

Before Starting the CoC Application

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

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

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

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-513 - Palm Bay, Melbourne/Brevard County CoC

1A-2. Collaborative Applicant Name: Brevard Homeless Coalition, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Brevard Homeless Coalition, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

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

(limit 2,500 characters)

1) We communicate the invitation process quarterly to solicit new members to the CoC. We have an onboarding process that is streamlined and accessible to those with lived experience, disabilities, and the overall public. The CoC publishes and disseminates widely through the BHC website, personal/professional engagements, public events, social media, and partner agencies, an open invitation at least annually for persons within the county to join as CoC general members. There is an application link on the BHC website to join the CoC. CoC general membership is open to any individual or organization that is interested or has a personal or professional commitment to ending homelessness. We marketed the plan through digital platforms -online registration form, social media, email distribution lists, and enewsletter. The digital platforms directed prospective members to a newly designed website with information on how to get involved. The CoC identifies and addresses membership gaps in essential sectors. We utilized Board members to engage with community partners and spread the word. 2) At each quarterly membership meeting, flyers are provided for those in attendance with information about the upcoming membership meetings. Our digital platforms, digital membership application, and our ADA compliant website allowed us to ensure effective communication with individuals with disabilities. Meetings are held along bus routes in ADA, state of the art compliant facilities. Digital - announce meetings at public settings outside of digital formats (ie/ city council, county commission); provider agency websites and other in-person meetings throughout the year. 3) We invited organizations serving culturally specific communities experiencing homelessness to address equity. We reached out to faith-based centers in more culturally diverse areas to encourage them to talk to parishioners and join our CoC. We connect members with appropriate agencies to fill gaps in services areas. We focused on widening our member base to promote greater community involvement.

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

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

(limit 2,500 characters)

1. The Brevard Homeless Coalition (BHC), the CoC Lead Agency, solicits and considers opinions from a broad collaboration of community partners. Our CoC consists of lived experienced and other individuals, homeless providers, VSPs, faith-based, government, businesses, housing agencies, schools, social & mental health, hospitals, our federally qualified healthcare agency, affordable housing developers, law enforcement, and veteran’s services. From 2022-2023 we underwent the process to update our CoC strategic plan. We held multiple focus groups within the existing CoC structure, including the General Membership and the Advisory Council members. Focus group sessions were held with the BHC’s Board of Directors. These conversations helped to guide further discussions with both member and non-member organizations. In November 2022, we held a health equity forum which provided invaluable information in the development of the strategic plan through the lens of equitable access of our CoC services. 2. Also during 2022-23, Brevard County spearheaded the development of the federal HOME-American Rescue Plan Act (ARP) Allocation Plan, in partnership with other HOME Consortium entities: the City of Cocoa, City of Melbourne, City of Palm Bay, and the City of Titusville. The County engaged the Cloudburst Group as consultants to hold focus groups with County and municipality staff and provider agencies, and to develop the Allocation Plan. We tapped into this robust process as well to gain additional learnings and to ensure consistencies as our respective plans were developed. 3. The BHC and CoC believe strongly that all voices should be heard in order to create a system of care that works for everyone. Both during the creation of the strategic plan and for CoC operations in general, all meetings are held in ADA compliant facilities. We also held Zoom workshops and focus group/learning sessions to ensure expanded participation in these important conversations. Finally, we employ digital surveys to communicate and elicit feedback, and provide technical assistance should a person(s) require help. 4. The BHC takes information into consideration to make improvements to the CoC. Information shared in public forums is discussed at CoC Advisory Council and general members Meetings, and the BHC Board. Together, in collaboration, those ideas encouraged us to improve our system. This process led to the creation of the 2023-26 strategic plan: *Housed & Healthy Brevard*.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. Within the RFP included detailed information, links, and resources about the CoC Program, regulations and trainings, the HUD NOFO resources, e-snaps,FAQ's, and more, to provide comprehensive information to new organizations. The funding opportunity, RFP, and other resources were posted to the Lead Agency's website, social media, and also announced via email and in publicly accessible forums. 2. The RFP also included a clear description of HUD and CoC funding priorities and the local scoring criteria to enable and ensure that new applicants can successfully develop competitive proposals. To encourage new organizations to submit applications, we hosted a Technical Assistance (TA) Workshop that was advertised through the same digital platforms, inviting new applicants to learn about the competition and get instructions on how to apply for the funding. 3. The RFP document that was posted to our website, shared through the announcement, and covered during the TA Workshop went through the application process step by step with links and directions for how to submit project application(s). A designated email address was also set up for new and returning agencies to submit questions, including questions regarding application submission. Each agency who submitted an intent to apply was also assigned a designated point of contact for technical assistance to ensure new and returning agencies had support. 4. The RFP document included the Ranking and Review Committee's process for reviewing, ranking, and scoring each submitted application. Scoring and ranking criteria for projects was also published in the RFP and announcement. The RFP and announcement also included information on the Project Priority Listing, how it is determined using the ranking directive and tier placement process, and the procedures for developing the Project Priority List for the Collaborative Application to ensure the application submitted on behalf of the CoC is as competitive as possible. The RFP document and entire announcement information was communicated through our website, which is ADA compliant, and ensures effective communication with individuals with disabilities, including making information accessible in electronic formats. The TA Workshop had audio transcription enabled, creating a transcription of audio for those who are hearing impaired. The workshop also utilized the chat box for the submission of questions and answers.

1C. Coordination and Engagement

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

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

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

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

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

(limit 2,500 characters)

The CoC's Collaborative Applicant (The Brevard Homeless Coalition, Inc.) is an ESG Recipient as there is no local ESG allocation within our CoC's geographical area. The CoC works closely with the Lead agency and Collaborative Applicant who receives 100% of the State ESG funds. The Lead Agency serves as a passthrough entity of the ESG funding to subrecipients in the CoC. The CoC has responsibility for \$257,000 in ESG funds & was responsible for an additional \$1.6 Million ESG-CV funds (an indication of the Florida Department of Children and Families Office on Homelessness' recognition of the efficacy of the Brevard CoC provider agencies in delivering quality ESG services to the community). 1.The CoC relies on the consultation of the ESG program recipient in planning and allocating ESG and ESG-CV funds. This consultation happens in a variety of ways through committee participation, research, and collaboration. Decisions regarding funding priorities begin with the strategic plan for the COC, followed by the performance evaluation of existing ESG recipients. The balance between Outreach, Shelter, RRH and HP is made through thorough review of the annual Gaps Analysis, System Performance Measures, PIT Count, the CoC Strategic Plan, and community needs. These priorities are communicated to subrecipients at the beginning of the RFP process. The existing ESG recipients were selected through an open RFP process where the CoC identified and communicated community gaps and needs. 2.All agencies are monitored at least annually in person and monthly through performance and CAPER reports. The monitoring is led by the Lead Agency, but results are reported to the Data and Performance Measures committee to evaluate the effectiveness of each ESG program. ESG Program participants and CoC Advisory council members serve on these committees. 3-4. The CoC Lead Agency provided PIT count and HIC data to the Consolidated Plan ("ConPlan") jurisdictions within Brevard County through communication with Housing and Human Services Departments and is an active participant in ConPlan updates with Titusville, Cocoa, Melbourne, Palm Bay and Brevard County. The next ConPlan was created in 2023 with consultation from the CoC Lead agency and Cloudburst. The Lead Agency also worked with the County's HOME-ARP action plan in coordination with the community stakeholders.

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

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

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

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

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

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

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

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

(limit 2,500 characters)

1) The BHC & CoC have multiple MOU's with Brevard County Public Schools (BCPS), the school district that serves our entire county & CoC's geographic area. Through the execution of a HMIS MOU, we work closely with the district's Students-In-Transition (SIT) Liaison on building local Coordinated Entry engagement & collaboration, sharing data across systems with HMIS, increasing BCPS's participation in PIT counts (75 of 114 schools participated in 2023), increasing access to CE & service provisions for those in need, conducting training on informing homeless individual & families of their eligibility for educational (ED) services, & ensuring that those homeless individuals/families active in the CoC's HMIS, but not registered with the school district as SIT, receive information on their eligibility for ED services. The SIT Liaison holds meetings once per month to connect homeless & educational service providers for development and dissemination of information that advances shared understanding of common program goals and commitments, to share info on mainstream and other resources & services. Through another formalized agreement with the district, the CoC & BCPS partnered together to implement an Emergency Shelter program for homeless children/youth & their families (if applicable) in the school system, funded by the American Rescue Plan-Homeless Children & Youth Project. The SIT Liaison makes referrals of eligible participants to the BHC through HMIS & then the BHC makes the referral to a service provider. The BCPS Director of Student Support Services holds a seat on the CoC Advisory Council. Our increasing formalization of our relationship with BCPS will help us continue to develop the best-practice interventions & service provisions for this population to quickly obtain & remain in permanent housing through the system of care. 2) Outlined in an MOU between BCPS & the CoC, are the written policies & procedures for informing individuals/families who become homeless of their eligibility for ED services. ED services are not limited to those in BCPS/K-12. 3) The CoC also has an MOU with the Early Learning Coalition (ELC) for child care supports & services, funded by the Child Care & Development Fund, for those ages 0-5. The ELC has a homeless preference for those experiencing homelessness & referred by an agency named on the MOU. The BHC provides training to providers annually on informing families of their eligibility for ED services & on making ELC referrals.

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

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

(limit 2,500 characters)

Outlined in an MOU between BCPS and the CoC, are the written policies and procedures adopted to inform individuals/families who become homeless of their eligibility for educational services. Providers receive training on the policy and procedures annually. Should one of the CoC's member agencies identify an individual and/or family who has become homeless, procedures include that the agency must provide information regarding eligibility for services, the educational services offered to those eligible (ability to enroll immediately in school even if lacking the documents normally required for enrollment, enroll in school and attend classes while the school gathers needed documents, choice to enroll in the local school or school of origin, receive transportation assistance, and receive educational services comparable to those provided to other students, according to the students needs, etc.), and how to enroll and receive services. Enrollment is completed with the SIT Liaison. BCPS has provided handbooks and brochures for this purpose. Also, the CoC Lead Agency/CA places an annual order with the National Center for Homeless Education for informational materials that get distributed to member agencies for display in their offices and use as handouts. Agency case managers review the materials with the individual and/or family and assist in making the referral to the BCPS SIT Liaison. Should the individual/family first be identified by BCPS and/or the SIT Liaison, they inform the individual/family of their eligibility for services, enroll the student as a SIT if appropriate, and then refer to the CoC for CE, shelter, housing, and/or other support services (if and where appropriate) through HMIS. The SIT Liaison holds meetings once per month with the CoC, member agencies, and other stakeholders to discuss and advance student identification and the provision of services, share information on resources, discuss policies and procedures and make any recommendation for changes, and more. The MOU also includes information pertaining to local technical schools and universities that offer programs and assistance for those experiencing homelessness. The CoC has yet to enter into any formal agreements with the local technical schools and/or universities, however, an informal partnership exists with staff at the largest community college in the CoC's geographic area to refer those experiencing homelessness so that they can be informed about the programs/services available.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	Yes	Yes
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	Yes
7.	Healthy Start	No	Yes

8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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

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

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

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

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

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

(limit 2,500 characters)

1.The CoC regularly collaborates with the Victim Service Providers (VSPs) that provide housing and services to victims/survivors in the covered geographic area, such as Serene Harbor & the South Brevard Women's Center. Through their participation in the CoC, these organizations were involved in the development of the CoC's 2023-2026 Strategic Plan, as well in ongoing review & updates to CoC policies. During CoC Membership Meetings, and strategic planning sessions, attendees were split up into work groups to identify community priorities. Both VSP's were in attendance and included in the Domestic Violence Workgroup, along with other organizations that serve survivors. Within the workgroup, stakeholders discussed current challenges or barriers to service provisions, current gaps in service, the needs of survivors, funding priorities, and more. After the workgroups concluded, recommendations were made to the CoC's governing board, the CoC Advisory Council, for adoption and approval into the CoC's new strategic plan. Collaboration is also held with the local VSPs during the annual evaluation of the Coordinated Entry System while assessing its effectiveness for serving survivors. Feedback is solicited and implemented into policy as appropriate and recommended. CoC policies are reviewed by the Lived Experience Committee, comprised of those with lived experience of homelessness and being a victim, which then provides their recommendations to the Council. CoC-wide policies are created/reviewed at least annually, including policies addressing the needs of survivors and the VAWA.

2.The CoC ensures all housing and services provided in the CoC are trauma informed and can meet the needs of survivors through provider compliance review and training on trauma-informed and victim-centered practices. Trainings are also coordinated for the CoC's providers and CE staff pertaining to conflict de-escalation, avoiding revictimization, education on the effects of trauma, safety planning, privacy, security, and confidentiality. During annual compliance review, the CoC monitors that contracted providers have adopted trauma informed policies, procedures, and practices for assessing victims/survivors, are ensuring housing and services are individualized to fit their needs, and have best practice safety planning processes in place for survivors. New compliance protocols are in the process of being developed and adopted to comply with the 2023 VAWA changes.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. NOFO Section V.B.1.e.	
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1.The CoC and VSP's coordinate trainings to provide sub recipients with annual training and ongoing technical assistance that addresses best practices on safety and planning protocols in serving survivors. The CoC provides additional training when changes to federal policies and regulations are made, such as the the new 2023 VAWA changes. Services are provided to survivors by well trained, certified, direct service volunteers and paid direct services staff who have received their required core competencies trainings. The Lived Experience Committee provides recommendations for training topics, best practices, etc. Staff and direct-service volunteers receive group training during staff meetings. All direct-service staff and direct-service volunteers receive Trauma-Informed Conflict De-escalation Training provided by the Florida Domestic Violence Collaborative (FLDVC) during their onboarding training curriculum as well as annually as part of continued education training. Additionally, conflict resolution and de-escalation tactics training are revisited and offered on an as-needed basis. Furthermore, staff and direct service volunteers receive virtual training from various sources such as NNEDV, DomesticShelters.org, DCF, FLDVC, Safe & Together Institute, and other reputable sources.

2.The Coordinated Entry System policies and procedures identifies the frequency and training requirements for all CE staff. Staff onboarding and annual training includes trauma informed care, mental health first aid, confidentiality, privacy & security, safety planning, and how to conduct a trauma-informed assessment using a victim-centered approach. The CoC monitors compliance with training and best practices through the Contract Oversight Unit (COU) and Coordinated Entry Committee. The COU conducts monitoring of compliance with training and best practices annually and reports findings to the Coordinated Entry Committee. The Committee meets monthly to review performance outcomes, policies and procedures, CE training compliance, and more.

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

(limit 2,500 characters)

1. The CoC's CES prioritizes the safety of those accessing the system, as well as CE staff, VSP's, & Non-DV AP's (AP's). Training is provided to CES staff & non-DV AP's in safety planning, trauma-informed care, victim centered approaches, & confidentiality/privacy. The CES includes State Certified VSP's who receive CoC, ESG, & State funds for ES, SH, TH, & PH. CE Staff & non-DV AP's offer services like safety planning, relocation assistance, legal services, & mental health first aid, in addition to VSPs. Access to & assessment for CE is available to survivors via phone, outreach, the 24/7 texting hotline, site-based locations, & via mobile. In-person assessments are conducted in secure, safe, & private places to allow disclosure of sensitive information &/or safety concerns. All CoC programs must allow victims to request emergency transfers, which are prioritized by the CoC & offered regardless of sex/gender identity or sexual orientation. HUD forms 5380, 5382, & 5383 are provided & explained to survivors at intake. Landlord participation agreements incorporate VAWA & confidentiality rules, as exhibited through VAWA addendums to client leases. Survivors are offered relocation assistance to other counties/states upon request. Survivors can choose to go directly into PH & choose where they want to live using TRA. New/revised VAWA regulations are reviewed with stakeholders to ensure the CoC & CES are including safety & confidentiality protocols that are considered best practice.

2. CE assessors are trained to provide appropriate disclosures to center participant autonomy. CE staff adhere to confidentiality protocols outlined in the CoC's policies, written standards, & VAWA Policies & Procedures. This includes notifying survivors about their rights to confidentiality under VAWA & the obligation to keep confidential any info received from victims unless the disclosure is requested/consented to by the survivor in writing. VSPs use comparable databases such as OSNIUM to protect survivor confidentiality & share de-identified data through their systems via CAPER & other reports. The CoC's HMIS vendor provides a secure platform protecting client confidentiality for survivors that is restricted from other system users - aside from the HMIS Admin - but to add increased privacy, clients in HMIS participating programs may choose to enter their information anonymously. Anonymous clients are assigned a HMIS ID & their name, SSN, DOB, & other PII are not entered.

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

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

(limit 2,500 characters)

1.Data on survivors was entered into comparable databases, such as OSNIUM, by the CoC's VSP's. OSNIUM is a data management system used by all state certified DV centers that aligns with HMIS standards and provides de-identified aggregated data, so no Personally Identifiable Information (PII) is included. Comparable database data was used for assessment & collection of homeless participant demographic data, data quality, APR's & CAPER's, PIT/HIC & gaps analysis data, & the LSA & System Performance Measurements (SPMs). The CoC's SPM Committee reviewed performance data on survivors to assess the # of victims seeking services, service efficacy, safety perception, positive exits to & retention in PH, referrals to mainstream CoC services, # of victims relocated, etc. As an added layer of security, VSP's entered participant data using a unique identification number & no PII. De-identified aggregate data was extrapolated to demonstrate outcomes in local, state, & federal reports.

2.An annual analysis of community needs was performed, inclusive of the de-identified aggregate HMIS data & comparable data extrapolated from OSNIUM. The data analysis was used to assess trends, characteristics, & service needs of individuals & households experiencing homelessness due to domestic/dating violence, sexual assault, & stalking. This included an analysis of demographics, household composition, disability status, previous homelessness, & vulnerabilities that informed community planning & resource prioritization related to survivor services, shelter, & housing options. The assessment of gaps & needs of this population led to the CoC onboarding 1 new VSP who received an award through ESG for ES & RRH, as well as to the award of 1 new TH-RRH project & 1 RRH project funded through the CoC Program (DV Bonus). Recipients demonstrated program efficacy in their proposals through sharing statistical de-identified performance data. The CE Committee utilized de-identified aggregate data on survivors during the system evaluation process to inform assessment & prioritization by identifying areas where best practices/service modalities could be adjusted to better meet the specialized needs of victims/survivors. This resulted in further streamlining the VSP's, CE, & housing/service providers work together in connecting survivors with safe, affordable housing & service provisions.

** **

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

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

Our CoC's Violence Against Women Act (VAWA) Policies and Procedures (P&P), which includes the Emergency Transfer Plan P&P, are communicated to all participants seeking or receiving CoC Program assistance, regardless of known or reported survivor status. CoC funded programs must provide written notification to applicants, participants, and property owners/managers, concerning the rights and obligations created under VAWA relating to its protections, limitations, considerations, confidentiality, evidence required, denial of assistance, termination of tenancy or assistance, and emergency transfers. All CoC funded programs must provide applicants and participants with HUD Form 5380, Notice of Occupancy Rights under the VAWA, explaining the VAWA protections, rights, and limitations, HUD Form 5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, Stalking or Alternate Documentation form, and HUD Form 5381, Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking. These HUD forms must be provided to each person seeking or receiving CoC housing assistance each time the person is 1) denied Permanent Housing or Transitional Housing, 2) admitted to the PH or TH program, 3) the participant receives notification of eviction, 4) the participant is notified of termination of program assistance, and 5) at each annual recertification or lease renewal. The Emergency Transfer Plan P&P are also provided when a person seeking or receiving CoC housing assistance requests it. The process for participants to request an emergency transfer is communicated to them through the CoC's VAWA P&P, in HUD Form 5381, Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking. HUD Form 5381 provides education on emergency transfers under VAWA, eligibility for emergency transfers, how to request an emergency transfer and what documentation is required, confidentiality, transfer timing and availability, and information regarding the safety and security of tenants. This form instructs those needing to request an emergency transfer to either complete and submit HUD Form 5383, Emergency Transfer Request, or a written request containing the required elements specified in HUD Form 5381, to the participants housing provider. The process the CoC uses to respond to requests is also communicated to them through the CoC's VAWA P&P and the Emergency Transfer Plan for Victims of Domestic Violence.

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

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

(limit 2,500 characters)

1. Survivors have access to all the housing & services available within the CoC, including those provided to all others experiencing homelessness. The CES currently operates under a "No Wrong Door" approach & agency Access Points have 1+ staff member trained to complete CE intake assessments, which include screening & safety measures for DV. The CoC's wide net of providers spans across the entire county & CoC's geographic area, promoting accessibility. Regardless of whether a victim calls the 24/7 DV helpline, presents to a VSP, or presents to a non-VSP & is assessed for CE, there are no barriers to intake as it relates to the provider's VSP/non-VSP status. Non-VSPs enter intake info & assessment data into the CES in HMIS using fictitious names, DOB's, SSN's, etc., as do VSP providers. Available resources in the community & safety measures are discussed, referrals to supportive services are made, & survivors are offered ES/TH/RRH. They have access to the CoC's designated housing resources for survivors as well as a broad range of housing choice options through the broader CoC network. Survivors are able to access all of the resources & supports provided through the CES & are also connected with specialized services as needed to address their DV-related needs. Survivors may deny shelter but engage in supportive services. Relocation assistance to another county or state is also offered. When shelter is not available, hotel vouchers are used. For VSPs that don't yet operate in HMIS, de-identified CE assessments are submitted to the CoC's CE Specialist outside of HMIS to rank survivors using the CoC's prioritization strategy, which includes special prioritization for survivors. The CES process supports connections to housing & services based on eligibility, need, & client/survivor acceptance of these connections. Those fleeing receive information on DV resources and on non-DV providers. Assessed & prioritized households are matched with providers as vacancies are reported to the CES.

2. The CoC proactively identifies gaps in the CES that create barriers for survivors through the CoC's gaps & needs analysis, CES Committee & annual CES evaluation, the Lived Experience Committee & listening sessions, Data & Performance Measures Committee, Membership Meetings, & program monitoring. Data/feedback is utilized in order to improve processes through amending policies, providing training, & determining/shifting priorities before barriers present & become systemic.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1. CoC VSPs and subrecipients often recruit clients that came from the CES and completed their programs in order to have them participate in the development of programs and/or policies, as appropriate and agreed upon by the survivor, as well as in making amendments when changes are warranted. They train people with lived experience of Domestic Violence on best practices, concepts, purpose, etc. so they may participate on Board's, in Committees such as the Lived Experience Committee, and possibly pursue work in the DV arena should they express that interest. A number of the CoC's VSPs and subrecipients have BOD members and/or staff who have a range of lived experience within homelessness and/or DV. This adds valued insight and input into both program/policy design and evaluation. Listening sessions with clients in VSP ES/SH, TH, and PH programs allow the collection of feedback from persons served. One VSP developed a "Hide Screen" feature for victims/survivors on their website to click on if they are not in a safe environment and are trying to access services but their abuser comes into close proximity to them, they can press the button to immediately hide the page. Once it is safe, you can return to the page by clicking the back arrow. This feature came as a result of feedback received from survivors with lived expertise. Survivors serve on the Lived Experience Committee to contribute to the CoC's policies, programs, practices, and priorities. The CoC recruits from providers and conducts training with new committee members. The Lived Experience Committee reviews CoC policy changes, including any new amendments to the VAWA policy, prior to review and adoption by the CoC Advisory Council. 2. Policies of the LEC ensure meeting communications are safe & confidential. Members are asked their names, how they wish to be addressed, their pronouns, and language preferences during introductions and onboarding. Persons are addressed based on their identified preferences and operators speak in their preferred language or translation services are requested. Persons are offered to talk via phone call, text, or in-person. Certain VSPs have communication methods set up through their social media pages. Survivors, and all other potential program participants within the CoC, must consent in writing for any disclosure of their status & info to the CoC, although fictitious names and PII are used for survivors in the HMIS.

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

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

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

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

(limit 2,500 characters)

Anti-discrimination policies are aligned with the Equal Access Final Rule & Gender Identity Final Rule & are included in the CoC's written standards & policies & procedures. All of these policies are reviewed & updated annually by governance bodies & working groups that engage stakeholders to receive feedback. Reviewers/Stakeholders include representation from LGBTQ+ led organizations & advocates, persons with lived experience, housing/service/legal providers, etc. Meetings are open to the public. Recommendations go before the CoC governing board (CoC Advisory Council) for adoption. In partnership with the Florida Housing Coalition, a training was provided this year to providers regarding reducing barriers to intake, trauma-informed best practices, anti-discriminatory practices, meeting the needs of LGBTQ+ individuals & families, to assist providers in developing/refining their project-level antidiscrimination & other policies to be consistent with those of the CoC in ensuring that LGBTQ+ individuals & families receive supportive services, shelter, & housing free from discrimination. These activities are conducted through a lens of equity, inclusion, & lived experience to ensure policies & procedures were developed with full & direct participation of those that would be the most affected by them. Providers are required to grant equal access to their services, housing, facilities, benefits, & accommodations to individuals in accordance with their gender identity & in a manner that affords equal access to the individual's household. During provider monitoring, occurring annually on site as well as remotely on a quarterly basis, their fair housing & non-discrimination policies & practices are reviewed, filed complaints/grievances, and spot calls to program participants are made. CoC & ESG Program-funded projects that do not adhere to program requirements, such as anti-discrimination policies, are provided with a monitoring compliance notification letter that lists the findings, areas of concern, & means for taking corrective action. Until all findings/concerns are addressed, payments for reimbursements are withheld, with further implications if not remedied. Discriminatory issues can impact scoring negatively in competitions. Most grievance complaints are handled at the sub-recipient level. In all circumstances of discrimination, the CoC ensures clients can transfer to another program of the same level of care to prevent returns to homelessness.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of Brevard County	82%	No	No
Housing Authority of the City of Cocoa	100%	Yes-HCV	Yes

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

Describe in the field below:

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

(limit 2,500 characters)

The CoC, and CoC's Lead Agency, the Brevard Homeless Coalition (BHC), has formal and working relationships with the three largest PHA's in the county, the Housing Authority of Brevard County (HABC), the Housing Authority of the City of Titusville (THA), and the Housing Authority of the City of Cocoa (HACC). The CoC has worked with the two largest PHA's within the geographic area, HABC and HACC, to adopt homeless admission preferences. The CoC is taking steps with the City of Titusville PHA to work towards the adoption of a homeless/moving on preference. The Lead Agency partnered with them to distribute EHV's in the community. Within HACC's Housing Choice Voucher (HCV) program, homeless preferences such as preference for homeless veterans and families were established, as well as moving on preferences for current PSH and RRH clients. Through partnership with the CoC, HABC has dedicated "moving on vouchers" to the CoC under their moving on preference and has offered "chronically homeless vouchers" under their general homeless preference. All voucher vacancies are reported to and receive referrals from the CES.

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

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

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

	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

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

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	N/A

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
Not Scored—For Information Only		

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

PHA
Housing Authority...
Titusville Housin...

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

Name of PHA: Housing Authority of Brevard

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

Name of PHA: Titusville Housing Authority

1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

1. Every applicant/recipient, who checks Housing First on their project application, is evaluated to determine if they are actually using a Housing First approach. Our CoC has incorporated a Housing First-Low Barrier Questionnaire that applicants/recipients are required to complete when applying for CoC program funding. The applicant/recipient completes the questionnaire which is then assessed for truth and accuracy through the use of the CoC's Housing First Assessment Tool, HMIS data, CE data, and client-report. 2. Factors and performance indicators the CoC uses during evaluation include whether the project requires a background screening prior to project entry, prohibits persons with certain criminal convictions from entry, requires participants to be clean and sober prior to entry and/or during project stay, requires alcohol/drug tests and those who have a positive drug screen to participate in substance abuse treatment to resume project services, requires a mental health evaluation prior to entry, requires those with mental health symptoms to participate in mental health services and/or medication compliance, requires participants to have income at entry or obtain income as a condition of remaining in the project, requires participation in supportive services, avoids exits to homelessness, excludes or refuses project entry based on race, color, religion, national origin, disability, sex, sexual orientation, and gender identity/expression, excludes participants with victimization in their history, and more. 3. Projects are formally evaluated outside of the competition on an annual basis and informally evaluated on an ongoing basis. Every year during the CoC Lead Agency's on-site grant monitoring with housing and service providers, the Housing First-Low Barrier Questionnaire is completed on each CoC and ESG-funded project to assess the utilization of Housing First. We also utilize the APR report from HMIS to cross check data such as demographics and subpopulations the agency serves. In addition to the utilization of these tools, random spot calls are made to program applicants/participants to conduct verbal interviews to assess whether the applicant/participant experienced a Housing First approach when applying for or receiving services. In addition, provider and client file records are also reviewed during monitoring to aid in determining whether the project has been operating under a Housing First approach or if there were violations.

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

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

(limit 2,500 characters)

1. In our 22-26 Strategic Plan: Housed & Healthy Brevard, our CoC's has committed to diversified outreach efforts. First, traditional street outreach efforts are coordinated through a committee of homeless service providers & other stakeholders. The Committee ensures that the work of drop-in centers, street outreach workers, & our 211 call in center, are coordinated. Referrals from law enforcement & cities are received through partnerships with these agencies, including a mobile police coresponder program with licensed mental health therapists. The Committee conducts organized outreach each week, rotating various segments of the county, for 100% coverage. We engaged with a social media outreach group to connect with those who we cannot locate on the streets. 2. While the Committee does not cover the entire CoC's geographic area weekly during its organized outreach, segments of the county/geographic area are rotated weekly to ensure 100% of the CoC's geographic area is covered. In addition, we have 6 funded agencies who conduct their own localized outreach in the areas of the county they serve. This ensures that outreach is being performed in all areas of the county on a regular basis. 3. Our CoC provides outreach weekly in a coordinated effort & is available daily for emergency needs & assessments. The 211 call center makes referrals to street outreach workers so that contact can be made with the client through outreach & engagement efforts to verify homelessness & conduct assessments. 4. We do not rely merely on intake centers & phone-in efforts, which benefit mostly self-advocates, outreach efforts target areas where homeless persons can be found but who do not typically self-advocate. We engage people with lived experience to seek solutions on how to connect with individuals who wouldn't present themselves traditionally to our outreach workers. We are working on building relationships with individuals who can help us gain trust of those communities so we can best assist them & meet them where they are. Cultural barriers exist among undocumented individuals, Latino & Black communities & many do not present due to cultural factors. The number of families not requesting assistance is partly due to misinformation about child welfare. With the coordination of the Students in Transition committee, we are hoping to provide education & build relationships that will help us connect with these families & get them connected to the right housing resources.

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

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

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	920	342

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1. The CoC provides up-to-date information on mainstream resources available for program participants on a weekly, monthly, yearly, and as needed basis. This information is provided on a weekly basis through the CoC's weekly Coordinated Entry Match Meetings, on a monthly basis through resource lists that include both mainstream benefit resources and other resources that are distributed via email, on a yearly basis through the CoC led Mainstream Resources training, and on an as-needed basis when eligibility and/or programmatic changes to mainstream benefits occur. When these changes are made by the benefit provider (i.e., the State), the CoC distributes all information pertaining to these changes to housing and service providers via email. 2. In efforts to streamline and increase healthcare service provision among program participants, the CoC has entered into agreements/MOUs with healthcare organizations, including substance abuse and mental health treatment providers. These partnerships, as well as the procedures for project staff to enroll participants in the healthcare provider's services, are communicated to housing and service providers through a number of means such as training and by providing copies of MOUs. The CoC trains and works with project staff to provide education on substance abuse and mental health supportive services, eligibility, and on conducting referrals to the healthcare service providers. In addition, the CoC Advisory Council holds seats for Hospitals, Federal Qualified Health Plan, Behavioral Health, and Substance Abuse Organizations to ensure that access & barriers can be addressed at the highest leadership levels in the community. 3. The CoC requires that organizations receiving CoC program funding must have at least one staff member, paid with program funds, who is SOAR trained and certified or will be within 120 days of grant agreement execution. The CoC has partnered with another organization to host and provide a biweekly "SOAR Co-Hort" meeting that provides a space for trainees to ask questions, discuss the various training modules and progress, and to create a means of community, camaraderie, and support amongst trainees. The CoC also sends SOAR training and certification resources from SAMHSA to housing and service providers via email for promotion and updates.

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

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

(limit 2,500 characters)

Non-congregate sheltering became an integral part of our CoC's & community's response to the COVID-19 pandemic & in preventing the spread of & protecting the highly vulnerable from, infectious diseases. Through the provision of CARES Act funding, our CoC received an influx of ESG-CV funds that enabled a vast increase in overall CoC funding & unit capacity for providing noncongregate shelter. Since then, the CoC has continued to prioritize the need for increased capacity in non-congregate sheltering through procurement efforts for additional funding, service providers, new units/beds, & other stakeholders, despite the CARES Act funding ending. During the CoC's most recent ESG competition, three new non-congregate shelter providers were enrolled as CoC members & were awarded funding. The Ranking & Review Committee decided to partially fund all eligible shelter project applicants to be able to continue the increase in our community's noncongregate shelter capacity & overall capacity in addressing unsheltered homelessness. This included an organization, The Source, that provided the very first mobile bus shelter in the entire country, providing 20 secure & individual sleep pods with lockable doors. This model, piloted by The Source, is currently being replicated across the country given its efficacy. Returning providers, who had never previously engaged in the provision of non-congregate shelter services, were also funded. The Ranking & Review Committee decided to partially fund all eligible shelter project applicants to be able to continue the increase in our community's noncongregate shelter capacity & overall capacity in addressing unsheltered homelessness. Non-congregate shelter is offered as an alternative to other shelter options when appropriate & when funding is available. In addition, the CoC has partnered with a number of other stakeholders to scale non-congregate shelter. A formal partnership was formed with the school district & Student-In-Transition Liasion to provide non-congregate shelter to unaccompanied homeless students & students accompanied by family through a Homeless Children & Youth Project, authorized by the American Rescue Plan. The increase in non-congregate shelter capacity in our CoC serves as an alternative to other shelter options, creating a reduction in the reliance & strain on the congregate shelter providers in the community. It also prevents the spread of infectious diseases & protects highly vulnerable individuals.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The CoC partners and collaborates with local and state public health agencies to leverage their expertise in order to strengthen the CoC's preparedness and ability to respond to infectious disease outbreaks. During the COVID outbreak, the CoC collaborated with state and local public health agencies, health systems, public and nonprofit providers, faith-based and volunteer service organizations, community advocates and persons with lived experience to develop best practices for addressing the urgent needs of individuals experiencing homelessness. The Lead Agency engaged in multidisciplinary work to perform planning, coordination, and communication efforts that led to prevention practices and CoC-wide policies for areas such as testing & vaccine distribution, wellness checks, isolation & quarantine, cleaning & disinfection, PPE, data collection, priority for referral, etc. PPE supplies and sanitation items were deployed. Encampment safety protocols were developed which coordinated services like outreach and regular health safety risk assessments to support those living unsheltered while reducing the risk of outbreaks.

2. The Florida Dept of Health (FDOH) provides ongoing vaccinations & education for COVID, Flu, Monkeypox, Hepatitis A, etc. and presents at CoC membership meetings to spread the word. The CoC also partners with the local hospitals and the County's only Federally Qualified Health Center (FQHC), the Brevard Health Alliance (BHA), for which their CEO holds a seat on the CoC's governing board, to provide various outreach services. The BHA has since embedded clinics into new affordable developments to prevent disease and promote overall health & wellness. The CoC collaborated with the County government to obtain de-foggers for disinfecting emergency shelters and other shared living facilities. The Lead Agency communicates with these partners regularly regarding infectious disease response and prevention, and is registered to receive prevention supplies from these partners, in addition to the de-foggers, for which the Lead Agency receives regularly and dispenses to member organizations & service providers.

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

(limit 2,500 characters)

1.The CoC Membership meetings serve as the central place for sharing information on the collaboration between the public Health agencies and Infectious Diseases. The Brevard County Health Department uses this space as a way to disseminate critical public health information. As a result of a Needs analysis conducted by the Space Coast Health Foundation, a Health Equity Work Group was developed to create a stronger collaborative network in the community. 2.In order to ensure providers are equipped to prevent or limit infectious disease outbreaks among program participants, the CoC registered and/or entered partnerships with various public health agencies to facilitate communications between the health agencies and homeless service providers. The CoC receives alerts/updates, recommendations, and/or need requests from entities such as the Brevard County Health Department, the Florida Department of Health, the Agency for Health Care Administration, and the Center for Disease Control, for which the CoC then distributes to the appropriate providers. A critical component to the prevention of infectious disease is to ensure that housing and shelter providers had the necessary supplies in stock to maintain a disease-free environment. The CoC's leadership works with housing and shelter providers, and public health agencies, to organize bulk supply orders and gain access to certain supplies. When COVID-19 struck, the health department and the Brevard County Housing and Human Services Department worked closely with the CoC and Lead Agency in ensuring that persons experiencing homelessness were provided care when exposed to COVID. Through funding from Brevard County Government, the BHC was able to coordinate distribution of disinfecting defogger machines to six CoC member provider agencies ranging from family shelter providers to faith-based organizations that provide shelter from cold nights to our unsheltered residents. The defogger machines will be used to disinfect classrooms, family rooms, a playroom, an outreach center, and two cold night shelter spaces. Each defogger can be used multiple times to keep spaces clean and safe. The defogger machine vendor provided a hands-on demonstration to ensure proper use of the equipment.

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

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

(limit 2,500 characters)

1. The Brevard Homeless Coalition (CoC Lead Agency) employs a fulltime Outreach and Coordinated Entry Specialist to ensure quality performance and data measures, including oversight of outreach efforts countywide. Access to CE begins with engagement at Access Points countywide - physical access points (shelters, providers), outreach workers (mobile access points), or via 211 Brevard. The CE system covers 100% of the entire CoC geographical region. This coverage has been solidified over the last year by strategic implementation of Community Street Outreach Teams who cover all parts of the county on a weekly basis. 2. Our CoC's CE uses a standardized assessment process to gather information on people's needs, preferences, and the barriers they face to regaining housing. This means that all access points use the same assessment process and tools. The stages within the assessment process include initial triage, diversion, intake, assessment, prioritization, and determining eligibility. The CoC's designated assessment tool is the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). In addition, we created a rubric that is used as a local assessment tool specific to the Brevard community. This tool is evaluated and updated annually with influence from those with lived experience to give direct feedback on the effectiveness of the tool. These opinions are received and incorporated in the evaluation of the rubrics. 3. Through input from the Lived Experience Committee, it was discovered that there is a need to reassess the rubric due to a perceived ineffectiveness in ensuring those who are prioritized are actually ready to be housed. With the new grant year, the Lead Agency is using the Coordinated Entry Assessment Team (including those with lived experience) to reevaluate and look at the prioritization for our community. The Assessment is looking at all aspects of the coordinated Entry process to evaluate for its effectiveness and for racial and gender equity. With the addition of representation from the City of Melbourne Mobile Crisis Co-Responder Team (MRT) Peer Support Specialist, a lifelong resident of Brevard County, we will be able to lead these conversations in deep and meaningful ways with those who have first hand experience with our existing system. The assessment will wrap up at the end of 2023 with implementation of the committee's recommendations to begin in 2024.

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

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

(limit 2,500 characters)

1.The CoC uses the “No Wrong Door” approach as the CES access model and puts a special focus on people least likely to apply for homeless assistance. As part of our special outreach efforts, we have partners in the faith community as well as advocates who are trained in assisting these households by completing assessments using trauma-informed and culturally responsive strategies, in addition to the regular outreach efforts by the CoC's Street Outreach Committee. The Committee contains representation from a number of homeless housing and service providers, each specializing in serving various populations. In addition, more than 16 agencies are trained to conduct CE assessments, including culturally specific organizations, victim service providers, faithbased organizations, hospitals, and schools, which often work with people unlikely to seek homeless assistance on their own. We also connect with a social media based group who is present in the digital space, a space where people may be more likely to come forward with needs instead of physical presence. 2.Within the CES, those prioritized with the highest acuity are referred for permanent housing interventions. The prioritization factors for CE include their assessment score, disability status & health vulnerability, shelter status, age, income, LOT homeless, and identification within a special population. 3.Recognizing the complexity of a client-centered and trauma-informed approach, the CoC has identified Access Points that do not have a bias toward placing certain participants in certain types of programs/housing. This is helpful in ensuring that the participant is given choices of programs they feel are appropriate for their own needs. The CoC's CE/by-name list tracks days between CE intake & referral allowing CE staff and providers to focus case staffing on vulnerable people who are not quickly receiving a referral or moving in to housing. 4. Over the past couple of years, Access Points have been expanded to hospitals, schools, youth services providers, the PCWA, churches, feeding centers, the 24/7 toll-free hotline, a large social media networking group - Mutual Aid Network of Brevard - who serve those who present virtually to the group for services, and expanded to a much greater Street Outreach presence. Regular training is provided to ensure SO & Access Points are implementing best practices, identify training needs & preventing incorrect messaging or messaging that is not trauma-informed.

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

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

(limit 2,500 characters)

1. The CoC affirmatively markets housing & services to ensure housing and service resources, programs, events, meetings, and other opportunities reach all persons experiencing homelessness. The CoC's marketing efforts include posts to social media, the web, through the 24-hr service hotline, and posted in the community near highly trafficked places such as transit centers, libraries, and parks. The CoC's SO teams rotate through the different regions of the county/geographic area on a monthly basis, sometimes a weekly basis, to market housing/services to those who are unsheltered and have yet to access services. We collaborate with others in the community (libraries, airports, police, municipalities, schools, churches, etc.) to ensure we reach all persons experiencing homelessness that encounter our partners and other groups. Our CoC refers persons to services and PH options based on their prioritization ranking on the CE list, regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability. We market housing, services, and providers on our website and social media platforms. Case managers (CM's) and CE staff review cases on a weekly conference call from the CE/by-name list and CM's then advise their clients of options available to them based on eligibility. 2. Grievance Procedures are shared with & explained to new program participants during intake at all CoC projects. Our Contract Oversight Unit (COU) reviews the CoC's grievance process, as well as the grievance and fair housing policies and practices established by providers, as part of annual monitoring and compliance review. 3. Reports of fair housing issues are made to the property authorities, advocates, legal services, including the jurisdiction responsible for certifying consistency with the Consolidated Plan, the Brevard County government. The County's Fair Housing Program offers education and information around housing discrimination, and also assists persons who believe their rights have been violated in filing a complaint. The County ensures the complaint is filed with the appropriate enforcement agencies. The County works closely with the CoC to report any conditions or actions that impede fair housing choice for program participants and prospective participants.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/01/2022

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

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

(limit 2,500 characters)

1. The CoC conducts a racial equity analysis at least once per year to determine if any disparities are present in the provision or outcomes of homeless assistance. The CoC has adopted and implemented the CoC Racial Equity Analysis Tool, the Longitudinal System Analysis (LSA), the HMIS, and Stella P for this purpose. These tools aid in understanding the race and ethnicity demographics of who is served and how effectively our CoC is at serving them. Through the utilization of the analysis tool, the CoC compares racial distributions between persons experiencing homelessness and the general population to identify if certain racial groups experience homelessness disproportionately. Through the comparison of the demographics of people experiencing homelessness to people experiencing poverty, the CoC is able to identify racial disparities in homelessness that poverty alone cannot account for. Demographic differences between people who experience sheltered and unsheltered homelessness are also identified through this tool. Through the use of the LSA and Stella P, the CoC assesses how the system is serving households that belong to different race and ethnicity groups, in different project types, through performance measures data such as the length of time people spent homeless, the amount of successful exits from homelessness to permanent housing, and the degree to which households that have exited the homeless system return. Once the CoC has reviewed the quantitative data from the tools and analysis, the CoC seeks input from people with lived experience, the CoC Lived Experience Committee, and people representing the underserved population groups to understand how disparities are being experienced and design strategies to improve equitable access, service provisions, and outcomes. 2. In the CoC's last analysis, blacks accounted for 10% of the local population while accounting for 23% of people experiencing homelessness. Whites accounted for 82% of the local population while only accounting for 72% of people experiencing homelessness. These findings of over and underrepresentation amongst these races mirrors the national trends. While the data shows an overrepresentation of black people experiencing homelessness, the analysis discovered that blacks experienced a shorter length of time spent homeless until obtaining housing, had a greater success rate in exits to permanent housing, and had a lower rate of return to the homeless system in comparison to whites.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	
Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.		

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes

6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

The CoC's "Strengthen" goal & objectives of the Strategic Plan addresses equity in the provision or outcomes of homeless assistance. Included in the plan are strategies & objectives to address equity for program participants at the direct service level within the provision of outreach and engagement, assessment, other support services, non-PH housing interventions, PH interventions, and in regards to returns to homelessness. The CoC's Lived Experience Committee includes the voices of individuals who are disproportionately overrepresented within the homeless population in planning and implementation efforts and to strategically target resources to increase housing placements, prevent homelessness, and improve our homeless system by advancing equity throughout. Our CoC, as well as the broader body of research/literature on the topic, identified inequities in the chosen CE assessment tool, the VI-SPDAT. Through the annual evaluation of the CES, stakeholders, workgroups/committees, persons with lived experience, and the general membership, best local practices were determined for development and implementation of racially equitable solutions, such as the development of a new culturally sensitive assessment tool, outreach protocols, and prioritization criteria. Special prioritization was implemented for persons who identify as falling within a special population (Person of Color; LGBTQ+). Persons who identify as one receive 1pt and those who identify as both receive 2pts, increasing their prioritization for intervention. Another step the CoC took includes providing additional points to providers/project applicants on their proposals that exhibit diversity, equity, & inclusion through their staff, board of directors, and project scopes.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
	1. the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC uses.	

(limit 2,500 characters)

1. Within the CoC's current Strategic Plan & "Strengthen" goals/objectives, progress is being tracked on preventing and eliminating disparities within access, outreach and engagement, assessment, non-PH interventions, PH interventions, and in regards to returns to homelessness. As identified action items, prevention efforts, and/or elimination efforts are achieved within the previously mentioned components, this is recorded and a percentage of completion is calculated for the associated items. In addition to tracking the actual progress of the Plan, progress is also tracked via the annual CoC Racial Equity Analysis via the tool made available by HUD in 2019. During this annual analysis, data and findings are compared with the previous year's analysis to measure any progress made on the prevention/elimination of disparities in the provision or outcomes of homeless assistance. This review and comparison of data and findings enables the CoC, the governing board - CoC Advisory Council, & the Lived Experience Committee to assess the progress made, determine which objectives and/or action items appeared to be most influential to the changes, and determine what gaps still exist in our CoC's equity progression. Through the provision/revision of strategies, plans, & action items, gaps in the CoC's equity progression are addressed to make further progress on preventing or eliminating racial disparities in the system. 2. Our CoC has implemented various strategies and tools to measure the elimination of disparities in the provision and outcomes of homeless assistance, the primary tool being the HUD CoC Racial Equity Analysis Tool, designed to assess HMIS data for racial disparities within the system. Assessment of disparities also occurs during the annual CES evaluation by completing an analysis of CES and census data. In addition, the CoC's Data & Performance Measures Committee reviews data & metrics to identify performance levels, equitable outcomes, and to make recommendations to the CoC Advisory Council for further improvement.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	
	Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.	

(limit 2,500 characters)

The Brevard CoC formally adopted a Lived Experience Committee in 2022 to ensure that the voices of those experiencing or who have recently experienced homelessness were included in all CoC decision-making efforts. The Lived Experience Committee is comprised of members who are currently homeless or have been housed within the previous seven years in order to gain a clear picture of how our homeless system of care is functioning so any adjustments to programs and processes can be made quickly and efficiently. Committee members were recruited through outreach efforts, agency relationships, access points into our system of care, and referrals from community members. The Brevard Homeless Coalition also maintains an active Facebook page with opportunities for engagement and other key CoC information, including those of member agencies. This past year, members of the Lived Experience Committee participated in the development of our CoC 2023-2026 Strategic Plan: Housed & Healthy Brevard. Members participated in targeted focus groups to ensure their representative voices were heard, and strategies and priorities were included in the new 3-year strategic plan. An example of this input led to the inclusion of a prioritized focus on the chronically homeless members of our community and a need for increased support services, such as mental healthcare. Additionally, two seats of the CoC Advisory Council were filled with individuals who have lived experience. One of the members is a U.S. Veteran who received housing through a Brevard CoC permanent supportive housing program; the other member, a lifelong Brevard County resident, is now a certified Peer Support Specialist. These members represent 10% of the votes on the CoC Advisory Council. During this year's 2023 NOFO competition, a Lived Experience Ranking & Review Committee was established to review and rank applicant's responses to their agency/staff Lived Experience Narrative. This committee's rankings were included as part of the overall NOFO Agency Scorecard which directly tied into which agencies would receive funding. Finally, as part of the Brevard Homeless Coalition procurement process, we assign higher points to those agencies who can demonstrate that they have ownership and/or employees with lived homeless experience.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	5	2
2.	Participate on CoC committees, subcommittees, or workgroups.	34	22
3.	Included in the development or revision of your CoC's local competition rating factors.	5	2
4.	Included in the development or revision of your CoC's coordinated entry process.	5	2

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

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

(limit 2,500 characters)

Two seats on the CoC Advisory Council are filled with individuals who have direct lived experience with Brevard CoC. Advisory Council meetings provide for professional development and members share opportunities for employment and volunteering during meetings. Member agencies strongly believe in professional development and providing employment opportunities. Recently, we partnered with Career Source Brevard to expand and promote their Crosswalk program. Crosswalk is an online referral platform that directly connects clients from one participating agency to another for professional development, training, life/financial skills, and employment opportunities. Agencies can range from CoC provider agencies to public and private sector employers and non-profits. Referrals through Crosswalk will be documented and monitored in HMIS as part of case management. Crosswalk has the potential to greatly increase professional development and employment opportunities, which in turn will positively impact our CoC SPMs for employment and income growth. Another agency, Family Promise of Brevard, serves as the backbone agency for Elevate Brevard, a community collective impact model that brings together sector area leaders from 60 organizations to address barriers to post-secondary attainment and increase access to training and upskilling opportunities leading to economic mobility. Priority is placed on underserved communities and financially vulnerable individuals, including those living in households below the Federal Poverty Level and "working poor." Elevate Brevard includes Local College Access Networks which represent leadership in K-12, higher education, nonprofits, local government, business and economic development, and philanthropy as well as the Florida College Access Network. These networks work to ensure that education provides a pathway to economic mobility. WAYS for Life, a youth serving Member agency, provides wrap around youth services with education and employment as key pillars. This includes their GED Fast Track Program, partnerships with local businesses to prepare youth, including those aged out of foster care, with job training and placement, Career Pathways/Ready for Work program, and the LiftUp Life Skills program. Other agencies, such as Love INC and the South Brevard Sharing Center employ previous clients in their respective thrift stores. Community of Hope employed an individual with lived experience in our CoC as a Peer Support Specialist.

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

Describe in the field below:

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

(limit 2,500 characters)

1. The CoC routinely gathers feedback from those with Lived Experience. First, the LE committee provides input on CoC strategies, such as the need for additional mental health and substance use disorder services, and expanded transportation routes and times, throughout the year in committee meetings. The Chair of the LE committee, a CoC Advisory Council member, provides bimonthly updates on committee-led discussions. The Chair is also the Ex. Dir. of a direct homeless serving organization that provides onsite services for those living unsheltered. During the meetings he is a direct link to the unsheltered homeless populations' voice. The CoC holds quarterly general membership meetings during which members of the LE committee have the opportunity to provide input into CoC strategies. During the year-long process to develop our 2023-2026 Strategic Plan input was sought by engaging the LE committee in focus groups to better understand strengths, barriers and gaps in the CoC.

2. Our CoC routinely gathers feedback from people who have received assistance through the CoC or ESG programs on their experience in several ways. First, we routinely speak with our CoC and ESG-funded street outreach workers and case managers who provide us with insight into their clients' feedback. Every week, the BHC's Coordinated Entry Specialist leads a Coordinated Entry Systems call to discuss the By Name list. Part of the calls consist of case conferencing between case managers who relay obstacles and successes shared by their clients. The calls allow us to stay on top of any gaps and barriers that need to be addressed. The BHC's Outreach Specialist establishes team outreach efforts by geographic area that connects with individuals experiencing homelessness both within our CoC and those not yet been engaged. Through these outreach efforts, the Coordinator stays in monthly contact with those who are in the system and hear any issues they are currently facing. The Coordinator also works directly with clients receiving housing services.

3. Our CoC has taken direct action to address challenges identified during the strategic planning process, and those identified through the LE committee. For example, transportation routes and times were identified as barriers to accessing services. This led to a priority action item of connecting with key transportation organizations, such as Space Coast Area Transit (SCAT), to bring a high-level staff member onto the CoC Advisory Council.

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

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

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

(limit 2,500 characters)

The CoC governing board is chaired by the County's Housing & Human Services Assistant Dir.; the Vice Chair is the City of Melbourne's Community Dev. Dir. Three seats are filled with leadership representation from each entitlement district. They have been instrumental in developing the CoC strategic plan and incorporating it into their respective communities. Steps have been taken in the past 12 months to reform zoning and land use policies to permit more affordable housing (AH) development and reduce regulatory barriers. The City of Melbourne passed 2 ordinances amending city code to encourage more AH through density bonuses, reduced landscape buffers, building setbacks, parking requirements & minimum living SF requirements. Ordinance changes to reduce regulatory barriers included: streamlined process for site plan review; impact fee deferrals & waiver allowance for very low/low-income households; & updated expedited permitting for all new development & rehabilitation of AH units. In the City of Palm Bay, AH projects are identified in their inventory of city-owned surplus real estate. For these properties, a developer can request to enter into an Impact Fee Deferment Agreement. The City permits accessory residential units in residential zoning districts. An Administrative Variance up to 20% of the requirement, such as setbacks, floor area ratios (FARs), lot coverage/size restrictions & other variances may be granted by the City Manager, or designee. The City also considers, prior to adoption, policies, procedures, ordinances, regulations, or plan provisions, the increase to the cost of housing. The City of Cocoa created a Housing Bonus Program to provide a transferable FAR bonus for the development of new affordable housing within their Community Redevelopment Area. For each newly constructed unit of qualifying affordable housing, a developer is entitled to an increase of FAR for new construction within the Central Business District. Expedited permitting policies & procedures are in place to ensure that affordable housing projects receive priority processing. Building permit & inspection fees for City projects/projects completed on City property are waived to meet the housing needs of very low, low, & moderate-income households; expand production of & preserve affordable housing; and to further the housing element of the local government comprehensive plan specific to affordable housing.

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

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

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

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/28/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	08/28/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	No
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	128
2.	How many renewal projects did your CoC submit?	8
3.	What renewal project type did most applicants use?	PH-PSH

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

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1. The CoC's project scorecards collected data regarding each project's success in housing program participants in permanent housing using HMIS and APR data from 10/1/2021-9/30/2022, as well as narrative question answers from the project applications. Rating criteria included: Housing First/low barrier (24 pts); housing stability (5 pts); the average length of time it took from project enrollment to obtain permanent housing (3 pts); increased income and benefit sources from entry to exit, or entry to end of grant term (16 pts); percent of persons admitted as literally homeless (3 pts); and hard to serve project populations (9 pts). 2. For renewal projects, the CoC analyzed the average length of time from project start date to housing derived from the APR report, table 22c. Those with an average of 30 days or less received full points, with lower performance resulting in lower points. For new projects, narrative answers to project application questions were analyzed regarding how long it takes to house people in permanent housing. For these projects, scoring was based on how concise the reported outcomes were, if they were measurable, and the level of positive impact on overall system performance. 3. During the ranking, review, and selection of projects, points were awarded to projects that demonstrated a Housing First approach, a minimum of 47% of program participants were Black or African American, 50% admitted directly from literal homelessness, 26% were Chronically Homeless, 26% were Veterans, 26% were youth under the age of 25 and youth under the age of 25 with children, 26% were fleeing domestic violence, 50% were "hard to serve" as defined by no income at entry, 50% were "hard to serve" as defined by two or more physical/mental health conditions at entry, and 5% of Coordinated Entry referrals were of the highest acuity. These measures were required to receive minimum points and higher points were obtained through higher performance on such measures. 4. Considerations in project scoring were made that included the degree to which a project served the chronically homeless, participants of the highest acuity and prioritized to be of the highest need, participants who are "hard to serve" as defined by no income at entry, and participants who are "hard to serve" as defined by 2 or more physical/mental health conditions at entry. Points were awarded to projects that included a leverage of healthcare resources.

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

(limit 2,500 characters)

1. The CoC adopted several strategies to increase BIPOC representation after conducting the 2023 Point in Time count & analyzing the results. Of the general population in Brevard County, Black, African or African American represent 10% of the general population; however, they experience homelessness at a much higher rate, more than double, of 25% countywide. The Hispanic/Latina(e/o) population experiences homeless at more equal rate of 11% (general population) to 9% (homeless population). As the analysis rendered that BIPOC were overrepresented in our homeless population, our CoC implemented several strategies to ensure representation. First, with BIPOC representation we utilized this information to inform our 2023-26 strategic plan: *Housed & Healthy Brevard*. In the development of the strategic plan, there was intentionality around removing barriers to expand the number of applications submitted from agencies led by Black, African, or African American individuals such as increased technical assistance around the process. One of the plan's key themes is that we believe in equity with equitable access to all parts of the CoC. Under the 1st goal: *Strengthen*, we established an action item to develop guidelines & policies to ensure that we have representation of the overrepresented population thus resulting in a 50% BIPOC representation on the Ranking & Review Committee. Thus the rating factors used to review project applications directly support the goals & objectives within the strategic plan. 2. The Ranking & Review Committee designated to review, select, & rank all project applications, & approve the submittal of the Project Priority Listing, currently includes BIPOC representation (50%). 3. The project scorecard gave 15% of available points toward projects that addressed barriers & showed intentionality around the diversity of Board & Organizational makeup. This was an 4% increase in points from last year's CoC competition. Additionally, a Ranking & Review Lived Experience Committee reviewed & scored the equity & inclusion questions leading to additional points. Rating criteria for new & renewal projects included points if the applicant demonstrated equity & inclusion in improving Assistance to LGBTQ+ individuals, racial equity, inclusion of persons with lived experience, including specific activities (or similar) such as emphasis on hiring Person with Lived Experience, use of Peer Mentors that provide feedback, & satisfaction surveys/comment cards.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1. Reallocation of HUD CoC funding provides CoC's with the opportunity to 1) reallocate excess funding and 2) to move funding from low-performing projects to new projects with the intent that the new project(s) will be higher performing. Reallocation can be done either through voluntary reallocation or through forced reallocation based on a CoC's published reallocation process for lowperforming projects. For the FY 2023 HUD CoC Cycle, the CoC focused on voluntary reallocation, as described below:

- Excess Funding Awards—HUD CoC funded projects, including those where the agency is a direct HUD recipient and/or a BHC Sub-recipient, should review their current renewal amount compared to their actual expenses over the past 2 funded years. If a project has not expended all funding awarded, that agency should consider the actual amount needed to fulfill their grant outcomes, including serving the same number of clients/households as well as units to determine what, if any amount, can be reallocated to a new CoC project.
 - Low Performing Projects—CoC Projects that have consecutively been in Tier 2 based on ranking and scoring of their projects should consider voluntarily reallocating their funding in the FY 2023 funding competition. Reallocated funding will be utilized for New Projects as allowable under HUD's FY 2023 NOFO, with any new project to be selected from new project proposals received as part of this RFP. An agency that voluntarily chooses to provide funding for reallocation may submit a new project proposal that will be considered for the reallocated funding but is not guaranteed to be selected.
2. One RRH Project voluntarily reallocated their funding with the intent that the funding would be available for new project(s) that will be higher performing.
3. One low performing RRH project was selected for reduction due to the following factors: Low Performance in Project Populations Served, Low Project Performance Outcomes, Low Coordinated Entry Performance Outcomes, and Project Description did not address low performance areas or steps it will take to improve performance. Reallocating the funding was a decision made to ensure projects ending homelessness were of the highest performing.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes
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1E-5.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

	<p>4. If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.</p>	09/12/2023
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1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	<p>Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.</p>	09/12/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	<p>Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.</p>	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	<p>Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.</p>	09/26/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/26/2023
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Bell Data Systems, Inc.
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

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

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/28/2023
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

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

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

(limit 2,500 characters)

1. The Brevard CoC and HMIS Lead Administrator recognize that the safe and secure provision of housing and services to survivors of domestic violence, and those fleeing or attempting to flee, are of tantamount importance. As such, documentation for those services should be conducted as securely as possible to ensure client safety. The CoC and HMIS Lead have taken steps to ensure that safety and security protocols are implemented through policy so that use of HMIS and the comparable database protect the client. Through a new HMIS onboarding process this year, the HMIS Lead controls access to the system via the implementation of security-focused agency and end user agreements, required HMIS trainings, including two Florida Dept. of Children and Families trainings on HIPAA compliance and data security and awareness, and the establishment of a secure user portal for technical assistance requests. The HMIS Lead also provides one-on-one support for DV agencies. We are currently in the process of creating security protocols for DV clients in the Coordinated Entry System. All actions taken by the CoC and HMIS Lead are designed to ensure that DV providers feel confident documenting services in HMIS or the comparable database created by our vendor. 2. The Brevard CoC currently has four DV providers within the consortium. All of the DV providers document in both Osnum and in HMIS using fictitious names for their clients. For one provider, our HMIS vendor created a standalone system that is fully compliant with 2022 HMIS Data Standards and security requirements. The other providers document within the existing HMIS structure, which again is compliant with the 2022 HMIS Data Standards and all security requirements. 3. Our CoC is compliant with the 2022 HMIS Data Standards.

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

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

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	83	0	83	100.00%
2. Safe Haven (SH) beds	17	0	17	100.00%
3. Transitional Housing (TH) beds	352	25	327	100.00%
4. Rapid Re-Housing (RRH) beds	125	0	125	100.00%
5. Permanent Supportive Housing (PSH) beds	460	0	52	11.30%
6. Other Permanent Housing (OPH) beds	667	0	142	21.29%

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

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

(limit 2,500 characters)

1. The CoC's bed coverage rates for Permanent Supportive Housing (PSH) & Other Permanent Housing (OPH) were below 84.99%, with all others at 100%. PSH bed coverage rates were below the threshold on account of our CoC including HUD-VASH in our 2023 HIC for the first time. The CoC has an established single point of contact (POC) with the local VA Medical Center (VAMC) & has next steps of utilizing the HUD-VASH HOMES to HMIS Translator Tool to convert & import VAMC HUD-VASH data into the HMIS. This will be essential for our community to further understand how the homeless response system is working for veterans & where strategic changes should be made. Through the assistance of the VAMC POC & the CoC's HMIS vendor (Bell Data), the CoC will begin importing this data into HMIS - causing a drastic increase in PSH bed coverage. The OPH bed coverage was below 84.99% for a similar reason as the PSH rate - the addition of housing vouchers. The CoC included Mainstream vouchers, Foster Youth to Independence (FYI) vouchers, Family Unification Program (FUP) vouchers, Emergency Housing Vouchers (EHV), & Dedicated Housing Choice Vouchers (HCV) on the 2023 HIC for the first time, in accordance with the HUD 2023 HIC/PIT Notice. The CoC also included 2 projects that were under development, as well as the Extremely Low Income dedicated tax credit units that receives all referrals from the Coordinated Entry System. The developments will be in operation within the next 8 months. The CoC's HMIS Lead Agency & Collaborative Applicant, the Brevard Homeless Coalition, will begin building out the new projects in HMIS to ensure there is no delay in data entry upon the development opening. For voucher programs, the CoC will be taking steps over the next 12 months to make effort towards data entry by the local PHA's in HMIS. 2. The CoC has begun implementing the steps to increase the bed coverage rate by designating seats for & obtaining the leadership of the local PHA's on the CoC's governing board (CoC Advisory Council). This will further help to formalize relationships & move toward documentation of their beds in HMIS. Additionally, the CoC's 2023-2026 Strategic Plan objectives as a guidepost for increasing utilization/coverage rates, specifically within our "Build" goal: Build upon & create new multisector partnerships to increase the number of affordable permanent housing units & shelter beds through innovative solutions.

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	No
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

	Enter the date your CoC conducted its 2023 PIT count.	01/30/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/28/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process; |
| 2. | worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and |
| 3. | included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count. |

(limit 2,500 characters)

1. Our CoC engaged our youth homeless service providers and other youth-serving organizations in the PIT count planning process. An existing partnership with the Brevard County Public Schools (BCPS) and the Students in Transition Unaccompanied Youth Liason was strengthened this year through a Memorandum of Understanding specifically for the PIT count. PIT planning meetings and one-on-one outreach to educate organizations on the purpose of the PIT count and engage volunteers in the effort were conducted. The PIT count volunteer chair met weekly with the Brevard Homeless Coalition, and the committee as a whole met bi-monthly or on an as-needed basis. BCPS worked in partnership with the CoC by connecting with all McKenney-Vento coordinators in the school system to identify their "Students in Transition" and families meeting the HUD definition of homelessness. 2. Youth homeless service providers and BCPS provided information on locations where homeless youth could be found during the PIT count date. Unaccompanied youth further identified locations where other youth may be residing unsheltered. 3. There was youth experiencing homelessness representation during the PIT count this year. The CoC continues to engage youth in the PIT planning process. A chair of the Youth Advisory Board has recently been identified to strengthen this involvement. The Chair is the Executive Director of a CoC member youth homeless provider agency focused on youth in the foster care system and those who have recently aged out of the system.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
3.	describe how the changes affected your CoC’s PIT count results; or	
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

1. We created & implemented an electronic survey to ensure accurate count of the shelter beds for each applicable program in the CoC. This occurred during a period of HMIS data clean up for the HUD LSA & HIC. The BHC worked closely w/providers to address data quality errors & complete accurate counts of shelter beds. Additionally this year we reached out to more providers than in 2022 outside of the CoC that do not currently document in HMIS in order to gain a more complete picture of shelter beds. This year, we also worked with an HMIS consultant on the analysis of raw data & reporting to HUD. This provided a learning experience to BHC staff who will be able to conduct analysis of the data moving forward. 2. This year we used night of the count (complete coverage) & added Service-based (post night of the count). This allowed the street outreach workers to get a more accurate count by comparing the by-name list with the surveyed individuals on the night of the count & locate them during post night. We continued to utilize technology to maximize reach & efficiency in the planning phase & through the PIT count. GIS mapping enabled preset routes for volunteers & identified known homeless encampments. These were reviewed by street outreach workers & PIT count comm. members for accuracy. A digital survey allowed for real-time capture of responses leading to more efficient use of volunteer teams who could be deployed to areas where additional volunteers were needed, or to pivot & survey in different areas thereby reaching more persons experiencing homelessness and also made it easier to eliminate duplicate surveys. New in 2023, the digital survey allowed for the capture of "observations" which included those who didn't wish to be interviewed but were observed to be homeless, or those who volunteers were unable to reach while in the area to survey. These observations led to a more accurate count of unsheltered homeless. The observations were also filtered for duplicate entries as the survey allowed for a detailed response as to location & characteristics about the individual/family. 3. Tying together the clean up of HMIS data w/generating an accurate sheltered bed count, added methodology, implementing technology, & adding an "observations" field to the digital survey positively affected the the PIT count results by creating a more accurate sheltered & unsheltered count + data to create impactful visuals for community awareness & education post-count.

2C. System Performance

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

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

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

(limit 2,500 characters)

1. Risk factors are identified in several ways. We communicate regularly with our open/closed access points, street outreach workers, 211 Brevard (telephonic access point) & other community providers to learn about risk factors. The information is shared formally during CoC Advisory Council meetings (bimonthly), CoC General Membership meetings (quarterly), with the Data Performance & Measurement Committee (monthly) & on Coordinated Entry calls (weekly). We also gain information from our faith based community & law enforcement partners. The information is both anecdotal & quantitative. Within HMIS, we analyze data from our SPMs, increased # of HMIS entries into the system, supportive/financial services provided, & the VI-SPDAT & CoC-specific Housing Needs Assessment Rubric. We utilize data from Brevard County Government & local municipalities. We also study housing/real estate trends to understand how our local economy impacts first time homelessness. To identify trends, we rely on our Point in Time count, SPMs, & income & economic factors from trusted sources. 2. We recognize that our CoC did not experience a decrease in first time homelessness from FY21 to 22. In part this was due to the decrease in CARES Act funding but the continued economic impacts of COVID, which created situations where people lost housing. Following national trends, rent prices drastically increased in the County forcing people out of their homes. Local wages did not keep pace with rising housing & goods costs. This past year the CoC approved its 2023-2026 strategic plan. The strategic plan has 5 goals, each with objectives broken down into 1-year action plans. The third goal is "Prevent" as the strategy to reducing individuals & families from entering into the system of care in the first place. In the Prevent goal, we seek to prevent housing instability by increasing educational, social, health, & financial service supports to our most vulnerable populations, including Veterans. We will achieve this goal through increased diversion & partnerships with agencies to embed programs, like skills training, into our CE process. Prevent is measured by "reducing the # of individuals accessing the CoC." We will analyze data from SPM 5 to assess progress in meeting goals. Currently (2023), 1442 individuals accessed the CoC. By 2026, our goal is to reduce this number to 1,081, decreasing 5% annually. 3. The Executive Director for the Brevard Homeless Coalition is responsible for oversight.

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

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

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

(limit 2,500 characters)

Brevard County experienced two hurricanes in 2022, Nicole and Ian, that impacted largely the northern and western portions of the county. Residents seeking short-term shelter and those in need of housing assistance were directly impacted by both hurricanes. Although hurricane Ian was downgraded to a tropical storm as it entered Brevard County, the northern portion of the county was on the right side of the storm and the impact left a total of \$14 million in damage from wind gusts of up to 81 mph and 14.2 inches of rain which caused flooding. Hurricane Nicole caused similar damage to the County from excessive rain, flooding areas of western Brevard. It knocked out power to more than 40% of residents. Due to the impacts of both named storms, our CoC received HUD Rapid Unsheltered Survivor Housing (RUSH) program funds which continues to provide outreach, emergency shelter, rapid rehousing, and other assistance to our unsheltered or unstably housed individuals and families who were impacted.

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

(limit 2,500 characters)

1. Our CoC saw a 13% reduction in LOT homeless from FY21 to 22. Our strategy is not only to continue employ previous strategies, such as a focus on landlord engagement, and maintaining access point/case management connections to clients and increasing supportive/financial services while in the CE process, but also incorporate new objectives in the new 2023-26 strategic plan. The 2nd goal of the plan is "Reduce" meaning our goal is to continue reducing the number and LOT people experience homelessness, including those who are chronically homeless, and those fleeing domestic violence. This goal calls for the expansion of diversified and street outreach to our most vulnerable populations and of the CE system. Objectives for this goal include reduction of the # of households and people served in the CoC, reduction of the average # of days spent homeless, and an increase in the %'age of successful permanent housing placements and/or retention. System Performance Measures 1, 3 and 7, among other measurements, will be analyzed to assess progress in meeting the objectives.

2. Our CoC identifies and houses individuals and families with the longest lengths of time spent homeless through our open/closed access points, including our VSPs, and street outreach workers who enter individuals and families into HMIS. Access points (APs) are located throughout the County and are classified as fixed, mobile, and telephonic. Households may present at fixed AP sites, engage with outreach workers, or contact 211 Brevard. Any AP should assist households in accessing a different AP if it would better suit their needs. APs engage the household, conduct initial triage, and enroll the individual or family in HMIS pending a signed Release of Information. If diversion is unsuccessful, housing intervention is the next step. The AP then completes a Housing Assessment (VI-SPDAT and CoC-specific Housing Rubric), verifies and documents homelessness, and refers the household to the prioritization que in HMIS (By Name List). The CoC has a prioritization policy that an identified (through the VI-SPDAT and Housing Rubric) chronically homeless individual or family shall be prioritized on the By Name List. These individuals and families are the highest acuity and therefore typically best suited for permanent supportive housing opportunities.

3. The Executive Director for the Brevard Homeless Coalition is responsible for oversight.

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

(limit 2,500 characters)

1. We recognize that from FY21 to 22, our CoC saw a decrease in the rate at which people exiting from ES, TH, SH and RRH projects into permanent housing places. We have work to do. Our community critically needs more affordable housing inventory to increase exits to permanent housing destinations. But in addition to an increase in the # of units, we need to increase funding for case management to help with retention. This past year, the CoC approved its 2023-2026 strategic plan: Housed & Healthy Brevard to address this issue. The strategic plan has 5 goals, each with associated objectives that are broken down into 1-year action plans. The fifth goal is to "Build" upon and create community and business partnerships to increase the affordable housing inventory. While this long-term and ongoing goal is to increase all units of affordable housing, our CoC has placed a special focus on those who are elderly, elderly with memory disorders, those who are physically or cognitively disabled, as well as those with priority assignments on the By Name List. One objective is to increase the supply of affordable housing and permanent supportive housing by leveraging partnerships with the HOME consortium projects, affordable housing developers like Carrfour, and private sector developers. We will also be developing a flow process with providers to streamline client transitions from shelter into permanent housing. Currently (2023) we have 207 permanent supportive housing (PSH) beds; our goal is to increase this # by 25% every year with a 2026 goal of 400 PSH beds. 2. We increased the rate at which people residing in PSH/OPH exited to permanent destinations by 9%. To continue this positive trend, we will increase housing stability, a key driver in retaining permanent housing. Our goal is to increase employment income from 24% (2023) to 49% (2026) and increase non-earned income from 7% (2023) to 34% (2026). We'll analyze SPM2 for the prevention of returns to homelessness. Our CoC has begun integrating Career Source Brevard's Crosswalk, an online referral tool (case management/employment/financial/life skills) into HMIS for more efficient referrals. Clients will be referred along w/ their HMIS unique identifier for measurement purposes. We will also identify funding to support longer term case management beyond 24 months, and provide high quality educational trainings opportunities for case managers. 3. The Exec Dir of the Brevard Homeless Coalition is resp. for oversight.

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

(limit 2,500 characters)

1. BHC staff and the Data&Performance Cmte. analyzes data points from various HMIS reports. Identification of persons who return to homelessness is a measurement we use to gauge the effectiveness of programs. From our analysis, we've determined that the largest % of those returning to homelessness occurs within 13-24 months, often after case management has ended. We also scrub our CE By Name List for those who have been re-entered into CE after housing placement. Weekly CE/case management calls with provider agencies also help to identify those individuals and families who have returned to homelessness. The BHC's Coordinated Entry Specialist and Outreach Coordinator (1 staff member) works with the CoC's outreach workers and can identify these individuals and families as well. 2. During FY21 to 22, we saw an increase of returns to homelessness both within 6 and 12 months. In large part this continued to be due to the economic impacts of COVID & decrease in CARES Act funding. In addition to the financial impacts, we know that mental health suffered as well. All these factors can contribute to a return to homelessness. Within the 2023-2026 strategic plan is the Prevent goal which addresses a prevention of returns to homelessness after permanent placement within years one and two as well as increasing job and income growth for CoC program participants. Currently (2023) we have an 11% (within 1 year) and 26% (within 2 years) rate of return to homelessness. Our goal by 2026 is to reduce those percentages to 8% and 10% respectively and continue that trend. An analysis of SPM 2 will determine whether we meet this objective each year of our strategic plan. Our strategy to reduce the rate of returns is focused around case management. We will identify strategies to support long term case management for 24+ months as well as to provide high quality trainings for best practice case management protocols. This includes continuing case management services during lease renewal periods. We will also focus on expanding the offerings of supportive services, such as the Keys to Good Tenancy and financial skills programs. We'll encourage people to continue job and income growth through CoC member, Career Source Brevard, which has a multitude of training, education, and job placement programs. Finally, we continue to work with landlords to help mediate issues before they turn into evictions. 3. The Executive Director of the Brevard Homeless Coalition is responsible for oversight.

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

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

(limit 2,500 characters)

1. Our CoC recorded a 15% increase in the percentage of adults who increased their earned income from FY21 to 22. We are very encouraged by existing strategies that led to the increased percentage; therefore we will continue to implement existing strategies while executing new ones as outlined within our 2023-26 strategic plan goal of "Prevent." Existing strategies include focusing on workforce development and increasing access through case management to post-secondary education and recertifications. We will also continue to engage with business sector leaders, those with decision making ability, to educate on the employment and skills needs of our vulnerable populations. The CoC has added business sector positions to the CoC Advisory Council to help address workforce development. In the new strategic plan, the Prevent goal seeks to increase, in part, household income through employment skills-based training. Career Source Brevard (CSB), a CoC member agency, plays a major role in helping individuals and families experiencing homelessness increase their employment cash income. We have recently begun integrating Career Source Brevard's Crosswalk, an online referral tool (case management/employment/financial/life skills) into HMIS for more efficient referrals, especially for individuals and families on the coordinated entry By Name List. People will be referred along w/ their HMIS unique identifier for measurement purposes. In addition to Crosswalk, Career Source Brevard offers on the job training programs and direct work experience with paid internships. Their job training is geared toward high-growth industries in Brevard such as manufacturing, aviation, aerospace, cybersecurity, and healthcare. Career Source Brevard offers specialized programs to increase earned income, such as for those 50+, veterans, workers w/ disabilities, young adults and those re-entering the community from incarceration. On the other side, they have agreements in place with Employ Florida and a multitude of businesses, both local and national businesses with a local presence. Beginning in November 2023, they will begin offering training to CoC providers on the Crosswalk program. In addition to being a CoC member, their Senior Managing Dir. sits on the CoC Advisory Council. 3. The Executive Director of the Brevard Homeless Coalition is responsible for oversight.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1. Our CoC strategy is to provide education surrounding HMIS data quality best practices and best practices for client success which includes increasing and retaining client Income of all types. It is a requirement for agencies who are applying for funding to have S.O.A.R. certified staff tied to their proposals. Although we experienced a 2% decrease in non-cash income from FY21 to 22, we will continue to support S.O.A.R. trained case management staff to assist people with applying for expedited social security disability income, and for all case management staff to assist people with Temporary Assistance to Needy Families (TANF), SNAP benefits (food stamps), the Women Infacts Children (WIC) nutrition program, Medicaid, Medicare, and other mainstream resources for increasing non-employment cash income. This strategy ties directly into our 2023-26 strategic plan goal of ""Prevent"" by increasing an individual or family's total household income and therefore housing stability. 2. The Executive Director of the Brevard Homeless Coalition is responsible for oversight.

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
--	--	-----

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
HfH Supportive Ho...	PH-PSH	9	Both
Heritage Park Exp...	PH-PSH	6	Both
WAYS for Life You...	Joint TH-RRH	10	Both
Heritage Park Exp...	PH-PSH	4	Both

3A-3. List of Projects.

1. What is the name of the new project? HfH Supportive Housing Orchid Lake FY2023
2. Enter the Unique Entity Identifier (UEI): C2JCKD4VNF13
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 9
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Heritage Park Expansion II FY2023
2. Enter the Unique Entity Identifier (UEI): C2JCKD4VNF13
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 6
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? WAYS for Life Youth Housing FY2023
2. Enter the Unique Entity Identifier (UEI): C2JCKD4VNF13

3. Select the new project type: Joint TH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 10

5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Heritage Park Expansion - FY23

2. Enter the Unique Entity Identifier (UEI): C2JCKD4VNF13

3. Select the new project type: PH-PSH

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

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,500 characters)

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

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

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

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

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

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

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

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

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

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

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

1.	Enter the number of survivors that need housing or services:	2,575
2.	Enter the number of survivors your CoC is currently serving:	2,263
3.	Unmet Need:	312

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

(limit 2,500 characters)

1) The figure shown in 4A-3.1. was calculated by adding the number of survivors from each CoC Victim Service Provider (VSP) and member agency that is in need of housing or services, including both survivors that are currently being served as well as those in the Coordinated Entry System (CES) and/or internal waitlist for services. This resulted in a cumulative total of 2,575 (unduplicated). Data was reported without the inclusion of any personally identifiable information. 2) The data sources for these figures include data from the CoC's HMIS, the CES within HMIS, the VSP's comparable database - Osnium, and other agency administrative data (internal wait lists, etc.). 3) As with other populations, a main barrier to meeting the current needs of survivors is the lack of affordable housing inventory within our CoC. Since the onset of the pandemic, rental rates have continued to skyrocket in our community, creating fewer affordable housing options for survivors or those experiencing homelessness in general. Another barrier includes the capacity of current emergency shelters, safe houses, and transitional houses serving the population in the CoC. The CoC has done a great deal of work to onboard additional VSP's over the last year - increasing our overall DV beds in HMIS by more than 100%, but the need to further increase capacity is still present. VSP's have also reported the lack of qualified Victim Therapists in the area as a barrier to meeting the needs of all survivors. VSP's have reported a decrease in qualified Victim Therapists which poses a barrier to the provision of mental health counseling services to survivors.

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

Applicant Name
Brevard Homeless ...

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

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

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

1.	Applicant Name	Brevard Homeless Coalition/South Brevard Women's Center
2.	Project Name	Women's Center TH-RRH DV Bonus BONUS
3.	Project Rank on the Priority Listing	DV-1
4.	Unique Entity Identifier (UEI)	C2JCKD4VNF13
5.	Amount Requested	\$118,350
6.	Rate of Housing Placement of DV Survivors—Percentage	44%
7.	Rate of Housing Retention of DV Survivors—Percentage	50%

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

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

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

(limit 1,500 characters)

The project applicant counted the rate of safe housing placement of DV survivors through their HMIS Comparable Database, Osnum, dividing the number of exits to permanent housing by the total number of exits. The rate of retention was calculated by taking the total number of exited clients that reported maintaining safe permanent housing after services ended and dividing by the total number of exited clients. The rates account for exits to safe housing destinations only. The project applicant also used their HMIS Comparable Database, Osnum, for calculating housing retention.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

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

(limit 2,500 characters)

1) Survivors are assisted by trained Victim Advocates (VA's), including the project applicant's (PA's) 24/7 Hotline VA's, to quickly complete comprehensive assessments. Options for appropriate & self-determined supportive, Coordinated Entry System (CES), shelter (ES), transitional (TH), & permanent housing (PH) services are reviewed. Through the provision of targeted housing navigation, rental assistance, & other support services, survivors are assisted in securing safe & affordable PH as quickly as possible, whether by first receiving ES/TH services or by moving directly to safe & affordable PH from homelessness, which varies depending upon their individualized needs. 2) The PA is a VSP dedicated to serving the population; other clients are referred to partner agencies or assessed for & entered into the CES. Survivors are prioritized in the CES in accordance with the CoC's standardized assessment tools & prioritization policy. 3) The VA & survivor review their needs assessment to determine what is necessary to help them achieve & maintain safety & PH, & what support services are available to enhance those efforts. Individualized goal, service, & safety plans are completed with each survivor to ensure a tailored approach. VA's provide tenancy supports, such as providing info about landlord tenant rights/responsibilities, VAWA, & assisting in mediation of conflict between landlord & survivor. 4) The PA is a full service VSP, offering crisis counseling, advocacy, safety planning, injunction assistance, mental health counseling, ES, & TH. The connection of survivors to support services is streamlined & seamless. SOAR certified VA's assist survivors as they stabilize by obtaining appropriate community & mainstream resources such as income supplements/benefits (TANF, Food Stamps/SNAP, etc.), non-cash supports (healthcare, food supports, etc.), legal assistance, credit counseling, & subsidized childcare. Ways to increase earned income are explored, including participating in community employment programs. 5) VA's work closely with survivors providing proactive case management to ensure they are clearly on a path to stability in PH by achieving the goals set in their plan & by transitioning to assuming rent payments on their own. Before a case is closed, VA's provide information to participants about how they could access assistance from the program again if needed & they provide warm handoffs to other service providers as appropriate.

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

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

(limit 2,500 characters)

1.Survivor intakes & interviews are conducted with Victim Advocates (VAs) in the office in a private room away from other clients, as well as any family of the client, to ensure privacy/confidentiality & to minimize potential coercion of survivors. In the private rooms, sound machines are placed to provide background noise & to muffle sounds. To ensure documented confidential information is protected, & that the survivors are educated regarding these protections, a number of confidentiality, privacy, & release policies & practices are discussed & reviewed on intake forms. 2.Clients work with their VA to determine the geographical area of their preference for safe housing placement based on safety, closeness to work/school, or family. VAs offer information about safety to ensure participants understand their options in developing a safety plan & enabling them to make informed decisions about their own safety needs. 3.All housing operated by the project applicant is maintained with client security in mind. Locations are not published, & clients are not to disclose locations of the safe houses. Housing locations are kept as confidential addresses, & staff are trained in & utilize the Address Confidentiality Program through the Office of Attorney General. All VAs complete HIPAA, privacy, & security trainings at onboarding & annually thereafter. Survivor information is only shared with their permission, which is verified with a written release of information. Fictitious demographics are used within HMIS. 4.The project applicant has been providing services to survivors since 1975; the safety of clients & staff is a top concern. Staff are VAs who attend & maintain Victim Services Practitioner Designation certification through the Office of Attorney General. Staff regularly assist their clients with safety plans. 5.All facility locations are kept confidential & utilize home security procedures, including but not limited to cameras & alarms. Clients have 24/7 telephone access to the agency if concerns arise.

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

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

(limit 2,500 characters)

The project applicant has been providing services to survivors since 1975; the safety of clients & staff is a top concern. Staff are VAs who attend & maintain Victim Services Practitioner Designation certification through the Office of Attorney General. Survivor safety is a topic of training in the course. The applicant confers with local law enforcement on individual client safety as needed. The project applicant routinely evaluates programs & procedures to ensure that the very best practices are in place, this includes conducting safety risk analysis. In addition to self-assessment, the project applicant receives program audits annually, at which time all programmatic areas & outcomes are reviewed, including survivor safety. When areas for improvement are identified, persons with lived experience, leadership & service staff, and the Board of Directors review them & implement the most viable solutions & practices to improve the area. The area is then monitored to ensure the implemented changes have brought about improvements.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(d)		
Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1. Trauma-informed, victim-centered approaches to assisting survivors has been the project applicant's methodology for over 48 years. The project applicant has offered choices of emergency safe houses, transitional housing, or assistance with permanent housing to victims since 2004. Survivors have been and are offered selection between these choices with guidance from certified victim advocates invested in client safety and self-determination.
2. A compassionate company culture is something the project applicant is proud to have and nurtures. The culture is modeled by leadership to staff & very importantly, is extended to clients. It is understood that a power differential exists because the applicant is in a position to help & the person seeking services is someone whose experiences have made them vulnerable. Recognizing this, they value client autonomy, privacy, & self-determination, objectivity and freedom from further abuse, equity of service, & respect. Because of these instilled values, interactions during provision of services are never punitive, and are looked at through a lens of client empowerment.
3. Project applicant staff are skilled in working with survivors and have been trained to offer education, resources, and counseling to each program participant on the dynamics of power, abuse, and control.
4. Project applicant staff have drawn upon a diverse array of tools to assist survivors such as the empowerment model, assisting survivors with tapping into their own strengths as they identify goals that will help them regain self-sufficiency & autonomy. Case plans have been designed using a trauma informed & strengths based approach that focuses on the survivor's own aspirations for the future & provides supportive coaching to leverage the survivor's strengths in developing or refining the necessary skills to achieve these goals.
5. The project applicant has policies & procedures surrounding equal access & nondiscrimination for clients & staff and strives to be all-inclusive of all victims. Service provisions have been highly relevant, culturally appropriate, and easily accessible. Information & grievance procedures have been publicized in common areas and on their website. Cultural competency & sensitivity are at the center of all programmatic & service efforts. Staff who worked with clients completed cultural competency training within 30 days of hire. Applicant employed Victim Advocates of Underserved Communities to work with any clients of traditionally underserved populations. Project applicant staff included those from a variety of different backgrounds, speaking various languages. Client forms were translated to other languages for non-English speaking participants and translation services have been provided. The project applicant realizes that domestic abuse is not limited to heterosexual relationships or male-against-female violence, and fully welcomed participants of any gender, sexual orientation, gender expression, or relationship type.
6. The project applicant offered multiple opportunities for group counseling sessions covering different issues of trauma where survivors shared amongst their peers in a safe space and offered support & strength to each other. Direct referral lines were made to connect survivors with additional support such as peer support, parenting groups, and other groups for supportive connection.
7. Through the CoC's MOU with the Early Learning Coalition, subsidized childcare was quickly provided to survivors, reducing a barrier towards obtaining employment and increasing earned income. Survivors and those experiencing homelessness received prioritization over the waitlist. The project applicant referred survivors who needed to enroll in services through established referral forms. The project applicant also made referrals to Legal Aid for survivors who were in need of legal services. Advocates and therapists worked with clients on parenting issues for it is well known how important intervention is for children

who have experienced or lived in an environment of abuse. Their therapists hosted a Parenting Strategies support group, and free mental health counseling was provided for the children in their programs.

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

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

(limit 5,000 characters)

The project applicant provided several types of supportive services to survivors, either directly or through referrals to partners, while moving them to permanent housing and addressing their safety needs. These included, and include, but are not limited to, childcare, medical/health, education, case management, transportation, employment assistance & job training, food, life skills training, financial assistance, utility deposits, moving/relocation, legal, credit, and housing search & navigation assistance. The Early Learning Coalition (ELC) offers subsidized childcare and is funded through the Child Care & Development Fund. Survivors receive priority over the ELC waitlist through an MOU between the CoC and ELC, relieving a barrier in obtaining and maintaining employment. Employment assistance and job training, as well as GED and vocation programs, are provided in partnership with Career Source. The project applicant assisted DV survivors to pursue legal assistance by making legal services available through a partnership with Brevard County Legal Aid and Community Legal Services of Mid-Florida. Their Victim Advocates provided survivors with credit repair assistance, which is often necessary to obtain affordable housing for survivors whose credit has been damaged. After initial client stabilization, Advocates assisted clients in their housing search in order to plan for, obtain, and maintain permanent housing, and have made contacts via the CoC to secure housing vouchers for survivors. The project applicant has provided financial assistance to survivors for food, childcare, transportation and medical care, allowing them to reserve their savings to put toward their permanent housing process. Through the provision of case management and victim advocacy, housing stability and safety plans are established for both the short- and long-term. Survivors are assisted in rapidly rehousing, and maintaining that housing, through the provision of supportive services by the project applicant and their partners.

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

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

- | | |
|----|--|
| 1. | prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs; |
| 2. | establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; |
| 3. | provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma; |

	4. emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
	5. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. The project applicant will use trauma-informed, victim-centered approaches to serve & meet the needs of survivors. They will prioritize placement & stabilization in permanent housing consistent with the program participants' wishes & stated needs as expressed in their safety plan, pre-housing, & housing stability plans. Project applicant staff are invested in survivor safety & self-determination. They will assist survivors in identifying permanent housing options based on their unique wishes, needs, preferences, and financial resources through the project applicant's & CoC's landlord engagement, & through the CoC's partnerships with the local Public Housing Authorities (PHA's) & their dedication & preferences for this population in their public housing & Section 8 programs.
2. The applicant is proud to have & nurtures its compassionate culture. The culture is modeled by leadership to staff & very importantly, will be extended to survivors. It is understood that a power differential exists because the project applicant is in a position to help & the survivor seeking services is someone whose experiences have made them vulnerable. Recognizing this, they value client autonomy, privacy, and self-determination, objectivity & freedom from further abuse, equity of service, equality, & respect, & these values will be integrated into client interactions. Because of these instilled values, interactions during service provisions will never be punitive, & will be looked at through a lens of survivor empowerment. Staff will receive renewed training regarding recognizing & minimizing power differentials.
3. Project applicant staff are skilled in working with survivors & are trained to offer education, resources, and counseling to each program participant on the dynamics of power, abuse, & control. Educational handouts will be provided to each program participant that includes information on trauma, as well as resources to other providers who provide trauma-informed & educational services on trauma.
4. Project applicant staff will draw upon a diverse array of tools to assist survivors such as the empowerment model, which assists survivors with tapping into their own strengths as they identify goals that will help them regain selfsufficiency & autonomy. Case plans will be designed using a trauma informed & strengths-based approach that focuses on the survivor's own aspirations for the future & provides supportive coaching to leverage the survivor's strengths in developing or refining the necessary skills to achieve these goals.
5. The project applicant strives to be all-inclusive of all victims & will make services highly relevant, culturally appropriate, & easily accessible for those in the CoC's geographic area. Cultural competency & sensitivity will be at the center of all programmatic & service efforts. Staff will include those from a variety of different backgrounds, speaking various languages, in program operation & service provision. Client forms previously translated to other languages for non-English speaking participants will be utilized and translation services will be available. The project applicant realizes that domestic abuse is not limited to heterosexual relationships or male-against-female violence, and will fully welcome participants of any gender, sexual orientation, gender expression, or relationship type. They will operate within their policies and procedures surrounding equal access and nondiscrimination for survivors and staff that will guide the project in these areas.
6. Through the project applicant's own service provisions, group counseling sessions for program participants will be offered to each participant. Groups will be facilitated by trained counselors and they will utilize the strengths of peer-to-peer relationships. Survivors previously permanently housed will be invited to attend regularly scheduled events with their peers to encourage comradery &

support. Through the project applicant's many partnerships with other Victim Service Providers (VSPs) & organizations, direct referrals will be utilized to offer additional connection support to survivors. Such connection support will include peer support, education, parenting groups, and more.

7. The CoC has an existing MOU with the Early Learning Coalition who offers subsidized childcare. Survivors and those experiencing homelessness receive prioritization over the waitlist. The project applicant will refer survivors who need to enroll in services to the ELC through established referral forms. The project applicant will also make referrals to Legal Aid for survivors who need legal services. Advocates & therapists will work with clients on parenting issues for it is well known how important intervention is for children who have experienced or lived in an environment of abuse. Their therapists will host a Parenting Strategies support group, & free mental health counseling will be provided for the children in their programs.

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

(limit 2,500 characters)

The new project will involve survivors with a range of lived expertise in policy and program development throughout the project's operation through collaboration with the CoC's Lived Experience Committee and through the project applicant's Board of Directors, which is inclusive of members/staff with lived experience specifically regarding multiple aspects of the project. Former and current clients also give valued insight and input into both policy and program design/evaluation through a survey that gives them an opportunity to provide anonymous policy, programmatic, procedural, and service provision feedback. This feedback is shared with the Lived Experience Committee to be reviewed and to make recommendations to the CoC's governing body. This involvement will continue throughout the project's operation.

4B. Attachments Screen For All Application Questions

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

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	1C-7. PHA Homeles...	09/22/2023
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	09/22/2023
1D-11a. Letter Signed by Working Group	Yes	1D-11a. Letter Si...	09/25/2023
1D-2a. Housing First Evaluation	Yes	1D-2a Housing Fir...	09/22/2023
1E-1. Web Posting of Local Competition Deadline	Yes	1E-1 Web Posting ...	09/22/2023
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Comp...	09/28/2023
1E-2a. Scored Forms for One Project	Yes	1E-2a Scored Form...	09/25/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5 Notification...	09/22/2023
1E-5a. Notification of Projects Accepted	Yes	1E-5a Notificatio...	09/22/2023
1E-5b. Local Competition Selection Results	Yes	1E-5b. Local Comp...	09/26/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	1E-5c. Web Postin...	09/26/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	1E-5d. Notificati...	09/26/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2A-6. HUD's Homel...	09/22/2023
3A-1a. Housing Leveraging Commitments	No	3A-1a. Housing L...	09/25/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Levera...	09/28/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: 1D-11a. Letter Signed by Working Group

Attachment Details

Document Description: 1D-2a Housing First Evaluation

Attachment Details

Document Description: 1E-1 Web Posting of Local Competition Deadline

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a Scored Forms for One Project

Attachment Details

Document Description: 1E-5 Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Local Competition Selection Results

Attachment Details

Document Description: 1E-5c. Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: 1E-5d. Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: 2A-6. HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Leverage Letters

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/19/2023
1B. Inclusive Structure	09/26/2023
1C. Coordination and Engagement	09/28/2023
1D. Coordination and Engagement Cont'd	09/28/2023
1E. Project Review/Ranking	09/28/2023
2A. HMIS Implementation	09/25/2023
2B. Point-in-Time (PIT) Count	09/27/2023
2C. System Performance	09/28/2023
3A. Coordination with Housing and Healthcare	09/28/2023
3B. Rehabilitation/New Construction Costs	09/22/2023
3C. Serving Homeless Under Other Federal Statutes	09/22/2023

4A. DV Bonus Project Applicants	09/27/2023
4B. Attachments Screen	09/28/2023
Submission Summary	No Input Required