on-site in homeless & trafficked youth emergency shelters) received a $500,000 base investment. Although the Homeless Youth Act did not receive an increase this year – the Emergency Services program received an investment of $3 million in one time additional funding. These services support existing & additional emergency shelters for youth, families, or single adults, along with street outreach programs for these populations, which is the largest investment in ESP that we have seen! MFIP received its first increase since 1986 - additional $100/month per MFIP grant. (2) All strategies above apply to unsheltered youth. In 2018 Hennepin County launched Minor Connect, (pilot project w/ MN DHS, OEH, Child Protection, & Child Welfare services). A state coordinator & HC homeless access teams increased staff with 2 new FTE navigators to focus on 15-17 year olds referred through Child Protection (with no open case, but homelessness ID’d). The 2 navigators engage & assist youth to access appropriate services from child welfare & homeless service providers. The pilot ran for 2 years, with an additional $200,000 (Homeless Youth Act) per year available for new services through 3 providers: up to 5 PSH units + case management from the Link, up to 10 host homes + case mgmt. from YMCA, legal advice & assistance from the Mid-Minnesota Legal Aid. The intent is both to better serve youth who have fallen through the cracks historically & bring systems together to leverage their strengths in a more coordinated manner.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

(1) Evidence includes CES assessment & referral data on need/vulnerability of youth experiencing homelessness, as well as time from assessment to housing move in date, and program outcome data on exit destinations. Additionally, PIT/HIC are used to measure progress.
(2) The measures used to calculate the effectiveness include unit increases based on need, utilization, sustainability, Length of Time homeless, and exits to permanent housing destinations. Annually, the CoC board tracks and reports
out on both Housing Inventory Count and Point in Time data trends for unaccompanied & parenting youth. Increased units and funding would indicate the strategy to increase resources is effectively working. Additional measures include: 1) Number of youth shelter beds utilized on a nightly basis, 2) Number of youth are receiving employment services. 3) Total Number of youth with increased earning capacity (employment or education) at exit of services and housing. 4) Number of youth who access the system following exit. 5) Number of youth who re-connect with a supportive adult in their life. In addition to the above measures, the CoC will use HUD SysPM’s to measure progress toward ending youth homelessness. Income is needed to secure and stabilize in housing. Reducing the Length of Time homeless assists with reducing the time youth are on the streets, or in unsafe settings. Preventing returns to homelessness through increased case management & initiatives aimed at following the youth until assistance is no longer needed. Mainstream connections through case management to assure they access all eligible resources to stabilize. Assure youth has support system in place following assistance. 

(3) The CoC believes the measure is appropriate due to the focus on youth outcomes & overall reduction of youth homelessness. The measures evaluate system and programmatic effectiveness to meet youth throughout the year.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.

(limit 2,000 characters)

(1) In 2019, the Heading Home Alliance(HHA), a statewide collaborative was formalized to include 10 CoC regions, MN Tribal Nations & MN Interagency Council (MDE & DOC to name a few). Over the past year, the group developed a charter and work plan, to include a task force working to develop a more formal partnership between the CoC regions & the LEA’s. Due to multiple school districts, HC CoC facilitates this coordination with our state partners to include MDA, LEA’s & school districts. 

A. Most youth agencies have formal contracts/MOUs with associated school districts outlining services provided, duties, and expectations for each party. Specifically, People Serving People shelter & Simpson Housing services.

B. The HHA in (1) is the forum for CoC & LEAs formal partnership development. 

C. Public/charter schools are covered by a regular/on-call youth agency(e.g. Hope Street, YMCA, The Bridge, MoveFwd, Oasis). Agency staff, liaisons & school staff identify homeless/at-risk youth, developing individual plans connecting them with resources, services, subsidies, & housing assistance. “Stable Homes” partnership between MPHA & 14 highest homeless populated districts have formal agreement for 320 families identified by school social
workers at risk of entering shelter.

(2) A. Youth Action Board includes LEL voting member & other members participate in CoC board & working committees. HC contracts directly with youth agencies to ensure geographic coverage for youth-related education services, and all youth/family shelters collaborate with local school districts to ensure children are enrolled in school. B. HHA meetings include a MV liaison for state coordination. The CoC coordinates with the state Dept. of Educ., including use of youth data for the PIT. Coordinator attends metro school liaison quarterly meetings with workshops to increase awareness of the CoC’s homeless response system. C. Point in Count coordination & quarterly MDE liaison meeting participation.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.

Applicant: Minneapolis/Hennepin County COC

Project: MN-500 CoC Registration FY2019

All CoC projects that serve households with children (shelter, TH, RRH, & PSH) are required to ensure that all homeless families are informed of the HUD McKinney-Vento Act and ensure children are able to maintain enrollment in school. They also must comply with the following CoC approved policies that include:
1) Identify staff who have primary responsibility for school attendance.
2) Advocate for families in their district to assure transportation is arranged (if needed).
3) Track school attendance for all children served in programs & resolve barriers contributed to absences.
4) Assist families to develop education related goals for all family members.
5) Ensure all family members are connected to relevant educational resources in the community.
6) Track school attendance for all children served in program.
7) Encourage & assist families with children ages 3-5 to apply for Head Start program & provide referrals to agencies that offer Head Start.

The HC family shelter system has a district liaison that works out of one of the largest family shelters. Her role is to ensure that all children served by county funded shelters are enrolled in school, getting their transportation needs are met and receiving free and reduced lunches. In addition, the three youth shelters in Hennepin County have policies in place to ensure that youth who enter shelter are receiving all of the above mentioned services as well.

8) Annually, all CoC projects that work with children, have to sign a Letter of Intent to apply for funds (5/24/19) that assures compliance with the McKinney-Vento Act Education Policy. If policy section is incomplete, the applicant would be out of compliance with basic threshold requirements and may be in jeopardy of receiving CoC funds.

School homeless liaisons are trained in the McKinney-Vento Act under Every Student Succeeds Act (ESSA). LEA’s in Mpls have a rental subsidy agreement for homeless & highly mobile families funded in part by state dollars.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and
supports and may add other providers not listed.

<table>
<thead>
<tr>
<th>Service</th>
<th>MOU/MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Providers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Head Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Tribal Home Visiting Program</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.

Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.

Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.

Yes


Applicants must:
1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.

X
2. People of different races or ethnicities are less likely to receive homeless assistance.  

3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.

4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.

5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.

6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.

7. The CoC did not conduct a racial disparity assessment.

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.

2. The CoC has identified the cause(s) of racial disparities in their homeless system.

3. The CoC has identified strategies to reduce disparities in their homeless system.

4. The CoC has implemented strategies to reduce disparities in their homeless system.

5. The CoC has identified resources available to reduce disparities in their homeless system.

6. The CoC did not conduct a racial disparity assessment.
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

**Resources:**
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

**Warning!** The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare—Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in
health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.
(limit 2,000 characters)

(1) HC CoC sends bi-monthly newsletters to listserv that includes all mainstream training/changes. On 4/18/19, HC coordinated with DHS to conduct a bi-annual mainstream training: a basic understanding of several public assistance programs – General Assistance (GA), food, Minnesota Supplemental Aid (MSA), Housing Support (formerly GRH), Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP), and the Social Security programs. The training covers eligibility criteria and application process for the programs.

(2) CoC systematically disseminates multiple statewide & local housing/homeless training opportunities for housing providers to improve access/utilization of all mainstream benefits 1-2 times/year. CoC Committees have Hennepin Shelter Team staff representation, keeping current on changes in mainstream benefit processes/availability. DHS Bulletins, announcements and in-person trainings opportunities distributed to membership via the CoC listserv (over 2000 members).

(3) Households have access to applying for insurance via navigator with Healthcare for the Homeless for those identified in screening when accessing services & referrals from community partners. Individuals can receive assistance applying for insurance via all of our major health systems & federally qualified health centers in HC. CoC projects may provide case management assistance for enrolling in health insurance or collaborating with navigator & health systems.

(4) Individuals are screened for benefits during outreach & inreach by teams: Homeless Access, Healthcare for Homeless, SSHS street outreach, HC Health Social Service Navigation & shelter advocates. CoC projects screen for benefits at time of intake and refer as needed. For individuals who are eligible for MA, resources are braided to maximize access such as for TCM, Adult Mental Health Services, and waiver funded services.

(5) HC Office to End Homelessness is responsible for mainstream benefit training & updates

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

<table>
<thead>
<tr>
<th>1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.</th>
<th>48</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.</td>
<td>45</td>
</tr>
<tr>
<td>Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.</td>
<td>94%</td>
</tr>
</tbody>
</table>

Applicants must:
1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

(1) Street Outreach includes: PATH (mental health), VA (veteran), HASMI (MI/CD), and multiple teams for singles, youth and families. Youthlink (youth specific outreach to include youth peers), & AICDC (culturally specific American Indian outreach teams).

(2) HC CoC outreach covers 100% of its geographic area.

(3) Outreach includes appx. 25 workers from multiple shelter/outreach programs, and is conducted 6 days a week. Outreach targets homeless in encampments, transit hubs, and on the streets, connecting them with services to meet their immediate needs, administering VI-SPDATs and entering data into HMIS (when possible), and connecting them to housing programs/services.

(4) To target hard-to-reach populations, the CoC partners with the City of Mpls. & Metropolitan Council, which has allocated approximately $300,000 to develop a 6 person action team operating overnight on the light rail, as well as a MPD homeless liaison officer to coordinate closely with street outreach & shelters. HC has experienced an increase of unsheltered homelessness over the past 2 years with 2019 marking MN’s largest encampment in history, which was predominantly American Indian with high levels of injecting drug use. In response, the City of Mpls appropriated 1.5M which was matched by a private donor to a temporary ‘Navigation Center’, which provided 24 hour shelter & culturally specific health & housing services. Expansion of culturally specific KOLA project offering low-barrier housing for unsheltered with chemical dependency through opening of additional 30 units across two buildings with capital ($200,000) and operating support ($510,000 p/year) provided by County, City and State. HC CoC continues to coordinate with downtown Mpls ambassadors & business owners to direct outreach toward those not accessing other services, connecting clients with cultural, language or comm. barriers by leveraging resources in those individual communities to earn trust and bridge gaps.

4A. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2018</th>
<th>2019</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,166</td>
<td>775</td>
<td>-391</td>
</tr>
</tbody>
</table>

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Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.

No


Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

No
4B. Attachments

Instructions:
Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-4.PHA Administration Plan—Moving On Multifamily Assisted Housing Owners’ Preference.</td>
<td>No</td>
<td>Moving on Multifa...</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1C-4. PHA Administrative Plan Homeless Preference.</td>
<td>No</td>
<td>PHA Administrativ...</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1C-7. Centralized or Coordinated Assessment System.</td>
<td>Yes</td>
<td>CE Assessment Tool</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.</td>
<td>Yes</td>
<td>Projects Accepted...</td>
<td>09/19/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.</td>
<td>Yes</td>
<td>Projects Rejected...</td>
<td>09/19/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–30-Day Local Competition Deadline.</td>
<td>Yes</td>
<td>Local Competition...</td>
<td>09/19/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–Local Competition Announcement.</td>
<td>Yes</td>
<td>Loocal Competitio...</td>
<td>09/19/2019</td>
</tr>
<tr>
<td>1E-4. Public Posting–CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td>Consolidated Appl...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>3A. Written Agreement with Local Education or Training Organization.</td>
<td>No</td>
<td>Local Education o...</td>
<td>09/24/2019</td>
</tr>
<tr>
<td>3A. Written Agreement with State or Local Workforce Development Board.</td>
<td>No</td>
<td>State and Local W...</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>3B-3. Summary of Racial Disparity Assessment.</td>
<td>Yes</td>
<td>Racial Disparity ...</td>
<td>09/17/2019</td>
</tr>
<tr>
<td>4A-7a. Project List-Homeless under Other Federal Statutes.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

**Applicant:** Minneapolis/Hennepin County COC  
**Project:** MN-500 CoC Registration FY2019