

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: IL-501 - Rockford/DeKalb, Winnebago, Boone Counties CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

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:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

17.	Organizations led by and serving LGBTQ+ persons	Yes	No	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	No	No	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	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.	Veterans Service Providers	Yes	Yes	Yes
35.	Local Public Health	Yes	Yes	Yes

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

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

(limit 2,500 characters)

Our CoC implemented a Diversity, Equity, & Inclusion (DEI) Committee a few years back to work on promoting racial equity in our CoC work. Through that committee we were able to offer some trainings to our agency representatives on working with the underserved populations. Additionally the CoC has worked to ensure we have representation on our full membership and CoC board. Agencies have also discussed and worked on plans to ensure people of color are represented on their staffs. Both the CoC (through the CES provider) and individual agencies conduct client surveys to get feedback from their clientele. While we do not have a lived experience board at this time, we plan on working on that in the upcoming year. We hope that board would be a representation of the population that we serve.

We have recently completed a survey of CoC agency staff. Of the 152 respondents, 59% reported being white, 27% report being black, 10% report being Hispanic, 1% report being Asian, and 3% report "other". For those that reported being a race other than white, they were asked if they felt like they were treated with respect and dignity. Of the 141 that replied, 53 said "yes", 3 said "no", and 4 said "most of the time". While not related to race, the survey also asked about LGBTQ+ status. Of the 152 respondents, 14% (or 21 people) identify as part of the LGBTQ+ community while 86% do not. This group was also asked if they felt like they were treated with dignity and respect in their offices. Of the 21, four said "no" but the remainder said "yes".

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

(limit 2,500 characters)

1. The CoC has a PR and Membership Committee whereby 7 members meet monthly to discuss public outreach strategy and membership. CoC does a membership push at the beginning of each calendar year, it is open to new members all year around. The membership committee actively reaches out to individuals, businesses, and agencies and tries to encourage them to join the CoC. The committee members used the list in 1B.1 as a list of people to invite. Our website serves as our main marketing platform and details all of IL501's activities and services. Membership invitations and a link is listed on our website and is also posted multiple times each year on the CoC's FaceBook page.
2. The website gives options for various languages and gives options for people who need a special accommodation. We do have access to email, TTY lines, and language lines.
3. Our membership committee has reached out to organizations who work with specific communities such as LaVoz Latina, the African American Resource Center at Booker Washington Center, and PFLAG/Liam Foundation. We have also reached out to agencies that work with Trafficking victims and persons with disabilities. A few new organizations have signed up to be part of the CoC.

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. In 2024, the City hosted a stakeholders meeting consisting of 10 different agencies where they solicited opinions and ideas around ending homelessness. This 2 day event took the ideas of the stakeholders to create the goals for the next several years. The CoC worked with the University of Illinois College of Medicine medical student to conduct a survey on access to healthcare for homeless individuals. Results of this survey will be shared with the CoC before the end of the year. This information can be taken into consideration for future planning.
2. In September the goals and plans that were created at that meeting will be presented to the full CoC membership. The same plans will be shared at a community meeting, as part of the public comment process for the City's Consolidated Plan. At each place, we will solicit public opinions. The plans will also be shared on the CoC's website and social media pages where people can provide feedback also.
3. Our CoC ensures effective communication for people with disabilities by always having electronic formats available for users. Our systems do have options for TTYL and different languages. We are willing to make other reasonable accommodations as needed.
4. All comments and questions from meetings, social media, or the website is sent to the CoC board for review. Changes to policies and procedures that are a result of this feedback are made after discussion by the CoC and a vote. The CA solicits feedback about needed services through the Consolidated Plan meetings and is currently conducting a survey of homeless clientele coming into the CES. Survey results will be compiled after completion and this information will also be taken to the CoC board to inform them of any recommended changes. Information gathered from Stakeholders meeting was used to create a Mental Health & Homelessness Committee lead by the CA and also the creation of a data committee--to ensure that the data we are gathering from our work with Built for Zero is transparent and getting out to all of the community members that need it. From our public feedback, we are also working to build a People with Lived Experience group.

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

(limit 2,500 characters)

1. The Collaborative Applicant (CA) sent out a press release to all local media sources to inform the general public of the availability of funds for new agencies. Additionally the CoC sent an email to all members letting them know of the new funding opportunities and asking them to share with their respective mailing lists. CoC members reached out to potential candidates to encourage them to apply for funding. Information soliciting new applicants was also posted on the CoC's website, CoC Facebook, CA Facebook, CA website, and some member agency social media sites, as well.
2. All of the information sent out included information about obtaining and completion of the paper application, ranking and scoring, notification and E-snaps entry and training. There was also contact information provided for any follow up questions to the process.
3. The process for ranking and scoring was discuss and the Ranking Policy & Procedure document was attached for people to discuss. Again, contact information was provided for any follow up questions.
4. Our website does provide for effective communication with choices for languages. RAMP (our local Disability Advocate organization) is a member of our CoC and ensures that we are being inclusive for persons with disabilities.

1C. Coordination and Engagement

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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.		

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

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

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

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

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

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

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	No
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)

CoC has formal MOU in place with the Rockford School District Families in Transitions program (FIT) which is their homeless program. CoC members in DeKalb also have a MOU with the School District 428 in DeKalb. These agreements put into place a formal referral network between the educational partner and the CoC partners, to ensure that the needs of homeless families and children are being met. Each CoC funded program has an educational liaison in place to ensure clients have the information needed to get their kids successfully enrolled in school and entered into other services that they need. The agreements ensure that the educational providers also know who to contact in the event that they have homeless families/children who need housing services. The Rockford School District is not a CoC member at this time (due to a very large turnover in staff) but they have been in the past. Even though they are not a member, they do still participate in the family and youth case conferencing meetings when it is appropriate. Additionally, we have just made contact with the Boone/Winnebago Regional Office of Education #4 and they have agreed to become a new member of the CoC in the coming year.

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

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

(limit 2,500 characters)

The CoC voted to adopt HUD's guidance on education services. The policy states the following. The CoC requires that each agency receiving funding, either through the CoC or ESG Grant Programs, coordinates with local education providers to ensure that homeless families and unaccompanied youth are aware of and access the educational resources available to them. Agencies receiving CoC or ESG funding must designate a staff member to be responsible for ensuring that children and youth access appropriate education services, by being enrolled in school, early childhood programs, or other relevant education programs within the community. Agencies must designate a staff member to be responsible for ensuring that all families who are homeless understand the implications of this policy, and their decision-making rights under it.

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

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

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

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Rockford alliance against sexual exploitation	Yes

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

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

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

(limit 2,500 characters)

1. The CoC coordinates housing services for persons fleeing or attempting to flee domestic violence with Remedies Renewing Lives & Safe Passages, local victim service providers. Both agencies are providers of comprehensive domestic violence services, including a 24-hour domestic violence crisis hotline, a 24-hour emergency shelter for survivors of domestic violence, transitional and rapid rehousing, therapy, counseling, advocacy, and other services. Remedies also serves as an anti-trafficking service provider providing holistic case management services for human trafficking victims. Remedies serves over one thousand survivors of victimization annually through its residential and walk-in services. Being a well-established Domestic violence provider, Remedies' housing policies are based on best practices as guided by the technical assistance and training received from the IL Coalition Against Domestic Violence and The Network. In Coordinating services for DV survivors, the CoC consults with and refers survivors to Remedies or Safe Harbor for services that are trauma-informed and tailored to the needs of DV survivors. The Family Peace Center is also a CoC member that provides services to survivors. They provide feedback to the CoC policies.

2. Remedies & Safe Passages collaborate with the Illinois Coalition Against Domestic Violence (ICADV) and The Network throughout its operations. As a member organization of ICADV, Remedies is represented on the Advocacy, Funding, and Accountability (AFA) committee. Several staff members from Remedies have participated in ICADV's Program Council Peer Connection meetings. A significant number of our personnel also take part in the virtual and in-person training sessions organized by ICADV. Winnebago County is a trauma-informed community so several trauma-informed trainings are hosted each year which are open to all of our CoC agencies. CES staff have all attended trauma-informed care training to ensure survivors are treated with care.

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

(limit 2,500 characters)

1. Individuals advocating for the needs of survivors of domestic violence must undergo a 40-hour training program sanctioned by the Illinois Coalition Against Domestic Violence (ICADV) and the Illinois Certified Domestic Violence Professionals Board. These trained advocates are equipped to conduct ICADV-approved intakes and evaluate the specific needs of survivors through a client-centered methodology, allowing victims to take the lead in determining their priorities. Advocates are committed to safeguarding the privacy and confidentiality of survivors by following stringent confidentiality protocols established by the Illinois Domestic Violence Act (IDVA), the Violence Against Women Act (VAWA), the Victims of Crime Act (VOCA), and the Family Violence Prevention and Services Act (FVPSA). Remedies Renewing Lives and Safe Passages actively participates in safety planning for individuals who have faced domestic violence. This critical process entails a comprehensive safety assessment aimed at identifying risk factors that could exacerbate the severity of abuse and heighten the potential for lethality. Important factors assessed include the availability of weapons, issues related to substance abuse, a history of strangulation, instances of jealous rage, abuse during pregnancy, suicidal ideation, and other elements that may compromise the survivor's safety. Based on this assessment, customized strategies are developed to improve safety, which may involve actionable steps for exiting an abusive situation, pinpointing safe locations during emergencies, and organizing essential personal documents such as identification, financial records, and health information to facilitate a swift departure. Furthermore, advocates help survivors find safe housing options. We offer a 24-hour emergency shelter, a crisis hotline, individual and group support services, and a dedicated housing advocate for emergencies.

2. Housing site locations are kept confidential to preserve survivor safety. If a survivor's location is compromised, temporary emergency shelter is provided. In addition, advocates are knowledgeable about the Illinois Safe Homes Act which supports a victim's right to vacate rental properties early for reasons of safety and allows the changing of locks. Coordinated Entry

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

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

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

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

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

(limit 2,500 characters)

1. Our CoC does have policies/procedures for emergency transfers. VAWA (Final Rule, 24 CFR, Part 5, Subpart L) codifies the core protection across HUD's covered programs, ensuring survivors are not denied assistance as an applicant, or evicted or have assistance terminated as a tenant, because the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. No program will deny or terminate assistance or evict a participant solely because they are a domestic violence survivor; Nor shall an agency deny a survivor on the basis that the agency does not provide domestic violence programming or services. Policy: "Agencies shall support survivors in accessing needed and requested services related to their incident of domestic violence while in housing (for example, a non-victim service provider can work with a survivor to locate advocacy and community-based domestic violence resources to assist in safety planning)." EMERGENCY TRANSFERS: "One of the key elements of VAWA's housing protections is the emergency transfer plan which allows for survivors to move to another safe and available unit if they fear for their life and safety. Programs must follow the established CoC-wide emergency transfer plan for those in CoC and ESG programs fleeing domestic violence. The procedures for any CoC-funded programs: Agencies must distribute the VAWA Notice of Occupancy Rights to every participant who is applying for permanent housing assistance. Agencies must distribute both the VAWA Notice of Occupancy Rights and the Certification of DV form. Agencies must include the following provisions in any contract or lease between the program and landlord: the VAWA final rule; confidentiality language, including that they will not enter confidential information into any shared database."
2. All households should be informed at the time of their move-in. This policy is part of the CoC wide policy document but also each programs policies.
3. To request a transfer, participants must contact their agency contact and either make the request in writing (preferred) or verbally. If they have documentation of issue, they may provide it but it is not required. Agency may ask for a written statement by participant to document situation.
4. Usually, individual agencies would respond to requests. If not possible, the CoC process would have the agency reach out to the CES provider to assist in locating a safe location to move.

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

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

(limit 2,500 characters)

Remedies Renewing Lives, a provider of comprehensive domestic violence services and an active participant in the Continuum of Care (CoC), is dedicated to offering housing advocacy for survivors of domestic violence. This advocacy includes a variety of support services such as information dissemination, assistance with housing searches, referrals to housing providers, application support, transportation services, and more. Additionally, Remedies Renewing Lives and Safe Passages operates a 24/7 Emergency Shelter and transitional housing program, while Remedies also has rapid rehousing initiative to meet the diverse housing needs of homeless survivors of domestic violence. Individuals facing homelessness and seeking housing are referred to the CoC for rapid rehousing services and other available options. To ensure that all housing options are accessible, the program director of Remedies Renewing Lives and Safe Passages actively collaborates with the CoC Board, facilitating effective coordination of services with the CoC.

The Northern Illinois Homeless Coalition leverages the specialized knowledge of Remedies Renewing Lives and Safe Passages to tackle systemic barriers to housing services for survivors of domestic violence. Providers adopt a proactive approach to assess the needs of these survivors through daily interactions and feedback mechanisms. We participate in training programs funded by state and federal sources, including those provided by the National Network to End Domestic Violence and the Illinois Coalition Against Domestic Violence, to gain a deeper understanding of the housing challenges faced by domestic violence survivors. In partnership with the CoC, Remedies and Safe Passages aims to identify and address systemic barriers within the community, implementing solutions to meet these needs. Recent initiatives include the expansion of transitional housing services and the launch of rapid rehousing programs, which also offer supportive services for individuals experiencing homelessness. These agencies continually adapts its service offerings to align with evolving needs.

Family Peace Center, another CoC member, offers a one-stop-shop for DV services. Survivors can receiving help with basic needs, counseling, orders of protections. The focus is on reducing the number of times survivors tell their story & the number of places survivors must go for help, as well as increases access to services and support for survivors and their children.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

1.	identifying barriers specific to survivors; and
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2.	working to remove those barriers.
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(limit 2,500 characters)

1. The CoC collaborates with Remedies Renewing Lives and Safe Passages for their specialized knowledge of tackling systemic barriers to housing for survivors of domestic violence. Providers employ a proactive strategy to evaluate the needs of these individuals through regular interactions and feedback. Advocacy staff participate in training programs funded by state and federal sources, including those provided by the National Network to End Domestic Violence and the Illinois Coalition Against Domestic Violence, to gain a deeper understanding of the housing challenges faced by domestic violence survivors. In partnership with the CoC, Remedies & Safe Passages aims to identify and address systemic barriers within the community, implementing solutions to meet these needs. Recent initiatives include the expansion of transitional housing services and the launch of a state-sponsored rapid rehousing program, which offers supportive services for DV survivors experiencing homelessness. Both continually adapt its service offerings to align with evolving needs.

2. Common obstacles to housing for survivors of domestic violence encompass poor credit and problematic rental histories often instigated by their abusers, inconsistent employment due to missed work resulting from violence, housing discrimination linked to frequent law enforcement involvement or property damage, and the loss of subsidized housing due to violations of housing voucher policies perpetrated by the abuser. To combat these issues, trained domestic violence advocates offer support and advocacy for victims in their dealings with landlords, frequently reminding them of the legal protections afforded to victims under legislation such as the Safe Homes Act and the Violence Against Women Act (VAWA). When necessary, referrals to housing attorneys are made, and financial assistance is provided as needed. Additionally, advocates actively encourage and assist survivors in navigating their financial challenges.

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

1. The CoC collaborates with organizations like the Liam Foundation/PFLAG, Tommy Corral Foundation, and others that work with the LGBTQ+ population to gain knowledge and feedback to inform the CoC policies around anti-discrimination. CoC agencies have received extensive training around Trauma informed care, as it is a priority in our community. The CoC provided a training for all agencies/staff on the HUD Equal Access rule to ensure we are in compliance with the laws.
2. All CoC Members should adhere to all fair housing laws. Programs, including emergency shelter programs, shall not discriminate against any individuals or families based on race, age, ability, sexual orientation, gender identity, religion, income, national origin, citizenship status or any other characteristic protected under federal or state law. All CoC assisted providers must provide their policies to the collaborative applicant at time of contract so that they can be reviewed for consistency. If there are issues, the CA works with the agency to update policies and get them updated as needed.
3. The CES provider does collect information from clients that feel like they are being discriminated against. If they are willing, CES has them to complete a complaint form (or staff can write it for them if they are unwilling or unable), these would be provided to the CA and the CoC Board for review.
4. If it is found they are out of compliance, the CoC board will talk with the agency. In addition, the CA will speak with them in regards to their compliance issue and how it can affect their funding and the overall success of the CoC. Participants may also be referred to Prairie State Legal services for legal advice, if the agency has broken fair housing or other laws.

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
RHA		Yes-Both	No
WCHA	43%	Yes-HCV	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	
	Describe in the field below:	
	1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
	2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1. The CoC has worked with our two largest PHA's listed above and additionally the Housing Authority of the county of DeKalb (HACD). Rockford Housing Authority (RHA) has had a general "homeless preference" for some time but agreed in 2020 to add two additional points for homeless persons coming from the CoC agencies and for those coming through CES. This was in addition to their preference for survivors of DV, youth aging out of foster care, and veterans who all may be homeless also. The CoC has talked at length with Winnebago County HA about adding a general homeless preference for their various programs. They have not done yet but they do also have preferences for DV survivors, veterans, and youth exiting foster care. They also have a preference in HCV for homeless to get preference for Mainstream vouchers. For several years they did have a moving on preference, which is written in its policy as "5 set-aside units" (annually) of public housing for people ready to exit our CoC housing programs. The HACD provides a preference on both HCV & PH for applicants families who are currently residing in Emergency shelter, transitional shelters, permanent supportive housing or participating at/in/through a participating DeKalb County Supportive Service Agency. In the last year, 16% of their new admissions were classified as homeless at entry. This provides a preference for any person/family receiving homeless services and encourages individuals and families to continue with support services as a means to gaining access to housing faster. HACD is a CoC rental assistance grant recipient and is also a housing provider that works with a non-profit agency that provides 26 units of PH for chronically homeless and 11 units for disabled severely mentally ill homeless persons.
2. N/A

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	

5.		
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1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		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.	FYI

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

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

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	13
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	13
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
Describe in the field below:

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

(limit 2,500 characters)

1. The CoC's Ranking Committee works closely with the CES provider/CA who monitors the Housing First practices of the applying agencies. If there are any issues with the agencies practice of using HF, the CES provider/CA will note that on the applications so that the Ranking Committee knows what they are doing and can use that in evaluating the application. Our CoC has begun using the Housing First Assessment Tool that HUD has published.
2. We used factors such as SPM's (returns to homeless, increase in income, increase in non-cash income), % w/zero income at entry, % with multiple disabilities, % entering from unsheltered, cost reasonableness , % of entries from CES, bed utilization rates, and people w/lived experience/people of color involved in boards and leadership roles.
3. Through the CES system, all housing referrals can be monitored. Agencies' are required to send "accepted" or "denied" applications back along with the reasons for denials. DeKalb data can be tracked through the HMIS system. We do have some TH programs that are not HUD funded that do not follow Housing First, they will still accept referrals from the CoC and CES.
4. Housing First is discussed at on-going meetings and training opportunities are sent out to CoC members. We are also looking to do another CoC-wide training in the upcoming year. When issues related to Housing First are noticed through CES, the CES supervisor takes that information to the CoC board and makes contact with the agency itself. CES supervisor then discusses the issue with the agency in hopes of them making improvements to their system. If a satisfactory conclusion cannot be determined, then the CES would circle back to the CoC board for further investigation. There has been no instances in the last year that HUD funded projects have had complaints make it to the board level for investigation.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

Street outreach has changed significantly over the last several years. Outreach is conducted daily on weekdays and at least once a week at nighttime. The outreach provider gathers locations from homeless individuals, citizens, businesses, police reports and any other sources. Outreach staff use that information to go to the locations during the day and in the nighttime. These visits are for multiple purposes including to verify homeless status but also to engage with clients, build relationships, provide resources, check on the well being of the people who are unsheltered, and to offer housing options. Locations where people are known to frequent are checked on a regular basis to look for new people or to continue working on engaging with those who are harder to reach. We participated in a 100 day unsheltered challenge earlier this year that really brought together agencies and got some agencies involved in outreach that do not normally participate. So if our usual outreach staff are not "connecting" with clients, we do rotate staff to see if someone else can somehow build a better relationship. If we are still unable to engage with people, we work with partners from other agencies to see if they can come out and help to engage the person in services. We do not care who can engage with them, as long as someone can and we can begin looking for housing for them.

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

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

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

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

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	219	161

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1. We have several healthcare organizations that we partner with. Rosecrance, our mental health and substance abuse provider, Crusader Community Health (Healthcare for the Homeless), and Mile Square Health Center-LP Johnson Rockford Clinic, and Rockford Regional Health Council are all members of our CoC. Additionally, we work closely with UW-Health System who sees the majority of our homeless population. Locally our Rockford Fire Department has a Mobile Integrated Healthcare (MIH) program that partners a paramedic with a nurse from UW Health System to provide medical and behavior health/addictions case management within the community. The Crisis Co-Responder Team (CCRT) is another partnership in our community between our local Police Departments and Rosecrance that also provides services in the community to people suffering from a mental health/addiction crisis. Both MIH and CCRT are programs that work with the homeless population and partner frequently with our CoC agencies in addition to attending a monthly Mental Health & Homeless Committee Meeting led by the Collaborative Applicant. We are also working with the Illinois Medical Respite Capacity Building Initiative. We have previously been awarded funds for a planning grant and we are now seeking a grant to implement a small Medical Respite Program that would provide beds for homeless individuals who are discharged from the hospital but have nowhere to safely recuperate. We will know by the end of October 2024, if we have the funding and then we will begin implementation with the goal of having the program at full capacity by June 2025. The program will start small but after getting the program running and getting supporting data, we would hope to grow the program. Initially we are only working with one local health system with the goal to expand to all three. We may be able to use Medicaid for future funding of this program.

2. Alexis from the State of IL presented to our full CoC and has come out to do personal visits to discuss it. Many of our agencies have trained staff and this year we have gotten more staff signed up for trainings in the upcoming months. CoC members receive ongoing communication discussing upcoming trainings that are available for staff or any changes with the SSA guidelines.

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

(limit 2,500 characters)

1. The Winnebago County Health Department (WCHD) has been an active member of the CoC. This year, we also had the Boone County Health Department join our CoC also. On a monthly basis, the CoC receives public health guidance on the current recommendations for the prevention of communicable diseases. For example, WCHD works with CoC agencies on how to protect their clients and staff from respiratory viruses in the upcoming season. WCHD provided the "Fall and Winter Immunization Guidelines" during the Full Membership meeting in September 2024 to which included the vaccination guidance in the prevention of respiratory infections for all age groups. In the event that an infectious disease is identified in a CoC agency, WCHD works directly with the agency in response to the disease exposure, providing isolation and quarantine guidance, vaccinations if necessary and mitigation measures to prevent further spread of the infection.

2. In the prevention of infectious disease, WCHD holds vaccination clinic(s) within the CoC agencies to ensure that the homeless are protected against infectious diseases. WCHD held a vaccination clinic at Carpenter's Place to ensure the homeless received their COVID-19 and influenza vaccination. Vaccinations are the best prevention against infectious diseases.

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

(limit 2,500 characters)

1. The CoC has a standing agenda item, Public Health Update, on both our monthly Board and Membership meetings. This standing item on the agendas provide the opportunity for public health and the CoC to share information on the most current infectious disease(s) that may affect the homeless and the agencies that serve them.

2. In addition to the monthly meetings having the Public Health Update, the CoC facilitate further communication by sending out email communications on public health issues in between the monthly meetings as needed. For example, the CoC received notification of the upcoming influenza vaccination clinic at Carpenter's Place to ensure the homeless has the opportunity to get vaccinated. Since our local Health Department is a member of our CoC, there is always ongoing communication between them and the homeless agencies.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
	1. can serve everybody regardless of where they are located within your CoC's geographic area;	
	2. uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	

3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1. Our CoC has a Single Point of Entry system which uses outreach and a 24/7 emergency hotline to reach everyone in our service area that needed it within Winnebago and Boone Counties. Since merging with DeKalb, we now have a secondary intake site located in DeKalb. Both locations can do intakes over the phone or in person and covers the entire service area.
2. Both of our CES locations utilize the same intake and referral process for all clients. Hope Haven handles the referrals in DeKalb County and the Community Action Agency handles those for Boone & Winnebago County. Clients are able to choose which list they want to be placed on (DeKalb or Winnebago/Boone) and then referrals will be made accordingly.
3. CES staff has attended trauma-informed care training and uses that when dealing with clientele. CES staff recognizes the impact of trauma on an individual's wellbeing and collects personal information in a way to prevent re-traumatization.
4. The CES policy & procedure goes through an annual review each year to update all info or make needed changes. Smaller reviews or updates can be made throughout the year, as needed. We routinely conduct surveys of homeless/formerly homeless about their experience with CES. When those results come in, they will be shared with the CES committee to see what policies/procedures need to be changed, added or updated.

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

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

(limit 2,500 characters)

1. Many times the people who will not engage with CES are those who become involved with other governmental agencies such as police. In that case, the agency will reach out to the CES provider. When this happens, CES can get basic info from the caller but in some cases can go join them on scene to speak with the homeless person or can speak with them over the phone. In other cases, the hard to reach people will go to soup kitchens or day centers for food or other services, in those events the agencies will also try to get the person to connect with CES or will call and give CES their information. In that case, CES will set up special outreach if that is needed.
2. Per the CES policy, those people who have been homeless the longest and has the highest service needs do get priority within our housing system. In addition, CES does case conferencing and works closely with partner agencies to identify those with the highest needs and work together on a housing plan. Monthly mental health and homelessness committee is one example of this partnership. This group meets twice a month and discusses those unsheltered individuals who have the most serious mental health needs and look for housing options for them. In many cases these individuals are too ill to reside in our CoC programs and need a higher level of care which is very hard to get into.
3. The CES (usually in cooperation with partners through case conferencing), generally lay out of the options that a person is eligible for. Those options are discussed and people are able to state what they would like to do. When there is an option available for that individual/family, it is offered to them. CES refers them to the housing program, then the person can speak with the program manager to see if it fits with their preferences. They always have the option to turn it down, if they want. Staff will encourage people to move into housing as soon as possible.
4. Use the housing first model, low barriers, client-centered (they don't have to answer or give information they are not comfortable with, choice in services they want/housing choice). The CES does not force participant to have ID's/documents in order to be eligible (will help them obtain documents if they need them). CES staff will help connect to services, such as transportation and mental health assessments. medical care. CES helps with housing navigation and completing applications.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

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

(limit 2,500 characters)

1. The CES provider does several things to market the housing and services of the CoC. First of all, they maintain the website and Facebook pages, they also share info to the social media accounts for the City of Rockford and the Community Action Agency which gets the messages out to many more followers. The CES and their outreach staff place signs in various places around the city as well where homeless individuals are known to be. This includes agencies, parking garages, 24 hour businesses, and on street signs where panhandlers frequent. The CES provider has also recently started a landlord engagement program. This position is tasked with using a Coordinated Property Engagement approach and is in the process of making CoC-wide marketing materials which will be available for both potential tenants and landlords.
2. The CE participant information packet includes a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process. Additionally, this form describes and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form is reviewed at the access point by CE staff, and must be signed by each participant. Coordinated entry notifies all participants of their rights to appeal decisions of the coordinated entry system or any partner agency. Participants may file complaints alleging unfair treatment by coordinated entry. Access to this process in no way restricts participants from filing complaints with local, state, or federal.
3. CES provider is part of the jurisdiction and therefore has open communication with them to discuss any fair housing issues that affect the CoC. Through the landlord engagement program, the person in this position will also be able to monitor any fair housing issues that we see through our CoC programs.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/27/2024

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

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

(limit 2,500 characters)

This analysis reviewed the period of June 1, 2023 – May 31, 2024, for racial disparities. Findings concluded that there are significant racial disparities in who experiences homelessness in the Rockford/DeKalb, Winnebago, Boone Counties CoC. This is specifically evidenced for Black/African American. The analysis showed Blacks have the longest median number of days in emergency shelters. Additionally, reviewing all program types in this CoC, Street Outreach programs show white folks are overrepresented compared to other demographic populations of all CoC programs in this specific period. Further, the analysis showed white folks are less likely to successfully exit most programs compared to other race/ethnicity groups. Similarly, Black/African American households are more likely to experience homelessness, however, they did have the highest success rates for program exits.

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

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

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

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

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

(limit 2,500 characters)

The CoC board plans to review system-level quarterly data analysis on program effectiveness and where improvements are needed, the board will review and make changes as necessary. They will also use HMIS data, program participant surveys, and staff surveys to help evaluate if our our current program models are working. The Board will use the info to determine is the staff have what they need to work with the clients and if the programs themselves are designed to meet clients' needs. In the upcoming year, the CoC is working on ways to better implement People with lived experienced into our decision making process to evaluate the processes and make recommendations to the board on system-level processes and policies.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
	1. the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1. The CoC will use HMIS data to analyze shelter usage trends to ensure that people in shelters are appropriately referred to the coordinated entry system to eliminate disparities. HMIS data disaggregated by race will also be evaluated to ensure program enrollments are proportionate to coordinated entry intakes. Program exit information will also be reviewed through an equity lens to compare the success rates of members of BIPOC communities far in relation to their white peers.
2. The CoC will utilize advanced custom reports created for HMIS that will be used on a quarterly basis to review racial disparities in programs and system outcomes. Additionally, using a new HMIS client portal the CoC will implement a client survey to receive feedback from program participants and conduct an analysis on that feedback to track outcomes of homeless assistance and more. The CoC will also survey provider staff on their qualitative experiences in addressing or eliminating racial disparities.

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

(limit 2,500 characters)

In the past year, we did targeted outreach which allowed us to get a person with lived experience to join our board. Many of our agencies have people with lived experience on the staff, which allows them to have the voice of those with lived experience in either leadership or decision-making processes. We have created a Diversity Equity & Inclusion (DEI) committee which has actually taken over the CoC website and made significant changes. The CoC did targeted outreach for new membership, reaching out directly to groups, agencies, etc that work with different populations and people with lived experience. We do often get people with lived experience who will participate for a short time but then drop out. We are looking at ways to make it more inclusive and welcoming for them and are also looking at training opportunities for the people with lived experience. The CA has been able to convene an advisory group on two occasions over the past couple years made up of PLE's to discuss the goals of reaching "functional zero" for all populations and the new goals around equity. Their feedback was captured and is being used to plan moving forward. Some CoC member agencies do have lived experience boards-Rosecrance and the Family Peace Center both have lived experience groups that look at their programs. The CoC has begun looking at ways that they could use these examples to better include PLE and implement these ideas.

The CoC did conduct a survey to see how they were doing within individual agencies around hiring people with lived experience. Out of the 152 employees surveyed, 27% stated that they had lived experience of homelessness. Of those individuals, twenty-five (25) percent stated that they were in position of leadership or decision making either with the CoC or within their organization.

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

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

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

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

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

(limit 2,500 characters)

Most of our CoC organizations provide their participants with lived experience the skills for professional development. They train them in how to write a resume, interviewing techniques, and how to dress properly for interviews. In addition, they give assistance in completing applications, transportation to get to interviews, and help clients to process the success of the interview so that they can make improvements for the future.

For the agencies that have board members or people with lived experience on staff (most agencies have both), most are part of a group, Northern Illinois Center for Non-Profit Excellence (NICNE) provides several training series throughout the year in which the agencies send their staff to. Based on a CoC survey that was conducted, out of the 152 respondents, 27% of agency staff are people with lived experience of homelessness. These organizations offer professional development through various trainings and conferences, tuition reimbursement, and other educational opportunities. Organizations value the professional growth of their employees and therefore, provide these opportunities to enhance the expertise of those in the field. As a CoC, we are looking into a possible leadership training for people with lived experience.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

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

(limit 2,500 characters)

1. The CES provider has everyone coming through the Single Point of Entry complete a survey, if they are willing. We also have a place on our website where people can send a message with any feedback. We are working on a way to make a survey using a QR code (and also paper version) so that all CoC agencies are using a consistent survey and collect all results in one central location. We are working with our data lead on this and hope to have it up and running next year.
2. Surveys are generally completed on an ongoing basis. CES did stop collecting them for a while due to staff turnovers but they are being collected again and are always available if someone asks for them.
3. In addition to the CES survey, individual agencies who have CoC/ESG funding also collect their own surveys. These surveys can be shared with the full CoC.
4. This is also done on an ongoing basis since there are always people coming into and exiting the programs.
5. CES accepts complaint for all CoC/ESG program. CES staff will follow up with the provider agency to see what can be done. If there is still an issue, the complaint can be taken to the CoC board. Additionally, we have received complaints or heard issues through our website and social media (Facebook page). CoC has provided feedback to those people posting the issues to try to rectify the issues or provide clarification.

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

(limit 2,500 characters)

The CoC has worked in consultation with the City's Community & Economic Department to do planning for the HUD ARP dollars to look at ways these needed funds can be best used for the homeless & create more affordable housing. The CoC has also been a strong advocate for the two affordable housing projects that are currently in the works. One being the project noted in #1 and a second project that would convert an old hotel into permanent and PSH units for homeless individuals. The Collaborative Applicant (City of Rockford) has talked on behalf of the CoC to other city officials with the following outcomes.

1. The City has not identified a need to reform zoning & land use policies to permit more development, since there is plenty of land available in all zoning types. However, our SRT committee does review Special Use Permit (SUP) requests to help the developer present a successful request to our Zoning Board. A recent example of this was the SUP granted to Rockford Housing Development Corporation (RHDC). RHDC had purchased land in & next to a neighborhood that was partially zoned for Industrial and partially for single family homes. The SUP will allow them to develop a campus of structures that include a multi-family building with commercial space for a childcare center on the first floor, six duplexes, 6-10 single family homes, a culinary school with vertical garden, & an artist live/work multi-family building.
2. The City is looking to increase housing units and will address regulatory barriers as they are identified. One initiative recently approved by City Council is an IGA with three other taxing bodies to rebate 3 years of property taxes for any new construction property owners. The newly built property can be single family homeownership, or multi-family rental of any size. The hope is that this property tax relief helps to negate the costs of higher interest rates on permanent financing and/or the increased cost of construction supplies and labor. The City has also agreed to waive permit and hook-up fees on those new construction projects as a way to cut barriers. The CoC has recently created a committee that will look at Affordable Housing and look for ways to better educate both city/county leadership and the community at large on the need for more affordable housing. A survey recently conducted showed a deficit of over 6,000 units in our city so the CoC would like to educate people on this need and hopefully make them more accepting.

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

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

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/19/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/19/2024

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

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

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

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

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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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)?	100
2.	How many renewal projects did your CoC submit?	11
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.	
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Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. Applicants were required to fill out an application that asked questions about their programs performance. In addition, the program's APR's were used to gather the data for review. Additionally, our HMIS lead agency pulled data to evaluate performance, service of high need populations, CES compliance, cost reasonableness, data quality accuracy, and unit utilization.
2. The CoC worked with the HMIS provider too, in order to get HMIS data and the data from the system performance measures broken down by project type so that information like "length of time to housing" and other system performance measures could be evaluated.
3. The tool uses multiple objective criteria to determine the project ranking in a fair and equitable manner.
4. CoC considered the following barriers: multiple disabilities, persons directly from streets, and no income.

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.	
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Describe in the field below:

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

(limit 2,500 characters)

1. The local ranking and review process was discussed and agreed upon by our full CoC membership, the CoC Board, and the ranking/review committee. We do have people of color represented in our full CoC & board who were part of the conversation.
2. The review, selection, and ranking process is completed by the Ranking committee. The ranking committee is open to anyone who would like to join it and PLE & BIPOC are encouraged to join and there is representation. The CoC used rating factors that they felt were very objective. At this time, they did not have any input regarding changes that were needed.
3. In the CoC's scoring tool, applicants were given addition points if they have people with lived experience or people of color on their staff, board, or other advisory capacities. While this may not eliminate barriers within the projects, having people of color involved in a advisory/decision making capacity is improvement that the CoC can build off of moving forward.

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. Based on the CoC's policy, new projects can be created through reallocation. This allows CoC's to reallocate part or all of a renewal project's funding in order to create one or more new projects that meet both HUD priorities and local needs by improving the CoC's outcomes and reducing homelessness more effectively than the reallocated renewal project. The reallocation of funds and/or project(s) may occur in the following circumstances: (1) The applicant makes the determination to not submit an application for a renewal project (includes applicants who wish to make a change in recipient/sub-recipient), (2) Due to poor performance or other justifications based on a failure to meet HUD priorities or local needs: the Ranking & Scoring Committee recommends that a renewal project is not submitted to HUD in the annual competition, or the Ranking & Scoring Committee recommends that a renewal project is submitted to HUD in the annual competition, but at a reduced funding request. Process: The Ranking & Scoring Committee, using approved Rating Criteria and Review, Ranking, and Selection Policies, reviews and ranks projects and makes recommendations for reallocation. All recommendations by the Ranking & Scoring Committee must be ratified by the CoC Board. NOTIFICATION: The applicant of a project recommended for reallocation is notified, in writing, via email and letter. Notification must occur within the timeframe established by HUD, and no later than fifteen (15) days before the CoC Consolidation Application submission deadline to HUD. Appeal Process: Once the CoC Board approves the Ranking & Scoring Committee recommendations, the ranking and funding decisions are deemed final for the local competition.

2. No, not programs were selected to be reallocated through the above process.

3. No

4. Performance were not low enough to warrant reallocation. Project are willing to make corrections to improve performance. Additionally, the population served are still needed.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No

	<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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.</p>	
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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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.</p>	10/11/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	<p>Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.</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>	10/11/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/28/2024
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Bit Focus-Clarity
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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.	Multiple CoCs
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	02/23/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

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

(limit 2,500 characters)

1. HMIS lead confirms with the DV provider that they are using a comparable data base and they ensure that they can provide the APR and CAPER reports that are required of them.
2. Yes, they are using the database provided by the State of Illinois.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	299	87	361	93.52%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	114	76	164	86.32%
4. Rapid Re-Housing (RRH) beds	161	0	161	100.00%
5. Permanent Supportive Housing (PSH) beds	490	0	490	100.00%
6. Other Permanent Housing (OPH) beds	139	0	139	100.00%

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

N/A--rates are all over 84.99%

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC conducted its 2024 PIT count.	01/22/2024
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/07/2024
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. Informational material was sent out to the various youth agencies including Youth Services Network and the Rockford School District Families in Transition Program (Homeless Program) to inform them of the PIT count. Information was also posted online on social media with a contact for youth who wanted to participate. We did have one formerly homeless youth who assisted in the planning process and had signed up to participate in the street count. We worked with this youth and also Youth Services Network, the only agency in our town, that works specifically with homeless youth, to make any changes/updates to our process.
2. We worked extensively with our one formerly homeless youth to come up with a list of locations where we should canvas for homeless youth. We also got feedback from Youth Services Network who talked to the young people in their youth shelters to see if they had additional locations. All of the suggestion locations were canvassed on the night of the PIT.
3. We asked several homeless or recently housed youth to participate as counters. We did not get a lot of interest. We did have the one youth agree to participate but he had to cancel last minute due to an emergency.

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

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

(limit 2,500 characters)

1. Not applicable
2. Not applicable
3. It was not affected by people who were displaced.
4. Not applicable

2C. System Performance

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

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

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

(limit 2,500 characters)

1. Our CoC has made several efforts to determine risk factors over the last few years. The CoC is now in the process of creating a prioritization tool to determine risk factors in our area. Looking at overall community data, histories of homelessness, DV rates and surveys that we have conducted we have come to some conclusions about risk factors. We believe that these risk factors include family conflict/domestic violence. Police stats from April 2024 estimate that 54% of their calls for violent crime in the city was related to DV, a significant increase from the same time in 2023. Little or no income was another leading cause for homelessness in our area. Historically the high eviction rate in the county was a leading factor and eviction numbers continue to rise, with landlords raising their rent prices sometimes doubling or tripling the price and being very selective as to who they will rent to. It also seems that there is an increase in the severity of mental health conditions that we are seeing in our unsheltered population, making it very difficult to work with people or get them into housing (even if it is for people with mental health concerns). We have also found that people who have a past history of homelessness seem to be at higher risk for homelessness. We are also taking a look at causes of homelessness amongst our senior citizen population.

2. Our community received new funding from the State of Illinois to prevent families from falling into homelessness. Several agencies have received this funding and are working on a CoC wide policy for homeless diversion. The intention will be to address the issues that make the families homeless in the first place. We work closely with our local legal aid and have funding to stop evictions when possible and have a good relationship with courts--if they believe a family qualifies for assistance, they will send them to us rather than always evict. We would like to continue this relationship while strengthening our other diversion policies.

3. Angie Walker at the City of Rockford Human Services department along with the other agencies providing diversion will be responsible for overseeing the strategies to reduce and end homelessness.

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

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

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

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

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

(limit 2,500 characters)

1. The CoC has the goal of all homeless individuals and families being housed within 45 days of identification. Our CoC has a By-Name List (BNL) of the homeless that tracks the length of time people have been homeless. We have not been able to reach this goal though so we have begun to implement some things to assist. First we have received additional funding from the State to provide more RRH services. We are also working to expand the number of housing units by requesting increased PSH/RRH in this NOFO. We were able to contract a Landlord Engagement Specialist (LES) who started in late 2023, who has begun work to engage more landlords, has created a unit listing for all CoC agencies to use, has begun to look at resource gaps around things like landlord incentives and maintenance charges to better entice landlords. This LES has recently become NSPRE certified to cut down on the length of time it takes to get units approved and intends to try to work with the local PHA's to cut down on their inspection times too by allowing us to conduct our own inspections on their behalf.

2. The CoC identifies those with the longest time homeless by sorting the BNL by the length of time homeless so that we can always see how long individuals and families have been on the list and work to get them housed as soon as possible. Those that are chronically homeless are a priority population. In addition, the CoC has started a Mental Health & Homelessness Committee that is working to address the housing needs of those literally homeless individuals who are the most severely mentally ill and usually remain homeless the longest. The CES provider is working with Community Solutions on some funding opportunities that may be able to increase units for this population with all the wrap around services to keep them housed.

3. The "System Strategies" Committees has begun working on this and will oversee these strategies and working to reduce the length of time homeless. They will then report back to the full CoC.

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

(limit 2,500 characters)

1. Our CoC's strategy is to implement more case management around discharge planning. There has been discussion focused around making discharge planning part of the case management process from the beginning of the program, trying to get more of the participants engaged in actively thinking about and planning for the end of the program. Especially with RRH, many families to date have not seemed to think much about discharge, thinking that they have two years to plan when the process is much more difficult than they believe. In addition, we are looking to implement more strategies to find landlords who will accept our funding and residents. Per the RRH policy, any participant with little to no income is advised to apply for subsidized housing at entry to the program. The pandemic and the eviction moratorium has resulted in a decrease in the number of available units in our community making it even harder to find placements for homeless families. We have also added non CoC resources that can pay for application fees, background checks and eviction deposits which are often necessary for a landlord to house a previously homeless person. CoC members are also actively working with the local Workforce Connection (WIOA) agency to connect people to appropriate jobs so they have income when they move to help pay for their expenses and maintain their housing moving forward.
2. We have a very positive PH exit/retention rate. In 2018 it was 93%, but has remained at 94% or above every year since. Many of our negative exits are for medical or mental health reasons. We continue to work with the local healthcare system to ensure that people transition to long term care if needed. Additionally, we are working to implement Mental Health Navigators who will work with that population to help stabilize them in housing and connect them to any resources they may need. Also if the people in PSH are not receiving social security benefits while in the program, they will be connected to someone to help them in applying for the process--generally a SOAR trained person.
3. The CoC Board is responsible for overseeing this strategy.

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

(limit 2,500 characters)

1. Our CoC works with population specific case conferencing committees (vets, chronically homeless, families) to determine common factors of people returning to homelessness. The CoC uses these committees as a place to work together to identify person who are struggling within the different programs who are at risk of returning to homelessness. Through use of HMIS and also the By-Name List, CES staff is able to identify people who are returning to homelessness and flag this data. This allows advocates to look for housing solutions that may be better suited for the person/family which may allow them to remain stable the next time they are housed.

2. The strategy that has been implemented to reduce returns homeless is to have the committees follow up on any participants that are having a rough time maintaining their housing. The committees provide case conferencing for those persons and come up with alternatives for them, which could be landlord mediation, referrals to other services or programs, or determining if other housing options would be better suited for the participant. The committee will also look to see if further wrap around services can be provided For CoC funded housing programs, to continually reinforce the need to limit returns to homelessness, all housing agencies are required to notify the CES before discharging anyone and each discharge is reviewed to ensure that it is a lease violation and not a program violation so that exits are restricted to only the most serious offenses. We have worked closely with our local HUD office to understand what is a reasonable reason for discharge from a program. All persons exited are rerouted back to CES, often prior to becoming homeless again, to obtain new housing.

3. Both the case conferencing committees and the coordinated entry committee oversee this data and can suggest new strategies for the CoC.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1. The CoC continues to work in partnership with the Workforce Connection, the local WIOA agency, to provide access to training and jobs. In addition, our local township, the general assistance provider, has recently significantly increased work related requirements and supports to ensure that those receiving general assistance are able to transition to employment. Singles receiving general assistance make up a significant portion of our homeless population. Several CoC partners have job coaches or programs to help clients. For example the Rockford Rescue Mission has the Works Center which teaches skills and connects with jobs. Case workers through other CoC funded programs provide job listings or recommendations to program participants. The City's Human Services department provides high demand job training and then seeks to connect them with jobs that pay a living wage. Many CoC agencies provide transportation to access jobs, training, or other work related activities.
2. The primary mainstream employment organization that we work with is the WIOA office. The CES provider is a WIOA partner agency and can link directly from the CES office to the WIOA office using Skype so that homeless persons can access WIOA during the CES process. We also enroll homeless persons in WIOA training programs if they are eligible.
3. The CoC Board is responsible for overseeing this process.

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. In 2018, in an effort of the CoC to increase non-employment cash income they implemented SOAR community wide. This was an effort to accelerate and increase the number of individuals approved for SSA. After the pandemic, many agencies had lost their SOAR certified staff. So in 2024 working with the State of Illinois, several agencies made a push to get new staff certified. Other agencies are still in the process of getting people certified. The CoC has made other efforts to increase the number of people who would apply and be approved for TANF funds through the Department of Human Services (DHS). Agency caseworkers can utilize the DHS website to assist clients in enrolling for cash benefits online. Rockford Township, which manages General Assistance benefits in our community is an active member of the CoC. Their office has taken additional steps to ensure that homeless persons can easily enroll in General Assistance such as agency outreach and assistance with applying for homeless with literacy or ADA barriers. It should be noted that non employment cash income for our CoC has fluctuated quite a bit over the past 6 years but it is significantly higher than where it started. By creating more wrap around services for harder to house clients and continuing to build partnerships with agencies that can help with these non-employment income sources, this number should continue to improve.
2. The CoC board is responsible for this strategy and will oversee the progress.

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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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
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,500 characters)

N/A

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

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

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

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

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	
2.	Enter the number of survivors your CoC is currently serving:	
3.	Unmet Need:	0

You must enter a value for elements 1 and 2 in question 4A-3.

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

(limit 2,500 characters)

1. HMIS and comparable database numbers
2. HMIS and comparable database
3. The CoC is not able to meet the needs of all survivors. Remedies, the DV provider in Rockford, and Safe Passages in DeKalb are both at capacity in their emergency shelter, transitional housing and rapid rehousing at most times. Survivors must be turned away in many cases due to the capacity issues. A lack of affordable housing in the community leads survivors to stay in the shelter longer which prevents others from moving in. Along with the lack of affordable housing, many survivors have little to no income, sometime larger families requiring bigger units, and a lot of trauma that causes them barriers to meeting their need.

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

Applicant Name
Remedies Renewing...

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

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

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

1.	Applicant Name	Remedies Renewing Lives
2.	Rate of Housing Placement of DV Survivors–Percentage	
3.	Rate of Housing Retention of DV Survivors–Percentage	

You must enter a response for elements 1 through 3 in question 4A-3b.

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

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

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

(limit 1,500 characters)

Remedies will track placement and retention for the new project. We currently track bed night data and departure data through use of the ICJIA InfoNet system and internal spreadsheets. In our last fiscal year (7/1/23-6/30/24), we served 213 adult survivors in emergency shelter. Of the 213, 46 adult survivors chose to or were able to provide us information about their destination from shelter. The breakdown is as follows: 4% moved into an apartment or house of their own; 9% relocated to a different emergency shelter; 2% reported incarceration; 26% reported permanent housing; 2% reported psychiatric in-patient services; 20% indicated a rental apartment, room or house; 4% stated they were relocating with family; 7% reported moving to a friend's; 2% reported leaving for in-patient substance use disorder services; 4% relocated to a transitional housing (TH) program specific to homelessness services; and 22% indicated moving to some other type of housing that did not fit into our agency's internal categories. For Remedies TH program, we served a total of 40 adult survivors in FY24. While some of those survivors continue to reside in our TH program, 14 adults exited the program during the fiscal year. Of the 14, 79% relocated to private housing; 1 person (1%) died during the course of services; 1% left the program due to incarceration; and 1% left to stay in a hotel. For Remedies RRH program, we placed 7 in FY24, with 100% of those individuals residing in PH to date.

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

(limit 2,500 characters)

All survivors receiving shelter or transitional housing services through Remedies are referred to the City of Rockford Human Services Department who is the Single Point of Entry (SPOE) in our community, for housing assistance. All referrals from the SPOE to Remedies Rapid Re-Housing program meet the CoC's definition of Fleeing/Attempting to flee Domestic Violence which allows for flexibility by survivors. Our domestic violence advocacy staff complete an intake of referred households and determine the amount of rental assistance and other supportive services that are provided. Remedies' program emphasizes remaining in permanent housing. Every survivor's situation is contextualized by unique circumstances that affect their ability to remain in housing. This requires a person-centered response to support remaining in housing. It is critical that DV survivors establishing permanent housing have their safety needs met. With over 40 years of experience providing advocacy, case management, and other supportive services with DV survivors, Remedies is highly qualified at providing support services. Our housing advocates work on an individualized basis to identify the unique needs of each individual, challenges they face to remaining in permanent housing, and barriers they must overcome to do so. Remedies' advocates work with each survivor to create a plan that addresses their housing, counseling and safety needs, with staff understanding that all services are voluntary, therefore the survivor determines what they need help with. As in the rest of Remedies DV services, staff work with survivors to identify the client's existing resources and explore external community resources to support the client in remaining in housing. In addition to move in costs, the following services are offered to support DV survivors in obtaining and remaining in permanent housing: individual and group advocacy-based counseling, therapy, assistance with orders of protection, safety planning and home security planning, economic assistance, education and employment advocacy and assistance, housing advocacy, life skills training, medical advocacy and assistance, parental services, substance abuse services, telephone counseling, transportation, and other services as needed. Staff receive training about economic advocacy and housing advocacy, which helps them support survivors with planning for and obtaining sustainable housing.

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

(limit 2,500 characters)

All domestic violence (DV) program services are free, confidential, and voluntary and are available to survivors regardless of race, ethnicity, gender, familial size, disability, legal status, relationship status, sexual orientation, or age. When completing an intake and/or orientation into DV services, the philosophy of doing so is incorporated across the scope of all services. Similar to other DV services, survivors seeking rapid rehousing (RRH) services will complete an intake at first appointment; however, there is a limit to how much information we try to gather from the survivor in the moment as their safety needs are most immediate. Thus, RRH staff start each intake knowing that more information may need to be gathered in the near future and ask enough questions to formally establish the person as a client with our agency. The intake forms themselves are the templates produced by ICADV and are completed with any adult or child services utilizing Remedies' services. In addition to completing the intake, survivors are provided information related to confidentiality protections under the Illinois Domestic Violence Act (IDVA), VAWA, VOCA and FVPSA, releases of information that are expressly written and time sensitive, RRH program guidelines, clients rights and expectations, grievance process and legal relief entitled to survivors under the IDVA. In support of confidential, survivor-driven services that address safety concerns, all our staff complete 40-hour DV training certified by the IL Certified Domestic Violence Professional Board as well as participate in ongoing trainings and supervision. Staff assist survivors in establishing housing locations of the client's choice where the client believes they will be safe. Our staff will offer to create a personal safety plan with survivors. We provide access to our 24-hour emergency shelter, crisis hotline, individual and group services, and their housing advocate should an emergency occur. While we keep our scattered site housing locations confidential, if the person who has caused them harm has found out where the survivor is living and they no longer feel safe in their home, Remedies will offer temporary emergency shelter as interim housing while relocation occurs. All Remedies staff are versed in the Illinois Safe Homes Act which allows for victims of domestic and sexual violence to leave their rental housing early before the end of their lease to protect their safety along with changing locks.

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

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

(limit 2,500 characters)

Remedies current DV Rapid Rehousing (RRH) Project is new to our organization and local Continuum of Care. To assist us in evaluating services, Remedies will be utilizing the DV Housing First evaluation tool, developed by the Washington State Coalition Against Domestic Violence. The evaluation tool captures information related to safety, offering and availability of domestic violence services as well as assistance in measuring if our program has supported a survivor in remaining permanently housed. The evaluation tool will be administered by our housing advocate with survivors who have participated in our rapid rehousing program for at least one (1) month with an option of checking in at three (3) and six (6) months and, if able, yearly. The evaluation tool itself allows for the responses of "not at all", "a little", "somewhat" or "very much" regarding the: survivor's experience with program staff; results of meeting with the Housing Advocate; and participation outcomes in the Domestic Violence Rapid Rehousing Project.

The DV Housing First evaluation tool also provides the opportunity to acquire demographic information, length of stay in the program, unmet financial needs by the program, any assistance provided and feedback for improvement. As with other service evaluations at Remedies, participation will be voluntary and confidential. Upon completion, the evaluation responses will be forwarded to Remedies Domestic Violence Program Director for aggregation. The results will then be provided to Remedies Renewing Lives Vice President of Domestic Violence Services to be used for suggesting improvements and to be reviewed by our agency Board of Directors.

Additionally, Remedies staff use outcome measure surveys and client satisfaction surveys throughout all Remedies domestic violence programs. The outcome measure surveys are offered on an on-going basis through utilization of various domestic violence supportive services that clients in the RRH/TH program can choose to utilize. The outcome measure surveys include questions about survivors' feelings of safety, their knowledge of community resources, as well as knowledge of their rights, and their feelings of hopefulness. Remedies staff also offer a client satisfaction survey to clients/survivors in all domestic violence services on a quarterly basis to gather input about their experiences utilizing services.

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

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

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

4. placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

Remedies Renewing Lives operates a new rapid rehousing project in addition to the transitional housing services we have provided for over 20 years. Through these programs, housing advocates place an emphasis on supporting survivors in both obtaining and remaining in permanent housing. Although each survivor presents with a universal housing need, every client's situation is unique and is contextualized by their own personal history and experiences. Our staff take a survivor-centered, strengths-based, trauma-informed approach by working with survivors on an individualized basis to identify their unique needs, challenges they face to remaining in permanent housing, and barriers they must overcome to do so. Remedies' housing advocate meets privately with each survivor to assist in creating an individualized service plan. Each survivor takes the lead on setting goals and determining what they plan to accomplish on their own and what they may need help with by Remedies. While establishing housing may be the primary and most important goal, staff recognize that remaining in housing is affected by the unique circumstances of each person such as their educational attainments, employment status, economic position, family situation, transportation, skill sets, behavioral health needs and experiencing trauma.

In our rapid rehousing services, staff assist survivors in establishing housing locations of the client's choice where the client believes they will be safe. The housing advocate helps identify resources within our program, as well as external community resources that could help improve the client's situation. Remedies offers the following services to support DV survivors in obtaining and remaining in permanent housing: individual and group advocacy-based counseling, family counseling, therapy, criminal and civil legal advocacy; assistance with orders of protection, safety planning and home security planning, economic assistance, education and employment advocacy and assistance, housing advocacy, life skills training, medical advocacy and assistance, parental services, substance abuse services, telephone counseling, transportation, and other services as needed.

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

(limit 5,000 characters)

Remedies policies, procedures, and staff training emphasize that services and interactions with survivors should be provided in a manner that is trauma-informed, strengths-based, accessible, inclusive, and welcoming. All DV services are voluntary and are provided with a focus on low-barrier access to services. Remedies follows a voluntary services model and Housing First model which promote that survivors know their needs best and should be the guiding force in decision-making about services and options. Placement and stabilization services are survivor-driven, trauma-informed and mobile. Staff are conscious of power differentials and work to establish rapport and mutual respect. Staff focus on working with survivors, instead of taking over for them. Staff assist survivors with goal-setting and service planning, but are guided by the survivors' identified needs, concerns, and interests during those processes. Survivors identify their own needs and report them to staff instead of being determined by staff. Staff help survivors identify and build on their strengths. Remedies policies are not punitive and do not include mandates. Remedies does not place any conditions on receiving domestic violence program services, such as completion of a release form, participation in certain groups or activities, completion of chores, etc. in order for a person to receive services. Additionally, Remedies does not pressure or require survivors to take certain actions such as divorcing their spouse, calling law enforcement, utilizing certain treatment, or obtaining an order of protection. Our staff work with survivors to develop immediate safety plans surrounding confidentiality, shelter, housing, economic needs, legal relief entitled to them under the Illinois Domestic Violence Act, as well as other individual needs. Since all services are voluntary, staff begin the process of advocacy by starting where the survivor is, encompassing both their recent and historical experiences into a plan of action, whatever that might mean to them.

Staff educate clients on trauma and offer a variety of resources to help address it, including counseling and therapy. Clients are offered opportunities to connect with other program participants, such as group counseling, activities, and community events. Staff provide information and referrals to other community services that support connection for program participants. While Remedies does not provide child-care as an agency service, we are able to provide referrals and connection to our local YWCA Child Care Solutions program that can assist a survivor parent in obtaining care through a state licensed facility and cost support. Staff help support survivors' parenting goals, by helping them identify their strengths, goals, and to deal with ways their abusive partner has undermined their parenting efforts, if applicable. Remedies has a close working relationship with our local Center for Independent Living, local legal aid organizations, a local organization supporting LGBTQ+ individuals, other local organizations, and local domestic violence coordinating courts. Staff utilize these partnerships to help address barriers and connect survivors to resources that may be helpful to them.

Remedies has a history of working with DV survivors of diverse backgrounds. We have experience assisting individuals impacted by violence within their family and community as well as institutions designed to respond to their needs. Our programs serve any survivor regardless of race, ethnicity, gender, sexual orientation, familial size, disability, status, or age. Remedies' services are accessible and available to everyone without discrimination, including for older adults 60+, those who are homeless, survivors identifying as part of the LGBTQ+ community, adult male survivors of domestic violence, people of color,

persons living with a disability, children and/or youth, survivors with limited English proficiency, and victims with an undocumented immigration status. Remedies has a robust language access plan and emphasizes providing services in the survivor’s language, through the use of interpreters and/or bilingual staff. Remedies staff receive ongoing training about trauma, trauma-informed practices, non-discrimination, forms of oppression, intersectionality, equitable and culturally-responsive approaches, language access, working with Deaf survivors, working with survivors with disabilities, and ways to increase access to services in a variety of ways. Staff also receive ongoing supervisory support, guidance, and coaching to further encourage and support these efforts. To that end, Remedies Renewing Lives recognizes the need for individualized services based on each survivor’s reported needs and focuses on tailoring services to survivors’ unique situations and goals.

4A-3g.	Applicant’s Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 5,000 characters)

Remedies Renewing Lives is a multi-service organization that has provided domestic violence supportive services to survivors of intimate partner violence since 1978. As the sole provider of comprehensive DV services in our two-county service area, Remedies provides 24/7 hotline, 24/7 emergency shelter, transitional housing, rapid rehousing services along with non-residential advocacy and counseling services with approximately 1,200 adult and child survivors each year. During FY24, Remedies provided over 20,000 nights of emergency shelter and over 18,000 nights of transitional housing, as well as over 18,000 hours of supportive services to survivors. All clients of Remedies Domestic Violence Program, regardless of type of service, have access to all our comprehensive DV services including: hotline, advocacy and case management services, safety planning, therapy, legal advocacy, support groups, transportation, life skills and medical assistance. All domestic violence services are free, voluntary and confidential.

As an experienced provider of comprehensive domestic violence services, Remedies Renewing Lives offers many options to support survivors not only in safety planning and dealing with the impact of domestic violence in their lives, but also in supporting them in obtaining or remaining in permanent housing. While Rapid Rehousing services are new to Remedies Renewing Lives, we have provided transitional housing services to survivors of domestic violence for over 20 years. From July 1, 2023 through June 30, 2024, 79 DV survivors residing in transitional housing received the following aggregate level of supportive services:

- Adult Group Counseling – 53 Contacts
- Civil Legal Advocacy/Obtain OP – 1 Contact
- Collaborative Case Management – 44 Contacts
- Conflict Resolution – 64 Contacts
- Criminal Legal Advocacy/Charges – 4 Contacts
- Criminal Legal Advocacy/Obtain OP – 6 Contacts
- Economic Assistance – 376 Contacts
- Educational Assistance – 38 Contacts
- Employment Assistance – 39 Contacts
- Group: Children's Counseling – 70 Contacts
- Housing Advocacy – 227 Contacts
- Individual Children's Counseling – 327 Contacts
- Individual Therapy – 139 Contacts
- In-Person Counseling – 2,845 Contacts
- Legal Advocacy/Advocate – 9 Contacts
- Life Skills – 638 Contacts
- Medical Assistance – 22 Contacts
- Other Advocacy – 40 Contacts
- Substance Abuse Services – 9 Contacts
- Telephone Counseling – 2,541 Contacts
- Transportation – 373 Contacts

All of these services support the ongoing needs of DV survivors and help to alleviate or eliminate housing barriers. During advocacy services, survivors' individual needs were evaluated, service plans were created, and safety plans were created and implemented. Clients leave our programs when they are ready and have established alternate housing; generally, this is permanent housing. Our advocates assist clients in identifying the permanent housing solutions they move to through case management and outreach to landlords. The same or similar services will be provided to individuals in the new transitional/rapid rehousing program as they obtain and remain in permanent housing.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

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

1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

Remedies Renewing Lives joint transitional & rapid rehousing program will place an emphasis on supporting survivors in both obtaining and remaining in permanent housing. While each survivor may present with a universal housing need, every client's situation is contextualized by their own personal history. While the housing first approach will point our work to establishing housing as the primary and most important goal, remaining in housing is affected by the unique circumstances of each person such as their educational attainments, employment status, economic position, family situation, transportation, skill sets, behavioral health needs and experiencing trauma. Our housing advocate will work with survivors on an individualized basis to identify the unique needs of each individual, the challenges they face to remaining in permanent housing, and the barriers they must overcome to do so. Remedies' housing advocate will create an individualized service plan with each survivor who will in turn take the lead on what they plan to accomplish on their own and what they may need help with by Remedies. For rapid rehousing services, staff will assist survivors in establishing housing locations of the client's choice where the client believes they will be safe. The housing advocate will help identify resources within our program and explore external community resources to improve the client's situation. In addition to move in costs, Remedies' will offer the following services to support DV survivors in obtaining and remaining in permanent housing: individual and group advocacy-based counseling, family counseling, therapy, criminal and civil legal advocacy; assistance with orders of protection, safety planning and home security planning, economic assistance, education and employment advocacy and assistance, housing advocacy, life skills training, medical advocacy and assistance, parental services, substance abuse services, telephone counseling, transportation, and other services as needed.

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

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

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

(limit 5,000 characters)

Remedies is committed to continuing to provide trauma-informed, survivor-centered practices in all DV services, including in the new DV Bonus RRH/TH project. As stated earlier, Remedies policies, procedures, and staff training emphasize that services and interactions with survivors should be provided in a manner that is trauma-informed, strengths-based, accessible, inclusive, and welcoming. All DV services are voluntary and are provided with a focus on low-barrier access to services. Remedies follows a voluntary services model and Housing First model which promote that survivors know their needs best and should be the guiding force in decision-making about services and options. Placement and stabilization services are survivor-driven, trauma-informed and mobile. Staff are conscious of power differentials and work to establish rapport and mutual respect. Staff focus on working with survivors, instead of taking over for them. In the new program, staff will assist survivors with goal-setting and service planning, leading through the lens of survivors' identified needs, concerns, and interests during those processes. Survivors will be encouraged to identify their own needs and report them to staff. Housing staff will help survivors identify and build on their strengths. Remedies policies are not punitive and will not include mandates. Remedies will not place any conditions on receiving domestic violence program services, such as completion of a release form, participation in certain groups or activities, completion of chores, etc. in order for a person to receive services and support. Additionally, Remedies staff will not pressure or require survivors to take certain actions such as divorcing their spouse, calling law enforcement, utilizing certain treatment, or obtaining an order of protection. Our staff will continue to work with survivors to develop immediate safety plans surrounding confidentiality, shelter, housing, economic needs, legal relief entitled to them under the Illinois Domestic Violence Act, as well as other individual needs. Staff will begin the process of advocacy by starting where the survivor is, encompassing both their recent and historical experiences into a plan of action, whatever that might mean to them. Staff will continue to educate clients on trauma and offer a variety of resources to help address it, including counseling and therapy. Clients will be offered opportunities to connect with other program participants, such as group counseling, activities, and community events. Staff will provide information and referrals to other community services that support connection for program participants.

While Remedies does not provide child-care as an agency service, staff will provide referrals and connection to our local YWCA Child Care Solutions program that can assist a survivor parent in obtaining care through a state licensed facility and cost support. Staff will help support survivors' parenting goals, by helping them identify their strengths, goals, and to deal with ways their abusive partner has undermined their parenting efforts, if applicable. Remedies has a close working relationship with our local Center for Independent Living, local legal aid organizations, a local organization supporting LGBTQ+ individuals, other organizations, and local domestic violence coordinating courts. Staff will continue to utilize these partnerships to help address barriers and connect survivors to resources that may be helpful to them.

Remedies has a history of working with DV survivors of diverse backgrounds. Our programs will continue to serve any survivor regardless of race, national origin, ethnicity, sex, gender identity, sexual orientation, religion, marital status, familial size, disability, immigration status, language spoken, or age. Remedies' services, including the RRH/TH services, will be accessible and available to all survivors without discrimination. Remedies will utilize our language access plan to provide services in the survivor's language, through the use of interpreters

and/or bilingual staff. Remedies staff will continue to receive ongoing training about trauma, trauma-informed practices, non-discrimination, forms of oppression, intersectionality, equitable and culturally-responsive approaches, language access, working with Deaf survivors, working with survivors with disabilities, and ways to increase access to services in a variety of ways. Staff will also continue to receive ongoing supervisory support, guidance, and coaching to further encourage and support these efforts. Remedies Renewing Lives recognizes the need for individualized services based on each survivor’s reported needs and will continue to tailor services and approaches to survivors’ unique situations and goals.

4A-3j.	Applicant’s Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project’s operation. |

(limit 2,500 characters)

The domestic violence program planning and development process is a comprehensive approach taken to ensure the program's success and effectiveness. This process involves Remedies' administrators, front line staff, and survivors. Remedies' administrators and domestic violence program leaders will analyze program results, identify programming gaps, and evaluate financial results. The Vice President of Domestic Violence Services and the Domestic Violence Programs Director are instrumental in identifying service gaps and areas for improvement. They intentionally lead with a survivor-centered, trauma-informed lens. Survivors' perspectives are critical to this planning process. Survivors share input with direct services staff directly and indirectly. In addition to gathering input from survivors via one-on-one discussions with the housing advocate or other direct services staff and in house meetings and group interactions, Remedies staff will conduct outcome surveys and client feedback surveys throughout the year with survivors. These surveys steer the planning in as much as what programs we offer and, in the policies and procedures we write. By working closely with frontline staff, domestic violence leadership staff gain further insights into the evolving needs of domestic violence survivors accessing our services. We also incorporate the views and ideas gathered through Continuum of Care collaboration and from our Board of Directors and staff, which include persons with lived experience. Additionally, our leadership collaborates with partner agencies to enhance our services and identify community needs and barriers. Remedies participates in multiple collaborative multi-disciplinary efforts to identify barriers, increase support for survivors, and increase accountability for those who cause harm. Input gained from those efforts are analyzed and applied to Remedies services as applicable. Remedies also identifies underserved populations through ICJIA InfoNet and other sources, such as Limited English Proficiency (LEP) individuals, LGBTQ+ individuals, and those with disabilities, and aims to meet their identified needs for housing support and services. Feedback from staff, clients, Board of Directors, and the community, further support our commitment to quality improvement. In as much as we can, we will incorporate the opinions and feedback of persons fleeing or experiencing domestic violence into our policy creation and program design.

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2024
1B. Inclusive Structure	10/28/2024
1C. Coordination and Engagement	10/28/2024
1D. Coordination and Engagement Cont'd	10/28/2024
1E. Project Review/Ranking	10/28/2024
2A. HMIS Implementation	10/28/2024
2B. Point-in-Time (PIT) Count	10/28/2024
2C. System Performance	10/28/2024
3A. Coordination with Housing and Healthcare	10/28/2024
3B. Rehabilitation/New Construction Costs	10/28/2024
3C. Serving Homeless Under Other Federal Statutes	10/28/2024
4A. DV Bonus Project Applicants	Please Complete

Submission Summary

No Input Required

Notes:

4A. DV Bonus Project Applicants list contains 1 incomplete item.