

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** GA-507 - Savannah/Chatham County CoC

**1A-2. Collaborative Applicant Name:** Chatham-Savannah Authority for the Homeless

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Chatham-Savannah Authority for the Homeless

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	No
Hospital(s)	No	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	No
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	No	No
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	No
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veteran's Administration	Yes	Yes
Department of Family and Children Services	Yes	Yes

**Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.**

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)**

The CoC solicits input from a variety of stakeholders. Homeless/formerly homeless, faith-based organizations, neighborhood associations, homeless service providers, local government, law enforcement, business community, school board, Housing Authority, are represented at quarterly, public CoC Board meetings and representatives from the aforementioned serve on the CoC board, including the PHA, the local public school and university system. VA and DBHDD reps serve on the board also. A 'Savannah Vets at Home' workgroup meets monthly to address the issue of ending veteran homelessness. Staff from Old Savannah City Mission (faith-based) serves on the CoC board, the Executive Committee and the Membership/Rules Committee. City of Savannah staff sit on the Needs Assessment Committee. Consumer input is gathered from quarterly surveys and annual community meetings. City staff and the CoC collaborate to develop ESG performance standards and evaluations and to make ESG funding decisions.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)**

A public invitation is extended annually to anyone interested in ending homelessness in our community. The CoC consists of interested individuals and representatives from relevant organizations, and members are selected to ensure diverse representation of professional skills and experience, leadership capacity, influence capacity and organizational and special interest representation. Meeting notices and invitations to join are sent to the agency's e-mail contact list; often, other agencies or contacts suggest other members and those suggestions are followed. Special outreach is made to the homeless and formerly homeless as we perform the duties of our agency. Interested parties will contact the agency throughout the year for information and guidance as to how to become a part of the CoC; face to face meetings are held to explain the CoC and its processes and those who wish to join are invited to do so.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to**

**proposals.  
(limit 1000 characters)**

Funding opportunities are posted on the agency website and the City of Savannah website; they are also announced in the Savannah Morning News. Notices are sent to agencies representing the faith based community, service providers, local government, the school board, etc., and are also sent to the CoC Lead Agency's distribution list, which includes CoC-funded and nonfunded agencies. Throughout the year, face-to-face meetings are held with new organizations that express an interest in participating, and they are provided information and technical assistance about the application and its requirements. The CoC is open to proposals from any entity that has not previously received funds in this competition, if they, at minimum, have an active Board of Directors and are a 501C3, comply with HUD priorities, have satisfactory experience in grants management and have a quality plan to serve the target population. They must also demonstrate the ability to leverage resources.

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Georgia/ U. S. Department of Labor	Yes

**1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)**

The ESG jurisdiction, the City of Savannah, and works closely with the CoC lead agency to determine how funds will be allocated. The CoC lead provides HIC, PIT and other relevant HMIS data to the City; the two work collaboratively

to determine standards, outcome targets and performance measures for ESG recipients. Annual workshops to discuss the ESG funding process and community priorities are held. Agencies' HMIS performance and their success in meeting HUD priorities are reviewed. ESG funded agencies are also monitored annually by city staff. Feedback from CoC members is provided to the City through public hearings, workshops, and CoC members also complete surveys. ESG funds are allocated to individuals and families based on the gaps and priorities identified. ESG funds and CoC funds are used in conjunction to support a comprehensive continuum of housing and supportive services for the homeless or those at risk. The City and the CoC jointly review and score applications.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)**

SAFE Shelter, a 48-bed DV facility, provides emergency shelter, 24-hour crisis hotline, support groups, outreach, case mgmt, job assistance, financial assistance, transportation, legal advocacy, community education, teen dating violence education and awareness, and transitional housing. It has reciprocal agreements with other dv facilities in the region; if the local facility is at capacity or it is too dangerous for the victim to stay in the area, they are relocated. Male victims are housed with hotel/motel vouchers. Clients may choose not to enter the shelter; outreach, counseling and support groups are still available to them. SAFE utilizes an HMIS alternative system to protect client anonymity. Non DV providers are trained to ask about personal safety and dv issues before entering client information into HMIS; those who may be at risk are connected to the DV service provider where they will be able to access safe housing and services, locally or in another area in the region.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)**

The community's coordinated assessment system is currently being developed and will include safety and planning protocols for this specific population once implemented. There is only one agency in the community that specifically serves victims of domestic violence and that is Safe Shelter. The agency provides Best Practice training at least once annually to the CoC service provider community. Also, the CoC lead agency has staff out-stationed in the facility who presents at an agency case conference at least once annually. Safe Shelter does not use the regular HMIS database, but a comparable one and provides statistics and other data about the issue in the local community. They host a resource fair and a candlelight vigil; service providers participate in

those activities. They have safety and planning protocols in place, and the other service provider organizations work with the agency to ensure those measures are in place when serving a domestic violence victim.

**1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.**

**Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Savannah	9.00%	Yes-Public Housing

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)**

Not applicable

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)**

There are measures to ensure that anti-discrimination policies are enforced within the CoC. The CoC prohibits discrimination based on age, sex, gender, LGBT status, marital status or disability; agencies in the community are most often funded by CoC, ESG, and/or local government which prohibit discrimination in their written policies. CoC agencies accommodate any group



of persons presenting for assistance together regardless of the household composition. If a household voluntarily provides information regarding marital status, sexual orientation, or gender identity of one or more of its members, that information is collected but no inquiries about such are made. Referrals are made based on household needs, whether traditional or non-traditional, including to the local school system when minor children are included in the household. Trainings about diversity, inclusion, and transgender empowerment and the Equal Access to Housing are offered; they are held at least annually.

**1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**When "No Strategies have been implemented" is selected no other checkbox may be selected.**

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)**

Not Applicable

**1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

<b>Mental Health Care:</b>	<input checked="" type="checkbox"/>
<b>Correctional Facilities:</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>

## 1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.**

**Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

### 1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)  
 (limit 1000 characters)**

The severity of needs and vulnerabilities experienced by program participants as well as the housing and service needs of the local community were considered in the ranking and selection process. Permanent housing projects were ranked top priority with projects that provided low or no barrier access and projects that used a Housing First approach scoring higher than others that did not. The CoC also considered the populations being served, to include participants with current or past substance use, LGBTQ status, domestic violence victims, those with significant health and/or behavioral health challenges, high utilization of crisis/emergency services, coming from the streets or other unsheltered situations, particularly youth and children and vulnerability to victimization such as trafficking as well as low or no income, criminal histories were also considered. Input from participants, homeless/formerly homeless, providers and other stakeholders was also critical

to the process.

**1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.**

**Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.**

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input checked="" type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

**1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.**

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

**Reallocation: Option 1**

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.** 08/25/2017

**Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 08/24/2017

**Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**

## Reallocation Supporting Documentation

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

## Attachment Details

### Document Description:



## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?** Yes

**Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.**

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** Pgs 2-3 for CoC responsibilities; pgs 4-5 for HMIS Lead responsibilities. The document is an MOA.

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.** Yes

**2A-3. What is the name of the HMIS software vendor?** ClientTrack

**2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.** Statewide HMIS (multiple CoC)

**2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells**

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	306	48	218	84.50%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	393	10	154	40.21%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	689	0	509	73.88%
Other Permanent Housing (OPH) beds	10	0	0	0.00%

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.**

**(limit 1000 characters)**

Rates less than 85% can be attributed in part to certain projects that are either not required to participate in HMIS and/or are not funded by CoC or ESG programs. Included are VASH beds and faith-based beds. Low bed coverage in TH is due to the number of programs that are non McKinney-Vento funded. There was a loss of funding of a PSH project. Also, some beds were changed from one component to another. Agencies are often unable to commit staff, capacity, or financial resources. Plans to increase the bed coverage rates in the next year include 1) meeting with providers who have non-participating HMIS beds to show them the value of participating, including assisting in identifying specific needs, 2) Showing agencies that HMIS will allow them to be better able to track and allocate limited resources and to monitor outcomes and program performance, 3) Providing some funding for staff and equipment to assist with data entry is another strategy that will be employed.

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 4

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 05/04/2017

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

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/26/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 05/04/2017

## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)**

Not applicable.

**2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?** No

**2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?** No

**2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from** Yes

**2016 to 2017?  
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

**2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)**

Our CoC used a combination of Known Locations, Service-based, and HMIS methodologies to conduct the count. HUD guidance was reviewed, and trainings were conducted. Advance notice of the count date was given and staff was trained on data collection requirements and forms. Written instructions were provided, and providers were sent count date reminder notices, and followed-up with to ensure maximum participation on that date. The PIT count was also compared to the counts from other data sources and any inconsistencies were resolved by outreach staff making phone calls or in-person visits to the facilities. The CoC chose these methodologies to ensure that an accurate count would be obtained. An average was taken of the number of individuals of two congregate feeding sites within close proximity of each other to avoid duplication. This particular change impacted the PIT count results significantly: there was a 30% decrease in the number of individuals identified in this count.

**2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes**

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)**

The CoC enlisted the assistance of homeless youth and community youth stakeholders such as the youth outreach team and volunteers from Park Place Outreach (an emergency shelter for youth ages 11-17), Greenbriar Children's Center (an agency with programs that serve runaway and homeless youth and also runs an independent living program for youth ages 18-24), and the Savannah Chatham County Public School System homeless liaison. At least two meetings were held on site at each agency location to plan the PIT process and the methods to be employed to identify known locations of this population. The homeless liaison provided data about the number enrolled in the public school system and their living arrangements. The liaison also provided data that identified living arrangements for these homeless youth including cars, shelters, and motels. The youth outreach team also identified locations where

these youth would congregate.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)**

Monthly meetings, quarterly meetings and consumer surveys are all methods used to engage each of these populations, to gather input about the PIT process and other services and to help identify locations where individuals and families who are chronically homeless might be found on the night of the count. Meetings were held at the Department of Veteran Affairs one month prior and two weeks prior to the count date to solicit volunteers, discuss engagement strategies, and review survey tools. As the CoC works to end veteran homelessness, a by-name master list has been created and is constantly updated, which greatly assists in the identification of veterans experiencing homelessness. On the night of the count, each survey team had at least one homeless individual or homeless service stakeholder on the teams that conducted the count. Individuals from faith-based organizations also assisted in the process.

## **3A. Continuum of Care (CoC) System Performance**

### **Instructions**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.  
(limit 1000 characters)**

(1) Small decreases of 2% and 1% respectively in ES, TH, PH projects are noted. (2,3) Reducing first time homelessness is a priority; an annual gaps analysis that involves mainstream service providers and the community at large identifies any conditions that might lead to homelessness. This includes discharges from jail, the foster care system, DJJ, hospitals and behavioral health facilities. Lead agency staff participates in discharge planning and links clients to resources so that they do not become homeless. United Way and DFCS are collaborative partners, providing emergency assistance and other support services. Risk factors for homelessness are identified and targeted through an eligibility screening process (overcrowding, doubled-up, no housing assistance, and frequent moves); fostering community partnerships, leveraging mainstream and private resources when possible and providing financial assistance are other efforts to reduce this number. (4) CSAH oversees the strategies.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.  
(limit 1000 characters)**

(1) The average length of time persons remained homeless in ES and TH decreased from 384 bed nights to 82 bed nights, a 79% decrease. (2,3) HMIS is used to track lengths of stay. Outreach works with those living on the streets. Workgroups comprised of staff from the local PHA, the school system, and

other service providers meet monthly to brainstorm and address issues that are barriers to housing entry. Changes in process are made based on information gleaned from these meetings. CSAH staff works with landlords to encourage program participation and assist in the leasing process. ESG funds are utilized to rapidly rehouse. Also, the Georgia Housing Voucher Program (GHVP) uses the Housing First approach. Maximizing access to and utilization of mainstream benefits such as SSI and SSDI is another step. Georgia Legal Services helps to obtain IDs and other necessary paperwork such as DD214s, which helps to speed up the process. (4) CSAH oversees this strategy.

**3A-3. Performance Measures: Successful Permanent Housing Placement and Retention**

**Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)**

The CoC utilizes the HMIS system (data analysis) and case management follow-up to monitor and minimize returns to homelessness. Monthly case conferences are held to discuss potential evictions from TH and PSH programs as well as the possibility of the need to re-house clients in a program that might better meet their particular needs. Next steps are determined so that households are prevented from returning to homelessness. Another strategy used to minimize returns to homelessness is case manager contact with the households at the six month exit interval and again at 12 months to ensure that any voluntary exits are to other permanent housing and not homelessness; case managers ensure that households have contact information for staff; they are encouraged to make contact if they encounter issues. The Housing First approach is also a strategy the CoC uses to reduce recidivism. (4) CSAH oversees this strategy.

**3A-4. Performance Measure: Returns to Homelessness.**

**Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)**

(1) Of the exits to permanent housing, 26% returned to homelessness in two years. (2,3) The HMIS system (data analysis) and case management follow-up are used to monitor. Monthly case conferences are held to discuss potential evictions from TH and PSH programs as well as the possibility of the need to re-house clients in a program that might better meet their particular needs. Next steps are determined so that households are prevented from returning to homelessness. Another strategy used to minimize returns to homelessness is case manager contact with the households at the six month exit interval and again at 12 months to ensure that any voluntary exits are to other permanent housing and not homelessness; case managers ensure that households have



contact information for staff; they are encouraged to make contact if they encounter issues. The Housing First approach is also a strategy the CoC uses to reduce recidivism. (4) CSAH is responsible for overseeing this strategy.

**3A-5. Performance Measures: Job and Income Growth**

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits.**

**(limit 1000 characters)**

(1-3) Many strategies are used to try to increase household incomes, from employment and non-employment sources. Case managers link households to mainstream employment opportunities through the Workforce Investment Board and the Georgia Department of Labor. Goodwill Industries and Vocational Rehabilitation are also partners in this effort. The CoC lead agency employs a Life Skills Coordinator that teaches skills necessary to obtain employment. Non-employment income is increased by ensuring that all program participants are screened and enrolled in mainstream resources such as SSI, SSDI, TANF, and Medicaid and VA benefits. The CoC lead agency is co-located with DFCS, which provides access to such mainstream benefits as FS, TANF, and Medicaid. Region 5 employs SOAR trained staff to expedite applications for mainstream benefits; (4) CSAH, responsible for overseeing this strategy, will be sending agency staff for SOAR training in November.

**3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).** No

**3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?**

**(limit 1000 characters)**

NOT APPLICABLE

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.** 05/31/2017

**(mm/dd/yyyy)**

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	145	93	-52

**3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.**

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	93
<b>Total</b>	<b>93</b>

**3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.** Yes

**3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.**

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)**

The CoC is currently working on a strategy to rapidly re-house families within 30 days of the family becoming homeless. The CoC does not at present have RRH funds or units for non-veteran households but works with Changing Homelessness to rapidly rehouse veterans. The CoC lead agency is also developing a Veteran Tiny House project to eventually rapidly re-house 72 veterans. Twelve units will be complete by 2018. The agency is also exploring the possibility of delving into housing development and management as there is a critical shortage of affordable housing in the area. This shortage must be addressed in order to rapidly rehouse families with children with 30 days of becoming homeless. The CoC will also explore the use of reallocation funding to develop units.

**3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	0	0

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)**

CoC service provider agencies accommodate any group of persons presenting for assistance together regardless of the household composition. If a household voluntarily provides information regarding marital status, sexual orientation, or gender identity of one or more of its members, that information is collected but no inquiries about such are made. Appropriate referrals are made based on the household’s needs whether the family is traditional or non-traditional, including referrals made to the local school system when minor

children are included in the household.

**3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.**

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

**3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.**

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

**3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)**

There are not yet any new strategies or funding which has been developed to secure additional funding to increase the availability for housing and services for youth experiencing homelessness. CSAH as the lead agency is working with the school homeless liaison and youth outreach teams and volunteers to gather statistics and information about the population, and discussions are being held with CoC service providers to determine how best to develop a strategy that would specifically target this population, both for housing and services.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been**

**adopted to inform individuals and families who become homeless of their eligibility for educational services.  
 (limit 1000 characters)**

Collaboration occurs with the SCCPS homeless liaison that identifies homeless families and informs them of their eligibility for McKinney-Vento educational services; the liaison fills a required seat on the collaborative applicant’s Board. The liaison participates in monthly community-wide case conferences and presents at least once each school year to ensure that homeless service providers are aware of school district policy. The CoC and liaison work together to ensure that homeless students are not discriminated against. The liaison also presents McKinney-Vento information and requirements to school district personnel. The school board includes a student residency questionnaire in each student registration packet, which is given to each household to facilitate the process of identifying this target population. Included in the packet is a leaflet detailing eligible services under McKinney-Vento. CoC lead agency staff attend and participate in meetings held by the LEA.

**3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers		Yes
Head Start		Yes
Early Head Start		Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	Yes
Birth to 3	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).  
 (limit 1000 characters)**

The Coc hosts a collaborative working group that meets twice a month called The Savannah Vets @ Home Committee. The veteran’s committee is comprised of ten organizations that contribute to a By-Name List of Veterans identified within the community. Coc Street Outreach and PATH Teams make appropriate linkages to the VAMC for eligible primary care medical services. Once eligible, the committee can make direct referrals to the local SSVF

provider to be assessed for Rapid Rehousing Services. The veteran's committee also staffs eligible veterans from the HUD-VASH interests list that walk into the VAMC for services and are also identified through SSVF Outreach efforts. In addition to housing resources offered through HUD-VASH and SSVF, the VAMC can also make referrals to the Ralph Johnson VA Medical Center in Charleston, S.C. for possible Grant and Per Diem options until housing comes available through HUD-VASH.

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** Yes

**3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?** Yes

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?** No

## 4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.**

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	No
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

**4A-1a. Mainstream Benefits**

**CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)**

The CoC lead agency is co-located in the Department of Family and Children Services building and works with DFCS staff to assist the homeless in applying for and receiving mainstream benefits, including Food Stamps and TANF. Agency staff works with Region 5 to assist consumers in applying for SSI, and the PATH team works with Recovery Place (private) and Gateway Behavioral Health in enrolling clients in substance abuse programs. Collaborations with a number of agencies facilitates health insurance enrollment for program participants. Those agencies include the Social Security Administration (Medicaid, Medicare), Curtis V. Cooper Primary Health Center, St. Mary's Health Center, Medbank, and Chatham County Safety Net. The CoC lead agency ensures that program staff have current information by accessing and providing educational materials, in-person and web-based trainings and



workshops. The CoC lead agency, CSAH, is responsible for addressing this performance measure

**4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?**

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	8.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	7.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	87.50%

**4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	8.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	7.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	87.50%

**4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)**

Street Outreach, a mobile component, is designed to engage unsheltered individuals and families experiencing homelessness; it covers 100% of the CoC's geographic area. Primary outreach service hours are 8:00am to 5:00pm five days a week, but hours include early morning and late evening. Agencies make referrals and staff is sent to locations to identify, engage, and develop a trusting relationship with those living in vehicles, homeless camps, and other places not designed for human habitation. They are assisted in finding suitable shelter, including emergency shelter and/or transitional housing. The team spends approximately 90% of its time at feeding or clothing sites, city squares, and street/alley locations. To reach the least likely to request assistance, outreach includes direct outreach and marketing, the use of 211, having access to Spanish speaking interpreters, and ensuring that locations providing homeless services are accessible for those with disabilities.

**4A-5. Affirmative Outreach  
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive**

**services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**

**Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)**

To ensure meaningful access for persons with disabilities, CSAH ensures that people with disabilities are afforded equal access to buildings and services. Reasonable efforts to (1) identify and remove barriers to access, including physical barriers, procedural barriers, and communication barriers; (2) take steps to implement accommodations so that all services, including communication, are as effective for people with disabilities as they are for others and that they are equally available to people with disabilities. Persons with disabilities have been/are accommodated in the following manners: providing a sign language interpreter for a deaf individual, using a service that can interpret for those with limited English proficiency, allowing the presence of a companion animal or support person for someone with an anxiety disorder, removing physical barriers for someone with mobility issues, and for someone who can't read, reading written information orally.

**4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.**

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	0	0	0

**4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).** No