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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2021 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 2021 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

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
  - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 24 CFR part 578

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
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 of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	No	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	No	No	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	No	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	No	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	Yes
15.	LGBT Service Organizations	Yes	No	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	No
23.	Organizations led by and serving LGBT persons	Yes	No	No
24.	Organizations led by and serving people with disabilities	Yes	No	No
25.	Other homeless subpopulation advocates	Nonexistent	No	No
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	No	No
32.	Youth Service Providers	Yes	No	No
	Other:(limit 50 characters)			
33.				
34.				

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 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 round. CoC actively recruits members both individual citizens and businesses and agencies. Our website serves as our main marketing platform and details all IL501 activities, services and agencies. Membership "invitations" were done on 3 occasions (1/28/, 2/10, and 3/15/21) sending out emails and posting on website and social media. 2. The website gives options for various languages and does ask people requiring a special accommodation to reach out via phone or email for assisstance. 3. The website in two different sections also solicits for people with lived experience to join the CoC. In addition, CoC agencies attempt to engage their current/former clients to join. 4. CoC members did direct invitations to agencies serving special populations or agencies that would help address equity. On 8/24/21, members reached out to Adult Services at Northwest Community Center; on 8/26/21 detailed information was sent to Sir Donald Foundation for potential new applicant project housing returning citizens; and on 9/10/21 membership outreach was provided to the African American Resource Center at Booker Washington Community Center. Other agencies that were contacted included LaVoz Latina and PFLAGG/Liam Foundation.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.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; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1.The CoC maintains an open and public space and process for input into the prevention of and ending of homelessness. All CoC meetings are open to the public and all organizations/persons with knowledge of homelessness are welcome to attend. When there are meetings to discuss funding, those are also open to the public. The CoC maintains an active webpage, Facebook site, uses Facebook bursts, holds public presentations as well as public CoC general, committee and executive board meetings. 2. The CoC social media sites are designed so that the public can both comment on CoC plans and activities but also join the CoC and request more information.   The CoC also holds public hearings and workshops. In addition, all meeting agendas, minutes and locations/times are published in advance and anyone is welcome to speak during the open comment period of the meetings. CoC members also do trainings throughout the year to hospitals, correctional facilities, and first responders to teach them about services provided through the CoC and to look for way to better collaborate. 3. All comments and questions are recorded in public meetings and reviewed by the CoC board. Any social media feedback is reviewed by the CoC board. Changes to policies and procedures that are a result of this feedback are made after discussion by the CoC and a vote.   The City solicits feedback about needed services and how to address homelessness in the community through the Consolidated Plan meetings where any community member or organization is welcome, and can provide information for consideration.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1.On 9/17/21, The Collaborative Applicant put out a press release that went to all local media outlets announcing the opening of the 2021 project application. Information was also posted on the CoC's webpage and FaceBook pages announcing that both renewal applications and new applications were being accepted. CoC members also reached out individually to potential new candidates (RAASE & Family Peace Center) to inform them of the funding opportunities for the DV bonus funds.
2. The media release and info posted on the website and social media included information that new applicants were welcomed. Also two trainings were held on 9/27 & 9/29 (virtually) for any new applicants who wanted to learn more about the process. The training documents were posted on the CoC website after the trainings were completed for any potential applicants to review.
3. Directions were given in the press release, on the website and on the actual project application form. The webiste and FB page offer a forum for applicants to reach out with questions and a contact person was also provided for applicant.
4. The CoC website clearly listed local priorities for ranking and scoring and the actual score sheet was provided on the website for review. All project applications were turned in to the collaborative applicant. They were then be passed on to the ranking and scoring committee to score using the agreed upon ranking form. The committee met on 10/22/21 to review the scores, ask any pertinent questions, held discussion, and made their final decisions about ranking. 5. CoC website included links for applicants needing language help. There was also information for people with disabilities to reach out to seek a reasonable accommodation.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 24 CFR part 578

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.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 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	No
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

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

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

(limit 2,000 characters)

1.The CoC is part of 2 ESG jurisdictions, the City of Rockford and the State of Illinois. For both jurisdictions, the CoC meets and recommends the allocations for ESG funding through the CoC process. COC members in cooperation with the Collaborative Applicant made all State ESG-CV funds available to local providers. 2. The group then agreed that the City's Community Action Agency would retain all of the entitlement ESG-CV funding to use since the other funded agencies were not able to take any more funding. At that time recipients agreed that some of the funding should be for non-congregate (ES) shelters so that we could keep our population safe from the virus in addition to increasing RRH and street outreach. The Collaborative Applicant evaluates and monitors the performance of the ESG funded sub-recipients and reports its findings to the CoC. In addition, The CoC implemented the following ESG related policies to improve coordination; low/no barrier shelters, intact families, domestic violence relocations and rapid rehousing. These policies, as approved by the CoC ensure that the entitlement areas are utilizing their ESG funding in a way to ensure homeless persons receive appropriate services. 3.The CoC provides PIT data for report purposes as well as uploading the ESG csv data files used for the CR 70 & 75. Agencies providing emergency shelter, transitional housing, and outreach ensure that their records are up to date in HMIS so PIT numbers are accurate. 4. City of Rockford staff that are responsible for writing the Consolidated Plan are frequent attendees at CoC meetings. CoC members and the collaborative applicant work with City Staff to write the Consolidated Plan, especially the sections on homeless needs, affordable housing, and greatest needs.   CoC members also attend and assist in presenting data at the community hearings Consolidated Plan and the Action Plan.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.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 gender:	

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 families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	
	implemented a CoC policy prohibiting separation of families	Yes

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

The Regional Department of Ed (ROE) and the Rockford Schools (RSD), the largest in our services area, have both been CoC members for years. These organizations, along with DeKalb/Boone County, Belvidere, and Harlem School Districts have homeless liaisons who collaborate with CoC agencies. They work closely with shelter/TH providers to ensure youth are getting the services they need to remain successful. Liaisons from the RSD participate in the Youth & Family Case Conferencing, providing information and assisting in getting homeless off the streets. DeKalb agencies meet regularly with ROE and local schools. Teachers reach out to Hope Haven when they know they have a homeless student in the class. The CES provider has an MOU in place with RSD that they will work together to get homeless families or unaccompanied youth to the CES system to help them move toward permanent housing. The youth case conferencing committee created a referral form for the school district to use, to make sure homeless youth are referred to CES. During the pandemic, this form was not utilized much but we are using it again for the 2021 school year. There are policies in place (both agency & CoC policies) ensuring that our homeless programs work in cooperation with local school districts and their homeless programs. DeKalb, Winnebago and Boone County providers work closely with ROE to ensure students are accessing services, and additional resources, including assistance with college admissions. Formal partnership includes ROE membership in the CoC and the ROE provides documentation that a student was homeless prior to college application/admission. Shelter and housing programs partner with the local school districts individually and have their own formal agreements with local districts to ensure services such as transportation. Each agency has an assigned educational liaison who works directly with the schools to ensure everything goes smoothly.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

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

(limit 2,000 characters)

The CoC voted to adopt HUD's guidance on education services. The policy states the following. The Continuum requires that each agency receiving funding, either through the Continuum of Care (CoC) or Emergency Solutions Grants (ESG) 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. This must be a named person, one who will meet with families, initially and as needed, to explain all resources and opportunities available to the family so that families can make informed choices. An agency representative should maintain regular contact with local school liaisons, and other community education representatives to ensure that the agency can offer immediate and balanced services to homeless families, as well as a breadth of resources available to the family outside of those provided directly by the agency.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.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	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. Remedies, our local DV provider, hosted training to a CoC audience in fall 2020. During the training Remedies provided domestic violence education surrounding the following topics:Patterns of coercive control; Manipulative tactics;Use of children/courts to maintain contact with survivors; Lethality risks; Safety planning; Forms of domestic violence which can include emotional, physical and sexual abuse; How abusive persons may misrepresent themselves to gain access to our or your services; Voluntary services; Coping through substance use; Mental health through the lens of domestic violence; How survivors may present; Shame of domestic violence; How access to services cannot be denied due to substance use, mental illness and criminal history; and Remedies services which include 24-hour emergency shelter and hotline services, legal advocacy and non-residential counseling and advocacy. Remedies is an active member of the CoC and provide domestic violence advocacy and education to CoC members at each meeting. Since Winnebago County has been implementing their "Trauma Informed Community" work, staff at most CoC's agencies have received training on TIC at least annually. Providers are looking for a date before the end of this year to have another CoC training. 2. CES staff has participated in Trauma Informed Care training and also attended the 40 hour Domestic Violence training through the Illinois Coalition against Domestic Violence which also included an additional 20 hours of online training which taught best practices in working with survivors including safety planning. Staff will attend TIC training at least annually, in 2021 all CES staff attending virtual training through OrgCode. The CES has also hired a DV specialist, she has been through extensive DV training, been a trainer herself, and is very well skilled in safety planning, trauma informed care, and other best practices.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

Our CoC collects de-identified data from our local DV provider who receives ESG funding. Part of this data is the results of clients surveys as well as case management needs identified by survivors. We also use data obtained by law enforcement and other first responders to understand the special needs of survivors. Some of the identified needs include a safe place beyond emergency shelter, transportation to other communities where a support system exists and advocacy between the survivor and child welfare agencies.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:	
1.	prioritize safety;	
2.	use emergency transfer plan; and	
3.	ensure confidentiality.	

(limit 2,000 characters)

1. All survivors of domestic violence receive a full intake and assessment regardless of housing status. CES staff has been trained in trauma-informed care practices and families can be entered into HMIS anonymously, if they choose. Survivors can also do CES intakes over the phone if there are safety concerns about them coming inside.   They are then referred to the Remedies Domestic Violence Service Center and Shelter for placement and safety planning. Survivors who choose not to access Remedies receive safety planning through the CES. They would be assigned to our DV specialist who will help them create the safety plan and to select housing options that will give them choice while taking safety into account. 2. The CoC has an emergency transfer plan that agencies are required to use that take into account federal VAWA legislation. Staff must let survivors know these policies and make them aware of laws protecting them. 3. All CoC funded housing programs are required to have confidentiality and safety policies for survivors of domestic violence. CoC member agencies also receive regular training on DV and human trafficking. Recently the city has opened the Mayor's Office on Domestic Violence and Human Trafficking Prevention which is another source of advocacy and assistance for those experiencing those traumas.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT 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)?	No
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 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?
Rockford Housing Authority	47%	Yes-Both	No
Winnebago County Housing Authority		No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.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 2,000 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 as of 2020 to add two more points for homeless persons coming from CoC agencies and for those coming from CES. This is in addition to their preference for victims of DV, youth aging out of foster care, and veterans who could all be potentially homeless. The CoC has talked at length with Winnebago County HA (WCHA) about adding a general homeless preference for their various programs. They have not yet done that but they do also have the veteran, DV, and foster youth preferences. They also have a preference in HCV for homeless to get preference for Mainstream vouchers. In addition, several years back they did agree to open up spaces for "moving on". The HACD provides a preference on both waiting lists for applicant families currently residing in Emergency Shelter, Transitional Shelter, Permanent Supportive Housing or participating at/in/through a participating DeKalb County Supportive Service Agency. 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 not for profit agency that provides 26 Units for Chronically Homeless and 11 units for disabled severely mentally ill homeless persons.

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

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

	1.	Multifamily assisted housing owners	Yes
	2.	PHA	Yes
	3.	Low Income Tax Credit (LIHTC) developments	Yes
	4.	Local low-income housing programs	Yes
		Other (limit 150 characters)	
	5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1. The CES system makes direct referrals to all or any PHA's in the jurisdiction that the client chooses. Referrals are provided in addition to homeless verification letters when appropriate to ensure participants get the appropriate preference points. CES works closely with the VA to refer veterans for VASH vouchers through all local PHA's. CES staff complete applications for Mainstream vouchers through WCHA/BCHA and EHV vouchers with RHA and HACD. CES staff also work directly with WCHA on FUP voucher and providing follow up services. For these specialized vouchers, Mainstreams and EHV, applicants must come through the CES. Other "regular" PHA programs give preference to homeless clients but applicants are not required to come through CES. 2. Yes, there are formal MOU's in place between the CoC and RHA, WCHA (BCHA), and HACD.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:	
1.	the type of joint project applied for;	
2.	whether the application was approved; and	
3.	how your CoC and families experiencing homelessness benefited from the coordination.	

(limit 2,000 characters)

1. The collaborative applicant worked with the PHA's (on behalf of the CoC and CES) to submit joint applications for both FUP vouchers and Mainstream vouchers.
2. Yes, both applications were approved.
3. By working on the application together and having the MOU's in place, all parties knew upfront what the expectations were and were able to work accordingly to provide clients services as quickly as possible. This resulted in homeless families having less barriers to housing and allowing them to get housed quickly while being connected to any other services that they would need.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.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?	No

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.	
PHA	
Rockford Housing ...	
Housing Authority...	

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

Name of PHA: Rockford Housing Authority

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

Name of PHA: Housing Authority of the County of DeKalb

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	No

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.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 2021 CoC Program Competition.	14
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 2021 CoC Program Competition that have adopted the Housing First approach.	14
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

Most of the project evaluation is done through the Coordinated Entry System. Individual programs do not select their own program participants. When they have program openings, they inform the CES system and they are sent a referral based on who is next on the By-Name List. At that point, they screen the prospective client for eligibility to their program. If they do not accept them, they must send notification back to the CES with an explanation of why they did not accept the person into the program. If the reason is valid, for example, someone is referred for PSH and it turns out that they do not have a disability then that would be a valid reason to turn someone away. However, if they come back and say they do not wish to take them because they are an active alcoholic, CES would reach back out and let them know they are not meeting Housing First requirements and they must reevaluate the tenant because they are not allowed to have those preconditions.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. The CES provider conducts extensive outreach, to verify homeless status of those on the by-name list and also to engage with persons who are experiencing unsheltered homelessness. The outreach team goes to all known locations where homeless are known to frequent, as well as searching other possible locations in alleyways, wooded areas, under bridges, etc. The team also receives information from community members, other agencies, police and fire departments giving them places to look. Other agencies including the PATH team and Crusader Clinic's Homeless program also provide inreach to shelters and other agencies in addition to street outreach to connect with homeless clients. 2.The outreach team primarily covers areas where homeless are known to frequent. However, in the more rural areas of the CoC, the team relies on information provided by the local sheriffs and first responders. If they are to see or locate any homeless persons, they would contact the "homeless hotline" or the local outreach team to report the person and then outreach will be conducted as needed.
3. Between the multiple outreach providers, there is street outreach being conducted on nearly a daily basis. Most of the outreach is done during the day. However, there is also night-time outreach done at a minimum of twice per month. 4. Street outreach is tailored to provide ongoing outreach to those individuals who are least likely to request assistance. Outreach staff continue to visit those locations at least weekly to attempt to engage with those persons and offer them housing assistance. Staff will attempt to learn what the individual needs or wants and try to look for possible housing that will suit that, so they will be encouraged to move forward.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	193	291

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	No	No
3.	Nonprofit, Philanthropic	No	No
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1. The CoC keeps program staff up to date on any changes to mainstream resources monthly at the full membership meetings. If there are any changes to programs, they are discussed at the open meetings. Providers of mainstream resources regularly present new information. The CoC will also do field visits at mainstream providers to better understand how their systems work.   2. The CoC disseminates information about the availability of resources at their monthly meeting and also via email and social media posts. The CoC meets monthly but emails and social media information is shared as it is announced. All printed material from providers is included in CoC agenda and meeting minute packets. 3. The CoC works in collaboration with Healthcare organizations to ensure that all participants are enrolled in health services. Both Crusader Clinic and Winnebago County Health Department are both part of the CoC and both assist in getting people signed up for healthcare at their site as well as by coming on site at homeless provider agency locations. CoC members also work very closely with local hospitals who also work to get participants enrolled in health services. 4. Case managers from all CoC agencies are trained to assist participants in applying for and using medicaid, SNAP benefits (food stamps), and other benefits.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1.Our CoC has 2 points of entry where most intakes are conducted. There is an office located in the downtown area of Rockford, the largest city in our service area and where the large majority of people experiencing homelessness are located. The second location is located in DeKalb at Hope Haven Shelter. In addition to these two locations, CES providers work with the city leaders of the smaller towns, the school districts, and the local fire and police departments to ensure 100% coverage. When those entities locate individuals or families who are homeless, they refer the people to CES or they contact CES to send the outreach team. There is also a 24/7 homeless hotline, where anybody can call and we can conduct an intake over the phone so that they do not have to come to our location. 2. Our street outreach team focuses mainly on the locations most populated by the homeless, however will go anywhere in the service area if needed. If the homeless are not initially willing to participate, the outreach team will continue to reach out to the individual until they can get them to participate in a field intake/assessment and housing services. This is especially important for people who do not usually engage in services. For people who are not engaging, outreach is still conducted on a weekly basis to get them to agree to housing services. 3. The CoC uses the VI-SPDAT as it's standardized assessment tool. People are placed onto the by-name list according to the score they obtained on their assessment. We also give additional points for our priority populations: veterans, chronically homeless, youth, and victims of domestic violence. For youth under 25, we use the VI-SPDAT-TAY form. 4. CES has the goal of getting all populations housed within 45 days of identification. Prior to the pandemic, we were near this goal with all populations but the time has increased due to housing shortages. We are refocusing on this goal and working on getting those most in need housed as quickly as possible.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC has started a committee to look at incorporating more racial equity into our system and to look for ways to ensure the CoC and board are more representative of the populations served. Many CoC agencies participated in a 4 month long (once monthly) training from NICNE on Diversity, Equity and Inclusion (DEI) trainings for nonprofit staff, board members and volunteers. CES staff has attended Community Action & Community Solutions/BFZ trainings around Racial Equity. The CA is hosting stakeholders meeting to implement new benchmarks in ending all homelessness. Within this is a framework to support communities to measure and design a racially equitable homeless response system that includes indicators to measure four areas of a racially equitable system-including system decision-making power, lived experience, quality data, and system outcomes. Stakeholders are currently learning about this and providing feedback with the expectation that these indicators (or others) will be adopted within the next few months.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	9	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	9	0
3.	Participate on CoC committees, subcommittees, or workgroups.	0	0
4.	Included in the decisionmaking processes related to addressing homelessness.	9	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	No

5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

(limit 2,000 characters)

1. In addition to above--unsheltered homeless were provided with written material on the dangers of COVID-19. Handwashing stations were placed in areas with high homeless populations. While unsheltered persons were in hotels during the "shelter in place" phase, they were provided food (and other necessities) at their door so they did not have to leave. Items were left at the door to cut down on contact and they did not need to go to the hotel lobby to check in.   If unsheltered person were to contract the virus, they were taken to an isolation location where they were monitored daily by medical staff. 2. CoC agencies worked with local health department and Emergency Operation Center to devise a plan for shelters. Shelters made significant changes to their facilities to allow for social distancing and other safety protocols. This did decrease their capacities. A plan was put into place to work with CES when there were capacity issues to put people into emergency hotels as needed. A workflow was also put into place in the even that any shelter guests had Covid symptoms or positive tests, to quickly get them out of the shelter and into isolation rooms. Emergency operation center also works with several of the local agencies to ensure they had the proper PPE and cleaning products to keep their facilities clean. 3. Because transitional housing is in scattered site houses and apartments, the risk of COVID is no more or less than any other renters/home owners in the community. Scattered site, private housing, has proved effective in decreasing community spread. Housing providers (TH & PH) did use and encourage universal precautions, limited group activities, maximized social distancing, and provided telehealth appointments with providers when able.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

CoC and area shelters now have a plan in place for future or continued pandemic precautions. This includes using hotel/motels for overnight shelter, providing rent assistance to prevent homelessness, and as quickly as possible rehousing people who are homeless with mainstream vouchers, Rapid Rehousing, and Permanent Supportive Housing. We are also better prepared for future emergencies because of building new partnerships through our work with the Emergency Operations Center. The LHD provided written guidance from the Centers for Disease Control and Prevention (CDC) and the Illinois Department of Public Health (IDPH) on the safety measures to be taken by our homeless providers in the prevention and/or mitigation of COVID-19. See the attached example. Provider organizations utilized the LHD as a resource for their individual questions/situations regarding COVID-19

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1.CoC coordinated with ESG-CV funds to ensure that needs of the homeless were met. Much of the CV funding was used to place homeless persons into hotels so that they would not be at risk in congregate settings or to accommodate for the loss of beds through social distancing. Both shelters were at or near capacity many times and this hotel funding was very important. 2.It was determined that the remaining funds should go to eviction prevention and rapid rehousing to ensure those at risk of homelessness remained housed and that we could continue to quickly re-house those that were already homeless. Much of the goal was to get those in shelters and hotels out of those situations and housed as quickly as possible. 4/5. CoC agencies were able to secure healthcare and sanitary supplies through other sources, so that was not necessary for this funding to pay for although it was eligible. Through our local Emergency Operation Center (EOC), many donations were solicited and supplies were received from the State. Healthcare supplies and sanitary supplies could be requested through the EOC donation center. Homeless agencies also received shipments of masks, gloves, and sanitizer from the State of Illinois.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. A CoC board member worked in the County's Emergency Operation Center and helped coordinate efforts between local health officials and the CoC. Health Dept staff provided weekly information to CoC agencies which was intended to decrease the spread of COVID-19 and ensure that safety measures were implemented. 2. Hand washing stations were placed in locations throughout the city to ensure the unsheltered homeless had access to them, agencies implemented strict mask and social distancing policies, and most CoC agencies reduced the staff and traffic in their offices by going remote or conducting business by phone. Once vaccinations were available the EOC worked with CoC agencies to set up a "homeless vaccine clinic" where any and all homeless persons could walk in to get their vaccinations. The CES staff worked closely with local hospitals (mostly Swedish American & Javon Bae) and our local HealthCare for the Homeless Program to ensure that any homeless individual or family who were exhibiting symptoms or were testing positive for COVID had a safe place to go for isolation and recovery.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1. During the height of the pandemic, the CoC board held weekly virtual meetings with the Health departments Director of Health Protections to discuss safety measures, changes in local restrictions and vaccine implementation. These meeting lasted for several months and information was shared with full CoC membership as needed. 2. On several occasion, EOC & health department representatives would have individual meetings or conference calls with local CoC providers to inform them of any changes, upcoming restrictions, or anything else that was pertinent to their operation or safety of staff & residents. 3.The Health Dept set up special vaccine clinics for the homeless. That information was given out at an open CoC meeting, information was sent out by email, and was posted on social media. Several homeless service providers were able to "host" vaccine clinics which were open to their participants and others.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

Every person experiencing homelessness was encouraged to get the vaccine as soon as it was possible as determined by the state's priority listing. As soon as "homeless" persons were eligible, all shelters and homeless providers began talking to their participants and encouraged them to learn about the vaccine and to get it when possible. Vaccination pamphlets and information was handed out so that people could make an informed decision. The CoC worked with the Health department to set up a special "homeless vaccine clinic" at a local downtown church where the homeless often go for other services. They made special accommodations that would create less barriers for homeless clientele. Several agencies were able to get their participants to this clinic. However, at least two other agencies also hosted the "vaccine bus" at their site which also encouraged homeless participants to come.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

Remedies, the local DV provider in Rockford, worked with the CES provider to ensure that anyone experiencing a DV situation would have a safe place to go. Due to reduced capacity, the shelter was often full during the height of the Pandemic. To ensure the safety of the survivors, shelter staff would first seek assistance through the state hotline number to see if they could find a safe shelter in another location that the survivor would be willing to go to. In the event that there was not another shelter option, survivors would be placed into a hotel room where shelter staff would provide food, visits, and continued safety planning and case management. CES also worked with our local Family Peace Center, another provider of services to survivors. Staff at that facility were also able to make referrals to CES to get survivors connect with shelter and housing assistance.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The CES system, in an effort to keep people safe, switched to doing phone intakes anytime that it was possible. If homeless persons did not have a phone to call on, intakes could be done in the field or would be done in person when necessary. Homeless customers were provided with PPE when they needed it and when they entered the office, plexiglass dividers were put into place between the staff and guests, hand sanitizer was available, and social distancing was implemented. The CES provider ramped up efforts to provide street outreach and did as much business outside as possible to keep staff and customers safe.

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

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
  - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/17/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	11/01/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	No

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
	NOFO Section VII.B.2.d.	

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:	
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and	
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.	

(limit 2,000 characters)

1.Ranking & Scoring committee members decided local priorities based on our current By-Name List (BNL) numbers and data on homeless persons in this community. Based on this data, it was determined that: 72.2% of the homeless population is Adult only households, 12.6% is families with children, 8.6% youth (singles, pregnant or parenting), 4.6% are veterans (mostly waiting to find units for VASH), and 2% are chronically homeless. Gender is broken down, 51.30% identifying as male and 48.70% identifying as female. Mental health disabilities were reported by 49% in addition to 15% who report other diagnosed disability (or dually diagnosed). In addition, 19% report that they are currently fleeing from a domestic violence situation. Based on those numbers, the Ranking & Scoring committee adopted the following CoC Priorities: Programs serving (1) Families with children; (2) Youth (18-24); (3) Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking; an (4) Adults/families with disabilities. Our community adopted the federal benchmarks for ending veteran homelessness and chronic homeless in 2015. While those are still priority populations to our community, we generally have housing programs available for them. HUD VASH in all three of our counties usually have vouchers available in addition to SSVF, PSH, and RRH units. Along with prioritizing youth and families with children, this community is moving forward with efforts of ending all homelessness by prioritizing single adults with disabilities. Local statistics and crime data show that domestic violence, dating violence, etc is an ongoing issue in this community that needs to continue to be a priority as well. 2. At this time, the CoC felt that all programs are performing at a level in which they do not need to be reallocated. All of the PSH programs are essentially housing the hardest to house. Those programs would be given some consideration if lower performance levels occur due to the increased difficulty they see with those populations.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:	
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;	
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;	
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).	

(limit 2,000 characters)

1. The Committee that determined ranking factors includes minority representation. 2. Our ranking and review process, while it included persons of multiple races, was not designed to address this issue in committee make-up. 3. However, the CoC has significantly addressed racial disparity issues in terms of all projects that we fund through our Coordinated Entry System. Prior to implementing a Coordinated Entry System in 2015, the CoC had already noted and scored applications on racial inequity with agencies who demonstrated racial equity proportionate to the homeless population receiving higher scores in ranking. Since that time, our Coordinated Entry System has evolved to remove project choice as a factor in placement, utilizing client score as determined by VI-SPDAT score and length of time homeless to prioritize placement. Projects are not allowed to refuse CES referrals without appropriate cause ensuring we stay true to housing first principles. However, since our CoC began working with Community Solutions on racial equity we have begun discussions about how having a system that doesn't allow projects to screen out for race may not be sufficient and anticipate that for our next application we will be using a tool to measure project racial equity as a way to score applications.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.
	NOFO Section VII.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 projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1. The CoC has a reallocation policy that states the following: The CoC and the Collaborative applicant will review all CoC Projects for performance. If those projects are shown to be poor performers, they could be subject to reallocation of funds. Agencies may also volunteer to reallocate grants to repurpose them into permanent housing projects. 2. The CoC did not find any of the projects to be low performing at this time or no longer needed. 3. The CoC did not choose to reallocate any programs during this evaluation. 4. It was agreed that most programs were running efficiently and still needed for the particular population in which they serve. The CoC has reallocated programs in the past and the remaining programs are serving priority populations. 5. Agencies have been provided copies of CoC policies, which would include the reallocation policy. The policy is also listed on the webpage in the NOFO section.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

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.	11/01/2021

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/14/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	Institute for Community Alliance

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021

2A-4.	HMIS Implementation–Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

N/A

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	185	71	114	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	129	47	82	100.00%
4. Rapid Re-Housing (RRH) beds	291	0	291	100.00%
5. Permanent Supportive Housing	445	0	445	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.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 2,000 characters)

N/A

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,000 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors.	
	NOFO Section VII.B.5.b.	

	Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses 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 or to end homelessness for individuals and families.

(limit 2,000 characters)

1. Recently the CES provider analyzed risk factors for people entering the homeless system. For three months, people entering the CES were asked questions to determine what led to homelessness. This study indicated that most new entries into the homeless system were due to family conflict/domestic violence. This is verified by local data (2019) with 25% of police calls for domestic violence and over 5,000 DV hotline calls annually. In 2020, these number increased even more. Of the 2,207 violent crimes reported by the Rockford Police Department in 2020, nearly 37% were domestic violence-related. 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; however, due to the eviction moratorium those numbers were different this year. However, the community still saw a number of "illegal evictions" with landlords kicking out tenants without court orders. 2. Our community received several new funding sources to stop families from becoming homeless. Both the City of Rockford and Winnebago county received Covid related eviction prevention funding through the US Treasury. Several million dollars were pushed out to the CoC area to prevent families from falling into homelessness. That was in addition to ESG-CV prevention funding, CURES funds, and several other state and federal sources. 3. Jennifer Jaeger at the City of Rockford Human Services department was responsible for overseeing the strategies to reduce and end homelessness.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	Describe in the field below:	
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	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 2,000 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. The CoC had done a good job of decreasing the length of homelessness for veterans, chronic, youth and families. However since the singles/adult only list contains the highest number of people, people on this list generally have the longest length of time and increase the average days in homelessness overall. Families with children may have a longer length of time, even though we are working to decrease that time because often they seem to have the most barriers and need larger units that are harder to find. The CoC is working to expand the number of housing units by requesting increased PSH in this NOFO. Also CoC agencies are working to engage with new landlords, increasing the number of units that are available. Often times funding is available to get people/families housed but they are not able to find an appropriate place. These new partnerships with landlords will help increase the housing stock available. 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. Everyone on the list is tracked by their VI-SPDAT score and their length of time homeless so we ensure those that are most vulnerable are getting housed the quickest. It should be noted that average length of time homeless has steadily decreased from 2015 (119 nights) to 2019 (43 nights). However, LOT increased in 2020 due to all of the complications that came with the pandemic and lack of housing units. The average LOT homeless in 2020 was 64 days. 3. The Built For Zero: Case Conferencing Committees oversee these strategies and working to reduce the length of time homeless and reports back to the full CoC.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1. Prior to our merger with IL-509 our exits to permanent housing were 59% (2017), for two consecutive years after that the numbers dropped. However, 2020 numbers did begin trending up again going to 29%. To further explain, many of our emergency shelter occupants are short term stayers who are not permanently unhoused. A local study of reasons for entering shelter showed that over 50% of our shelter population enters shelter due to a family conflict which often resolves and they return home. Because the shelter doesn't track exit, they do not show as permanently housed. Our CoC will continue to work to ensure that protocols established will result in higher permanent housing destinations so that this rate increases. In addition, we are looking to implement more strategies to find landlords who will accept our funding and residents. 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.   2. We have a very positive PH exit/retention rate. In 2018 it was 93%, but has remained at 96% from 2017-2020.   Many of our negative exits are for medical reasons. We continue to work with the local healthcare system to ensure that people transition to long term care if needed.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1.Our CoC works with population specific case conferencing committees (vets, chronically homeless, youth) 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. 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. In the 2 new proposed programs, we are looking to strength the wrap around services provided for those hardest to house to try to improve this measure. 3. Both the BFZ 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-Strategy.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:	
1.	your CoC's strategy to increase employment income;	
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their 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 2,000 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.   2. The primary mainstream employment organization that we work with is the WIOA office. We are 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. The Board Chair is Kira Devin.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1. Several of the CoC agencies have worked to build relationships with private employers to encourage them to give jobs to program participants. Both Carpenter's Place and Rockford Rescue Mission have connections that they can use to get their participants into jobs. CoC agencies work with organizations hosting job fairs and staffing agencies to link clients to their services as well. Many CoC agencies work with their clients on "soft-skills" for jobs, and help them with things such as resume writing or getting appropriate clothing or supplies to use for jobs. 2. Community Action has a high demand job training & certificate program-where they can help pay for the tuition to get low income/homeless clientele into training and pay for necessary supplies to get living wage jobs. This program has built strong partnerships with Rock Valley College, along with private employers that include medical offices, pharmacies, and delivery companies. They also coordinate with the local workforce development agency.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

1. In 2017, 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. Rosecrance is the lead agency and oversees training and implementation of all SOAR trained persons. 2. Many SOAR certified staff have left but at least 3 agencies still have certified persons. The CoC has also made 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. Rosecrance will continue to try to get more SOAR training for community. PATH case managers to be trained within 6 months of hire and at least 4 other agencies do still have trained staff. 3. Rosecrance is the agency responsible for this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
  - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) 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

3A-1a.	New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
City of Rockford ...	PSH	13	Both

3A-3. List of Projects.

1. What is the name of the new project? City of Rockford DV MH PSH

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 13

4. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
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 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)
N/A

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

	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 2,000 characters)

N/A

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

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 2021 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

You must click "Save" after selecting Yes for element 2 PH-RRH or Joint TH/RRH Component to view questions 4A-4 through 4A-4f.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	198
2.	Enter the number of survivors your CoC is currently serving:	99
3.	Unmet Need:	99

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and	
2.	the data source (e.g. comparable database, 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 2,000 characters)

1. To calculate the number of DV survivors needing housing, we took the number of persons currently living in the local domestic violence shelters and transitional housing programs (Remedies has 19 in ES & 19 in TH and Safe Passages has 25 total in the two programs ES/TH). In addition, we used the number of survivors in the HMIS system who are currently in non-DV shelters, in the outreach process due to being unsheltered. I did not include persons in RRH in those numbers, although they could be counted since they are still not stabilized. That number (RRH-57) were included in the "number CoC is currently serving" in addition to those in PSH (42). 2. Data source was the comparable database for Remedies and Safe Passages and HMIS for the other CoC agencies. 3. Current barriers to getting survivors housed is lack of affordable units in addition to longer term programs (such as PSH) that these families can get into. Generally the survivors we are seeing have so many barriers, including severe mental health in addition to their trauma that they can not maintain housing without support services. We are seeing an increased need for mental health counseling which is also hard to get into due to lack of facilities and psychologists/psychiatrists in our area.

Applicant Name
This list contains no items

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CES assessment tool	11/16/2021
1C-7. PHA Homeless Preference	No	PHA preferences	11/16/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Notice of competi...	11/16/2021
1E-2. Project Review and Selection Process	Yes	review and Select...	11/16/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	rejections	11/16/2021
1E-5a. Public Posting–Projects Accepted	Yes	accepted	11/16/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Approved application	11/16/2021
3A-1a. Housing Leveraging Commitments	No	Leveraging commit...	11/16/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CES assessment tool

Attachment Details

Document Description: PHA preferences

Attachment Details

Document Description:

Attachment Details

Document Description: Notice of competition

Attachment Details

Document Description: review and Selection process

Attachment Details

Document Description: rejections

Attachment Details

Document Description: accepted

Attachment Details

Document Description: Approved application

Attachment Details

Document Description: Leveraging committments

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/16/2021
1B. Inclusive Structure	11/14/2021
1C. Coordination	11/15/2021
1C. Coordination continued	11/15/2021
1D. Addressing COVID-19	11/14/2021
1E. Project Review/Ranking	11/15/2021
2A. HMIS Implementation	11/15/2021
2B. Point-in-Time (PIT) Count	10/01/2021
2C. System Performance	11/15/2021
3A. Housing/Healthcare Bonus Points	11/15/2021
3B. Rehabilitation/New Construction Costs	10/01/2021

3C. Serving Homeless Under Other Federal Statutes	10/11/2021
4A. DV Bonus Application	11/15/2021
4B. Attachments Screen	11/16/2021
Submission Summary	No Input Required

Attachment 1C-14.

CE Assessment Tool

Added to the system 03/28/2018 11:39 AM

CES Assessment

Name	▮▮▮▮▮▮
Date of Birth	▮▮▮▮▮▮
Gender	▮▮▮
Primary Race	▮▮▮▮▮
Secondary Race	

Social Security	▮▮▮▮▮
U.S. Military Veteran?	▮▮▮▮

Households

ID	Type	Head of Household	Relationship
6034	Couple With No Children		
	▮▮▮▮▮	▮▮	▮▮▮
	▮▮▮	▮▮	Girlfriend/Boyfriend

Release of Information

Provider	Permission Start Date	End Date
	No matches.	

Entry/Exits

Program	Type	Project Start Date	Exit Date
Rockford Housing Authority - HUD-VASH	HUD	02/19/2015	05/31/2018

Showing 1–1 of 1

Case Managers

Name	Provider	Phone Number
	No matches.	

Shelter Stays

Start Date	End Date	Provider
	No matches.	

Outstanding Outgoing Referrals

Referral Date	Referred To Provider	Need Type
	No matches.	

Rock River Coordinated Entry

Complete this assessment for singles or the head of household, then make a referral to the appropriate CoC housing priority list.

Interviewer's Information

Interviewer's Name

Job Title at Agency

Today's Date

Location interview is taking place

Homeless Primary Reason *

Homeless Secondary Reason

Client ROI signed

Has client consented to participate?

Rockford Resident?

Enter the client's First Name, Last Name, Alias or Street Name, SSN, Date of Birth and Veteran Status on the Client Profile Tab

Number in Household

Primary Language spoken at home

Total Monthly CASH Income

Client Demographic Information

Formerly a Ward of Child Welfare/Foster Care Agency? *

Age you left foster care system

Gender   ▌ Male

Domestic violence victim/survivor

   If yes for Domestic Violence Victim/Survivor, are you currently fleeing?

   If yes for Domestic violence victim/survivor, when experience occurred

Veteran Information (answer for Veterans only)

   Is Veteran eligible for VA medical services?

   Is Veteran refusing federal VA services?

Additional Information

SINGLES

VI-SPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL

FAMILIES

VI-FSPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL

YOUTH (18-24)

TAY-VI-SPDAT v1.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL

Chronic Homeless Determination Information

Prior Living Situation

Length of Stay in Previous Place

If more than 12 Months homeless on the street, in emergency shelter, or safe haven, Enter Total Number of Months in Past 3 Years

Disabilities Information

Does the client have a disabling condition?

Disabilities   HUD Verification ✅

Disability Type	Disability determination
Physical (HUD)	No (HUD)
Mental Health Disorder (HUD)	No (HUD)

Drug Use Disorder (HUD)	No (HUD)
Developmental (HUD)	No (HUD)
Both Alcohol and Drug Use Disorder (HUD)	No (HUD)

Showing 1-5 of 8

Client Contact Information

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

Is there a phone number and/or email where someone can get in touch with you or leave you a message?

Ok, now I'd like to take your picture. May I do so?

Don't forget to make a referral to your CoC housing priority list! Go to Service Transactions, then Add Referral

Coordinated Entry Referral Follow Up Section

Coordinated Entry Referral Follow Up Information

Follow Up Date *	Date of Original Referral	Outcome of CE Follow Up	Notes	End Date (ignore)

Housing Placement

Date Referred to Provider *	Is client housed?	Date Client Housed	Where is client housed?	What the client returned to the list?

For Information Only - Do Not use this version to enter NEW VI-SPDAT Assessments

VI-SPDAT

Start Date *	GENERAL INFORMATION	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONING	D. WELLNESS	PRE-SCREEN TOTAL	GRAND TOTAL (ADJUSTED FOR v2.0)

Assessment Tool

Start Date *   11/11/2021

A. HISTORY OF HOUSING AND HOMELESSNESS

1. Where do you sleep most frequently? (choose one)

If Other, please specify

2. How long has it been since you lived in permanent stable housing?

3. In the last three years, how many times have you been homeless?

B. RISKS

4. In the past six months, how many times have you...

4. a) Received health care at an emergency department/room?

4. b) Taken an ambulance to the hospital?

4. c) Been hospitalized as an inpatient?

4. d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

4. e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told you that you must move along?

4. f) Stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

5. Have you been attacked or beaten up since you've become homeless?

6. Have you threatened to or tried to harm yourself or anyone else in the last year?

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?

8. Does anybody force or trick you to do things you do not want to do?

9. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

C. SOCIALIZATION & DAILY FUNCTIONING

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship,

or because family or friends caused you to become evicted?

D. WELLNESS

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

19. When you are sick or not feeling well, do you avoid getting help?

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

23. a) A mental health issue or concern?

23. b) A past head injury?

23. c) A learning disability, developmental disability, or other impairment?

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

B. RISKS

C. SOCIALIZATION & DAILY FUNCTIONS

D. WELLNESS

GRAND TOTAL

Attachment 1C-7.

PHA Homeless Preference

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

> PHA Policy
>
> The PHA will use the following local preferences:
>
> Families whose head of household is working at least 10 hours a week
>
> Families whose head of household is enrolled in licensed or certified education or training
>
> Families whose head of household is enrolled in Economic Self Sufficiency (definition from law)
>
> Families whose head, spouse or co-head is Elderly/Disabled
>
> Families whose head, spouse or co-head is a veteran and was discharged from the military under any circumstances other than dishonorable
>
> Families who have been displaced by local, state or federal declared disaster
>
> Families whose head, spouse or co-head is near elderly
>
> State Operated Development Class (SODC) members referred to the waiting list through the State of Illinois Statewide Referral Network (SRN) with the terms of the Olmstead consent decrees or referrals for class members from: WILLIAMS v. QUINN, LIGAS v. HAMOS, and/or COLBERT v. QUINN, etc. or participants in the Pathways to Community Living Program.
>
> (FUP) An applicant who was in the custody of the child welfare system on or before his/her 18th birthday who has not yet reached the age of 24
>
> Families who meet HUD's definition of homeless
>
> Families whose head spouse or co-head is a resident of or works within the City of Rockford
>
> Families whose head, spouse, or co-head is participating in the Rock River Homeless Coalition
>
> Families who are referred by The Community Action Agency Coordinated Entry System.

ACOP 9.1.2020

A family that includes victims of domestic violence, dating violence, sexual assault, or stalking who has either been referred by a partnering service agency or consortia or who is seeking an emergency transfer under VAWA from the PHA's housing choice voucher program or other covered housing program operated by the PHA. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.

In order to bring higher income families into public housing, the PHA will establish a preference for "working" families, where the head, spouse, cohead, or sole member is employed at least 10 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

Local preferences will be aggregated using a system in which each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's placement on the waiting list. Each preference will be given one point. Applicants will be placed in order by preference points and date and time of the application.

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40% of the families admitted to public housing during the PHA's fiscal year. ELI families **are those whose annual income does not exceed the federal poverty level or 30 percent of the median income for the area, whichever number is higher.**

To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA's HCV program during a PHA fiscal year that exceed the 75% minimum target requirement for the voucher program, shall be credited against the PHA's basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA's housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

PHA Policy
The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year.

ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

4-III.C. SELECTION METHOD

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

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

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

PHA Policy

1 Point – The PHA will offer a preference to any family that has been terminated from a HCV program due to insufficient program funding. The applicant must provide documentation that the loss of assistance has taken place within the past 5 years

1 Point – The PHA will offer a preference for families who live in Winnebago County, for the HCV funding assigned to Winnebago County. The families must have lived continuously in Winnebago County for the immediate and consecutive past ninety calendar days. This preference is not used or available for families applying to the Stephenson County HCV's, Westport RAD 2's or Freeport RAD 1's waiting lists. Residency will be verified by the following methods:

- Three current/consecutive utility bills (including gas, electric, water, sewer or garbage)
- An executive, legally binding lease
- Three current consecutive bank statements
- Other verifications accepted at the PHA's discretion

1 Point – The PHA will offer a preference for families who live in Stephenson County, for the HCV funding assigned to Stephenson County, Westport RAD 2 or Freeport RAD 1 programs. The families must have lived continuously in Stephenson County for the immediate and consecutive past ninety calendar days. This preference is not used or available for families applying to the Winnebago County HCV waiting list. Residency will be verified by the following methods:

- Three current/consecutive utility bills (including gas, electric, water, sewer or garbage)
- An executive, legally binding lease
- Three current consecutive bank statements
- Other verifications accepted at the PHA's discretion

1 Point – The PHA will offer a preference for veterans or surviving spouses of veterans.

1 Point – The PHA will offer a working preference [24 CFR 5.414] for families where the head, spouse of sole member is employed for at least 20 hours per week at the time that they are selected from the HCV waiting list. This preference is extended equally to an applicant whose head or spouse are age 62 or older, or an applicant whose head or spouse meet the HUD/Social Security definition of disability. Community service/work assignment and/or volunteer work does not apply for this preference qualifications

1 Point – The PHA will offer a preference to victims of the Violence Against Women's Act of 2013, as defined within this Administration Plan, which states that the applicant must provide documentation that the incident(s) have taken place within the past 90 calendar days (see Chapter 3-III.G.)

(FuP)

1 Point – The PHA will offer a preference to an applicant who has been in the custody of the child welfare system on or before his/her 18th birthday who has not yet reached the age of 24

1 Point – The PHA will offer a preference to Nursing Home Residents who have resided in a state-licensed nursing home for the immediate and consecutive past ninety calendar days and have been determined by the state-licensed nursing home as eligible for discharge

Mainstream, Special Purpose Voucher Preference

1 Point – The PHA will provide a preference for non-elderly persons with disabilities who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless, individuals/families who are actively involved in assistance services and programs. (Verification and documentation required from the City of Rockford Human Services)

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

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

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

PHA Policy

The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Housing Authority County of DeKalb

Exhibit 4-1: Local Preferences

Acknowledging that the resources to provide housing are limited, the Housing Authority of the County of DeKalb has established local preferences for admission to its programs. The Housing Authority of the County of DeKalb will select families based on the following local preference system, within each bedroom size category for Low-Income Public Housing, and generally for the Housing Choice Voucher/Section 8 Program. **Families and individuals will be selected from the waiting list according to total preference points and the date and time their application is received by the PHA.**

PREFERENCE 1: DeKalb County Residency (2 points): The residency preference will be applied when the applicant household can demonstrate that their primary physical residence is in DeKalb County, Illinois. Physical residence shall be defined as a domicile with a mailing address, other than a post office box, OR the applicant family has the head, or spouse or sole member working or the head, spouse or sole member has been hired to work within DeKalb County, Illinois.

> **Verification:** Residency will be verified when the applicant can produce three or more of the following: current lease, utility bills showing the current physical address, medical bills, DHS benefits verified within DeKalb County, Illinois, child/children's enrollment in DeKalb County school, signed statement from employer indicating dates of employment, or 3 items of mail such as car insurance bill, cell phone bill, credit card statement, etc. The mail items presented for proof of residency must be post marked within the last 30 days, and original pieces of mail must be provided. Handwritten or typed address on an envelope will not be accepted.

PREFERENCE 2: Family Preference (1 Point): An applicant household is considered eligible for this preference if either head or spouse has legal custody of a minor child or children. This preference is also extended to applicant households whose head of household, spouse or sole-member are ELDERLY (age 62 or older) or DISABLED (have a verified disability).

> **Verification:** Verification of the family preference is verified via confirmation of birth records, foster parent certifications through legal certifications, legal adoption records, etc. This preference is also extended to all households whose head, spouse or sole member is 62 or older or receiving income based on their disability. Verification of disability is accomplished through a current Social Security Disability Benefit letter or via Disability Verification from a licensed care provider i.e. physician, counselor, case manager, psychiatrist, psychologist, psychoanalyst, psychotherapist ..., etc.

PREFERENCE 3: Working Preference (1 point): An applicant household is considered eligible for this preference if either head, spouse or sole member is employed and working. This preference is also extended to the applicant households whose head of household, spouse or sole-member is ELDERLY (age 62 or older) or DISABLED (have a verified disability).

> **Verification:** Employment will be verified by at least 4 current, consecutive paycheck stubs, signed statement from employer indicating dates of employment, number of hours working, hourly wages, and anticipation of continuous employment or verification through theworknumber.com. This preference is also extended to all elderly families and all families whose head, spouse or sole member is receiving income based on their disability. Verification of disability is accomplished through a current Social Security Disability Benefit letter or via Disability Verification from a licensed care provider i.e. physician, counselor, case manager, psychiatrist, psychologist, psychoanalyst, psychotherapist, etc.

PREFERENCE 4: Rent Burden (1 point): In order to qualify for this preference, the applicant household must be paying more than 50% of total household income for rent and utilities. An applicant household does not qualify for a rent burden preference if either of the following is applicable:

a. The applicant household has been paying more than 50% of total household income for rent and utilities for less than 90 days.
b. The applicant household is paying more than 50% of total household income to rent a unit because the applicant's housing assistance for occupancy of the unit under any of the following programs has been terminated as a result of the applicant's refusal to comply with applicable program policies and procedures on the occupancy of under occupied and overcrowded units:
    1. Section 8 programs or Public or Indian Housing Programs under the United States Housing Act of 1965; or
    2. The rent supplement program under section 101 of the Housing and Urban Development Act of 1965; or
    3. Rental assistance payments under section 236(f)(2) of the National Housing Act.

"Family income" is monthly income as defined in 24 CFR 5.609.

> "Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis plus the utility allowance for family-purchased utilities and services that is used in the PHA tenant-based program, or if the family chooses, the average monthly payment that the family actually purchased directly from utility providers for the most recent six-month period.

If an applicant owns a mobile home, but rents the space upon which it is located, then "rent" will include the monthly payments made to amortize the purchase price of the home.

Members of a cooperative are "renters" for the purposes of qualifying for the preference. In this case, "rent" would mean the charges under the occupancy agreement.

Verification (Income, Rent, Utilities): Income will be verified in accordance with existing procedures used to verify income to determine eligibility. Amounts due under a lease or occupancy agreement will be verified by requiring the family to furnish copies of an executed rental agreement, canceled checks or rent receipts for the most recent six-month period, a copy of current purchase agreement, or by contacting the lien holder or landlord direct. Utility payments will be verified by presenting copies of canceled checks, utility bills or receipts for the most recent six-month period.

PREFERENCE 5: DeKalb County Continuum of Care Preference (1 point): The DeKalb County Continuum of Care Preference is given to Applicant families, otherwise eligible, who are currently residing in Emergency Shelter, Transitional Shelter, Permanent Supportive housing OR participating at/in/through a participating DeKalb County Continuum of Care agency (at the time of verification) and have received a written letter of recommendation not less than 30 days old from a participating DeKalb County Continuum of Care agency.

Verification: A written letter of recommendation from a participating DeKalb County CoC agency, not less than 30 days old, confirming the eligible applicant's current successful program participation, services received, and demonstrates that the family or individual is housing ready and can maintain successful lease compliance (low risk of homeless recidivism).

Attachment 1E-1.

Local Competition Announcement

THE CITY OF
ROCKFORD
ILLINOIS, USA

PRESS RELEASE

FOR IMMEDIATE RELEASE:

CONTACT INFORMATION:

Angie Walker
Homeless Program Coordinator, Health & Human
Services

September 17, 2021

844-710-6919
Angie.walker@rockfordil.gov

HUD Announces Funds for Homeless Programming

Rockford, IL - The City of Rockford Health & Human Services Department (A Community Action Agency), in conjunction with the Northern Illinois Homeless Coalition, will be accepting applications for new and renewal applications for the U.S. Dept. of Housing and Urban Development Continuum of Care (CoC) competitive grant program for Dekalb, Winnebago and Boone Counties. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness by providing funds to nonprofit providers to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth.

Funding is available to qualified provider entities for the purpose of executing CoC eligible activities that confront homelessness in the service area. The total estimated amount of funding to be allocated this round is $2,191,671 for renewals, $134,987 Bonus Projects, and $404,961 for DV Bonus projects.

This amount is subject to a reduction, freeze, elimination or increase. Prospective grantees are required to be registered with both DUN & Bradstreet and the federal System for Award Management (SAM). Prospective applicants will be required to have access to eSnaps in order to complete a project request. ESnaps is the system utilized by HUD to prioritize project applications and complete the Collaborative Application.

HUD released the 2021 Notice of Funding Availability (NOFA) information for these grant funds and you can find it at: https://www.grants.gov/web/grants/view-opportunity.html?oppId=335322

New applicants are encouraged to apply, please review the NOFA to determine eligibility and program requirements. New/Bonus applicants are encouraged to apply. HUD is prioritizing a special Domestic Violence bonus project for competitive CoC's. The CoC will prioritize Domestic Violence projects that offer permanent housing placements. The Human Services Department is pleased to provide technical support, application development, and responses to questions regarding new or bonus project applications through 10/14/2021 at 5 pm.

Application & E-Snaps Training (for new and renewal applicants) and Public Hearings on the application process will be held at 612 N. Church St., Rockford, on September 27th at 4:00 pm and September 29th at 9:00 am. New & renewal applications will be due by 5:00 pm on October 14, 2021 at 612 N. Church Street, Rockford. The final consolidated grant application is due to HUD on November 16 , 2021.

For more information and important application deadlines, go to www.rockriverhomelesscoalition.com/ or follow the Northern Illinois Homeless Coalition on Facebook.

###

Formerly known as
   the Rock River
Homeless Coalition

[f]

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│ Dịch: Za Prevodenja; Traducir; litarjama   │
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FY 2021 Notice of Funding Opportunities

9/17/2021

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A HUD Application and Esnaps VIRTUAL Training will be held September 27, 2021 at 4:00 PM. Meeting can be found at the following link: https://us06web.zoom.us/j/86428987830 . A second virtual meeting will be held September 29, 2021 at 9:00 am. It can be found at https://us06web.zoom.us/j/83979490689. All new and renewal applicants are encouraged to attend.

ESnaps is available for Renewal Project Applicants. All renewal grants will be labeled FY2021 in Esnaps. New applicants will have to request Esnaps access if they do not have it already.

Northern Illinois Homeless Coalition

Published by Angie Walker ❷ · September 17 · ❸

FUNDING FOR HOMELESS PROGRAMS NOW AVAILABLE: The City of Rockford Health & Human Services Department (A Community Action Agency), in conjunction with the Northern Illinois Homeless Coalition, will be accepting applications for new and renewal applications for the U.S. Dept. of Housing and Urban Development Continuum of Care (CoC) competitive grant program for Dekalb, Winnebago and Boone Counties. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness by providing funds to nonprofit providers to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth.

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Myrna Buttacavoli
God is GOOD💯🎯🙌🙏🙏🙏
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Northern Illinois Homeless Coalition   ...
Published by Angie Walker ❷ · September 19 · 🌐

The Northern Illinois Homeless Coalition is now accepting NEW and
Renewal applications for the FY2021 HUD Continuum of Care
Homeless programs. More information and the applications can be
found at https://www.rockriverhomelesscoalition.com/2019-nofa....

If you are an organization interested in helping to reduce/end
homelessness in the Winnebago, Boone, or Dekalb County region, we
encourage you to apply. New applications are being accepted for new
Bonus Funds or th... **See more**

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HUD NOFO Information | NIHC
Rockford, IL - The City of Rockford Health & Human Services Depar...

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Angie Martinez
https://gofund.me/b089db1d

GOFUNDME.COM
**Fighting for invisible people,
organized by Martinez Angela**

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CAR SEAT SAFETY CHECK

Saturday September 18

9am-12pm

425 E. State St.
City Hall Parking Lot
Rockford, IL 61104

Join Us for a Cooperative Event
with the Rockford Fire Department
And City of Rockford Head Start/Early Head Start

- Get your car seat checked
- Learn about Head Start and Early Head Start services
- Participate in a make-and-take activity
- Once you stop by all three stations, you can enter
a raffle drawing for fun activities to do at home with your child

Child Passenger Safety Technicians will be on-site to provide education
and assistance with new car seat installation or to verify proper
installation of an existing car seat.

In order to assist the technicians with providing the best possible service, bring
your car seat instruction manual, the child that will be using the seat (if possible),
and your car's owner's guide if you have it.

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👤 Write a comment...

City of Rockford Government
September 17 · 🌐   •••

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Doug Lee
Maybe if America wouldn't have spent 300 million per day for 20 years on a pointless and unwinnable war, there may have been ample funding available for the homeless back here. Well, at least America's military industrial complex had a profitable 20 year run.

Like · Reply · 7w · Edited

City of Rockford Government

Attachment 1E-2.

Project Review and Selection Process

FY 2021 HUD CoC Priority Populations:

Ranking & Scoring committee members decided local priorities based on our current By-Name List (BNL) numbers and data on homeless persons in this community. Based on this data, it was determined that:

72.2% of the homeless population is Adult only households (singles or adult couples)
12.6% of the homeless populations are families with children
8.6% of the homeless population are youth (17-24 year old) singles, pregnant or parenting
4.6% of the homeless population are veterans (mostly waiting to find units for VASH)
2% of the homeless population are chronically homeless

51.30% identify as male
48.70% identify as female

49% report to having a diagnosed mental health disability
15% report to having other diagnosed disability (or to being dually diagnosed)

19% report that they are currently fleeing from a domestic violence situation, many more are survivors from past episodes of violence.

Based on the numbers from Coordinated Entry System, the by-name list, and the recommendation from the Collaborative Applicant, the Ranking and Scoring committee is setting the following **CoC Priorities for FY2021:**

Projects serving one or more of the following populations:

- Families with children;

- Youth (18-24);

- Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking;

- Adults/families with disabilities

Our community adopted the federal benchmarks for ending veteran homelessness and chronic homeless in 2015. While those are still priority populations to our community, we generally have housing programs available for them. HUD VASH in all three of our counties usually have vouchers available in addition to SSVF, PSH, and RRH units. Along with prioritizing youth and families with children, this community is moving forward with efforts of ending all homelessness by prioritizing single adults with disabilities. Local statistics and crime data show that domestic violence, dating violence, etc is an ongoing issue in this community that needs to continue to be a priority as well.

The Ranking Committee adopted these priorities on 9/23/2021

New Project Name: _____

Agency Submitting Project: _____

New Project Scoring Summary	Points Earned
Category I. Project Meets Need of CoC	**/11 max**
Category II. Project Supports Housing First	**/3 max**
Category III. Project Narrative	**/5 max**
Category IV. Other Performance Related to CoC Standards and Expectations	**/8 max**
Category V. Coordinated Entry	**/4 max**
Category VI. Cost per Unit	**/5 max**
Total (with bonus)	**/36 max**

IL-501 CoC--Boone/DeKalb/Winnebago County Continuum of Care
FY2021 HUD NOFO Ranking Form

I. Project Meets Need of CoC	Points Available	Points Awarded
Are 25% or more of the projects units dedicated to serving one of more of the following priority populations: families with children; youth (18-24); Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking; or adults/families with disabilities?	YES: 1 point No: 0 points	
Less Restrictive Eligibility Criteria	Maximum 5 points (see application)	
Low Demand Service Model	Maximum 5 points (see application)	
	Category I Total Points: Maximum 11	

II. Project Supports Housing First	Points Available	Points Awarded
Project is committed to Housing First and meets all Housing First Criteria on the Esnaps Project Application	YES: 2 points NO: 0 points	
If the project application requires services, failure to participate in services has appropriate consequences other than loss of housing.	YES: 1 point NO: 0 points	
	Category II Total Points: Maximum 3	

III. Project Narrative	Point Available	Points Awarded
Narrative provides support for previous experience with projects of a similar nature.	YES: 1 point NO: 0 point	
Active member of the Northern IL Homeless Coalition or commits to being an active member	YES: 1 point NO: 0 point	
Project narrative describes how applied for project works to support CoC goals of Housing First, Coordinated Entry, and ending homelessness	YES: 3 point NO: 0 point	
	Category III Total Points: Maximum 5	

IV. Other Performance Related to CoC Standards and Expectations	Points Available	Points Awarded
Project demonstrates effective utilization of an ongoing evaluation and quality improvement process. (this must be project specific and not overall agency)	Good example: 2 points Fair example: 1 point Poor/no example: 0 points	
Does the project conduct anonymous customer satisfaction surveys or utilize alternative methods of anonymous feedback?	YES: 1 point NO: 0 point	
Does the project provide a structured opportunity for feedback to all who exit regardless of reason for leaving?	YES: 1 point NO: 0 point	
Is customer feedback presented to the board of directors?	YES: 1 point NO: 0 point	
Is there a person with lived experience involved in the agency's decision-making process?	YES: 1 point NO: 0 point	
Does the project have a focus on coordination with mainstream resources in order to maximize benefits for the individuals? (SSI, SSDI, TANF, Medicaid, SNAP, etc).	YES: 2 point NO: 0 point	
	Category IV Total Points: Maximum 8	

V. Coordinated Entry	Points Available	Points Awarded
Project followed the CES protocols for accepting, returning, or appealing referrals	YES: 2 points NO: 0 points Not applicable: 2 points	
Participation in 75% of CES case conferencing by PSH staff or representative knowledgeable about the status of the most current referrals (measured since July 1, 2020)	YES: 2 points NO: 0 points Not applicable: 2 points	
	Category VI Total Points: Maximum 4	

VII. Cost per unit

What was the cost per household served of the project using the following formula: **HUD award divided by (project unit capacity + household discharges to Permanent Housing)**
Example A: The RRH project receives a HUD award of $200,000. It is contracted for 10 units, 6 households moved to permanent housing during the year 7/1/2020-6/30/2021 **$200,000 divided by (10 + 6) = cost/unit of $12,500**

Complete the cost per unit formula for this project.

HUD Award	$
Project Unit Capacity	
Discharges to permanent housing	
Cost per Unit= A/(B+C)	$

PSH cost per unit to only be compared to PSH; RRH to RRH; Each cost per unit will be ranked high, medium, or low and scored based upon those rankings. Projects with low unit costs will receive 5 points, medium 3 points, and high 1 point.

Please calculate this ratio. It will only be used if there is a tie in the final score between projects.

1. **Total housing dollars requested for operating, leasing, construction, rehab, and acquisition= $_____**

2. **Total service dollars requested for supportive services only = $_____**

   Note: Do not include HMIS or Admin dollars for either 1 or 2

3. **Divide housing dollars requested by service dollars requested to get the ratio**

Housing/Services ratio= _____

2021 IL-501 HUD Continuum of Care NOFA Application: New Project Form

The 2021 IL 501 NOFA Project Application form is to be submitted to the City of Rockford, Community Services Division by 5 PM on October 14, 2021. The form should be submitted electronically to angie.walker@rockfordil.gov . The project application is due in Esnaps by the same deadline. This form is used to gather information relevant to our Continuum of Care project review process and our Consolidated Application. Additional information on the NOFA application can be found on the NOFA page of the Northern Illinois Homeless Coalition website (rockriverhomelesscoalition.com. Additional guidance and FAQs will also be posted there. New applicants should contact Angie.Walker@rockfordil.gov or 779-348-7567 for Esnaps log in and training.

APPLICATION SUBMISSION:

1. Please submit the IL-501 CoC New Project application form electronically by filling in the form. Save the form to your computer using "Save As…" and name the file "IL-501 NewApp 2021 [YourAgencyInitials] [YourProgramName]" or similar. (No quotes or brackets.) Repeat this for each project you will be submitting. You can save your work as you go.

2. For each new project, address an email message to angie.walker@rockfordil.gov and attach the IL-501 CoC Project new application form and the PDF of your HUD project application from e-snaps. **Do not submit your Esnaps attachments, especially unit detail sheets, just the application.** Put your program's name in the subject line of the email message. If you are submitting multiple applications, send each project's application with attachments in its own email message. Use the Project Name in the subject line of each email message.

3. Your email message and required attachments must be sent by **5:00pm on October 14, 2021.** Also, your HUD project application must be submitted electronically through the e-snaps system on the same date by 5 PM. Your Esnaps application will be reviewed in the week prior to submission for errors and to ensure it is accurate. **Please complete your Esnaps application but do not submit it without prior review. Applications that are submitted with errors negatively affect your project's application score which can affect your project's funding level and approval by HUD.** *NOTE: Dates are subject to change. Please refer to* https://www.rockriverhomelesscoalition.com/ *for updates on the timeline.*

4. Any application received on previous years' forms will NOT be accepted and will not be ranked.

5. On submission to the City of Rockford, applications will be reviewed to ensure that they are complete. Incomplete applications may not be accepted.

6. All applicants will be notified by November 1st if their project has met the basic criteria to be ranked for the competition. This basic criteria is listed on the coalition website.

7. Projects will be scored according to the published evaluation criteria. This information is published on the website. https://www.rockriverhomelesscoalition.com/

8. Applications will be compiled by the City of Rockford and submitted electronically to HUD according to the details and deadlines indicated in the NOFA.

9. A full application including the consolidated application as well as all project applications will be posted on the Rock River Homeless Coalition website by 8 AM November 9th. This will be the last opportunity for feedback on the application prior to submission on November 5th.

NEW PROJECTS CHECKLIST:

	2021 IL-501 CoC Application Form, submitted.
	PDF of Completed HUD Project Application from e-snaps. You do NOT need to attach the Applicant Profile, unit details or any attachments you uploaded to e-snaps.

For questions on completing this application, please Angie Walker by email at Angie.Walker@rockfordil.gov or by phone at 779-348-7567.

Text will resize based on the length of your answer. Please make sure that text is readable.

LEAD AGENCY INFORMATION – Project Applicant

Agency Name:	
Agency Address:	
City, State, Zip:	
Contact Person:	
Contact Phone:	e-mail:
Agency Director:	
Director Phone:	
Does the agency have 501(c)(3) status?	Yes No N/A
If not a nonprofit, what type of eligible applicant is the agency?	
Date of Incorporation:	
Total Agency Budget:	
End Date of last agency financial audit (e.g., for year ending 6/30/21):	
Discuss any findings from that audit and actions your agency has taken or plans to take to address any concerns:	

PROJECT INFORMATION

Name of Project:	
Project Address, if applicable: (Mark N/A for scattered sites.)	
Is this address confidential?	Yes No
Amount requested:	

PROJECT INFORMATION

Name of Project:	
Project Address, if applicable:	
Amount requested in this proposal:	
Indicate if this project is a:	" New Project " Expansion Project " Transition Grant
Indicate if the project is applying as a:	" Reallocation Project " Bonus Project " Domestic Violence Bonus

Program Type (Choose one)

	Permanent Supportive Housing / Leasing (scattered apartments)
	Permanent Supportive Housing / Rental Assistance (scattered apartments)
	Rapid Re-Housing / Rental Assistance (RRH)
	Joint Transitional Housing/Rapid Re-Housing Project (TH/RRH)
	Supportive Services Only (no housing) CES PROJECTS ONLY

Units and Beds

Indicate the maximum number of units and beds available for project participants.

Units	
Beds	

Primary Population(s):

Select ALL that apply.

	Families with children with head of household with a disability
	Veterans
	Survivors of domestic violence
	Unaccompanied Youth (under 25)
	Persons with HIV/AIDS
	Chronic (Homeless for more than one year with a diagnosed disability)
	Single Adults with substance abuse disorders
	Single adults who are mentally ill

This answer is scored.

Program Type (Choose one):

	Permanent Supportive Housing / Leasing
	Permanent Supportive Housing / Rental Assistance
	Permanent Housing / Rapid Re-Housing
	Domestic Violence RRH-PH Project
	Domestic Violence Coordinated Entry System Project
	Coordinated Entry System Project (SSO)

Less Restrictive Eligibility Criteria (Select all that apply):

	Program will accept clients with no current source of income.
	Program will accept clients with active substance use issues.
	Program will accept clients with history of chronic substance use issues.
	Program will accept clients with untreated or treated yet with symptoms of mental illness.
	Program will accept clients with a felony conviction.

This answer is scored

HMIS Participation

	NOTE: DV agencies that are members of the CoC that use Infonet (an equivalent databa Should indicate that they are answering the questions based upon Infonet, not HMIS.
Is the agency able to effectively participate in the Il 501 CoC HMIS system?	
	Are you currently using HMIS/Infonet to full capacity and entering 100% of homeless participants?
	Are you currently only using HMIS/Infonet to meet grant standards? (Entering all HUD funded participants but not all homeless persons) **OR**
	Not currently part of HMIS but plan to use HMIS/Infonet to full capacity by entering 100% of homeless participants?
	Not currently part of HMIS but plan to use HMIS/Infonet to meet grant standards? (Entering all HUD funded participants but not all homeless persons)

Low Demand Service Model (Select one answer for each):

If a person experiences a relapse/treatment intervention, brief hospitalization, or a brief incarceration (less than 90 days):
	The program will NOT retain a spot for that participant for that period (up to 90 days).
	The program will retain a spot for the participant for that period (up to 90 days).
Describe your policy If a person with a history of alcohol abuse experiences a relapse but is not disruptive to neighbors and/or other
	Program termination begins, and the person may appeal.
	After a written or verbal warning this time the person is likely to be terminated from the program on the 2nd or 3rd offense.
	The case manager and participant discuss the potential consequences of future relapses identifying motivators for future sobriety. The service plan will have sobriety as a goal and future lapses may be cause for termination.
	The relapse will be discussed at the next case management session including identifying motivators for drinking less, but relapse that is not disruptive or dangerous to self or others will not lead to termination.
Describe your policy If a person uses an illegal drug off-site but is not disruptive to neighbors and/or other participants:
	Program termination begins, and the person may appeal.
	After a written or verbal warning this time the person will likely be terminated from the program on the 2nd or 3rd offense.
	The case manager and participant discuss the potential consequences of future illicit drug use and identify motivators for future abstinence. The service plan will have abstinence as a goal, and future relapses may be cause for termination.
	The drug use will be discussed at the next case management session and identify motivators for less frequent drug use, but a relapse that is not disruptive or dangerous to self or others will not lead to termination.
Describe your policy If a person with a mental illness refuses to participate in counseling, to see the doctor, or to take prescribed
	Program termination begins, and the person may appeal.
	After a written or verbal warning this time the person will likely be terminated from the program on the 2nd or 3rd offense.
	The case manager and participant discuss the potential consequences of continuing to not see the doctor or talk with their worker or take recommended medication and identify motivators for further treatment. The treatment plan will have seeing the doctor, talking with the counselor, and taking medication as a goal. Continuing to not work with the mental health team by itself may be cause for termination.
	The person's mental health status will be discussed at the next case management session and identify motivators for treatment alternatives, but counseling or seeing a doctor or taking medication is not a requirement for continued participation in the program.
Describe your policy If a person with a history of substance use problems and/or mental illness and/or criminal involvement exhibits
	Program termination and/or eviction begins, and the person may appeal.
	The landlord knows to call the program manager first before proceeding to eviction. After a written or verbal warning this time, the person is likely to be terminated from the program on the 2nd or 3rd offense.
	The landlord knows to call the program manager first before proceeding to eviction. The case manager and participant discuss the consequences of future disruptive or dangerous behavior and identify eviction prevention steps and motivators to avoid the disruptive/dangerous behavior. The service plan zincludes specific alternatives to the problematic behavior, and termination or eviction is avoided to the greatest possible extent.

This answer is scored

Housing First:

Describe the extent to which this project will adopt a Housing First approach, defined as housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals.

New Housing First Services Exception:

In the 2019 NOFA, HUD has stated that they will allow some flexibility in requiring service participation as part of the housing first model. Describe the extent to which this project will impose service requirements, what those requirements will be and what steps the project will take to assist participants in meeting those goals.

PROJECT NARRATIVE

Continuum Participation:

Are you a member of the Continuum of Care?	Yes No
Describe your agency's commitment to participating in the Continuum of Care.	

Ongoing Evaluation/ Client Feedback:

Describe the evaluation plan for the **specific project** in this application. Do not describe agency wide evaluation plans. What will be measured, when, how, and by whom? Include information on expected outcomes for clients served. **Give a good example** of how this **project** has incorporated outcome data to make an improvement in this project.

Will the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback?
Yes   No

Will the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving?
Yes   No

Will the program present customer feedback to the Board of Directors?
Yes   No

* Is there a person with lived experience involved in your agency's decision making process?
Yes   No

If yes, please describe:

Mainstream Program Participation:

Please mark any of the following that apply to this project. Please keep explanations brief (1-2 sentences). **Mainstream Programs** *refer to SSI, SSDI, TANF, Medicaid, Food Stamps/Link Card, AllKids, WIA, Veterans Health Care, as well as any applicable state or local benefits.*

	Case managers systematically assist clients in completing applications for mainstream benefit programs. **If yes, describe how this service is generally provided:**
	We supply transportation assistance to customers to attend mainstream benefit appointments, employment training, and/or jobs. **If yes, describe how this service is generally provided:**
	We use a single application form (or other screening tool) for 4 or more of the above mainstream programs. **If yes, indicate for which mainstream programs the form applies:**

	We have staff systematically follow up to ensure that mainstream benefits are received. **If yes, please describe the follow-up process:**
	We have staff that have participated in an in-person or online SOAR training regarding Social Security benefits in the past 24 months. **If so, indicate number of applications completed since certification:**
	We have specialized staff whose primary responsibility is to identify, enroll and follow up with homeless persons on participation in mainstream programs. **If yes, please identify these staff members by name and job title:**
	We are participating in enrollment and outreach activities to ensure eligible households are able to take advantage of healthcare options. **If yes, please describe:**
	We are working to identify other sources of funding for supportive services to increase supports for homeless persons. **If yes, please describe the specific steps you are taking to identify service funding:**

	Supportive Services to Families with Children: Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? 　　　Yes　　　No　　　N/A　**If yes, please describe these policies and practices:**
	Supportive Services to Families with Children: Does the proposed project have a staff person to ensure that children are enrolled in school and receive educational services, as appropriate? 　　　Yes　　No　　N/A　**If yes, please describe the staffing (i.e., name, position, responsibilities, full or part-time):**

Coordinated Entry:

All funded projects must utilize the Coordinated Entry policy approved by the Continuum of Care. A copy of this policy is posted on the website at https://www.rockriverhomelesscoalition.com/ This section measures each projects commitment to the Coordinated Entry's (CE) Entry Point, protocols and HUD's expectations for CE compliance for all CoC and ESG funded projects.

Project agrees to follow the CE protocols for accepting, returning, or appealing referrals. 　Yes　　No　　　N/A　**If no or N/A, please describe why:**
This project agrees to participation in at least 75% of Chronic/Veteran or Youth Case Conferencing (in-person or by phone) by PSH program staff or representative knowledgeable about status of current housing referrals. It also agrees to participate in family and singles case conferencing in the future. 　Yes　　No　　N/A

Describe any staff development provided by your agency to increase staff capacity to address homelessness.

Fair Housing & Equal Opportunity:
Describe procedures used to market your services to eligible persons regardless of gender identity, sexual orientation, color, national origin, religion, race, sex, age, familial status, or disability who are least likely to request services in the absence of special outreach. Explain access to services for persons with Limited English Proficiency.

Project Budget

Please complete the chart below.

Project Activities	CoC Program Funding*	Cash or In-Kind Match	Total Estimated Project Budget
Leasing			
Rental Assistance			
Supportive Services			
Operations			
HMIS			
Subtotal			
Administration			
Total	134,987		

This question will be scored

What will the cost per household served of the project using the following formula:

HUD proposed award divided by (project unit capacity + anticipated household discharges to Permanent Housing)

Example A: The RRH project receives a HUD award of $200,000. It is contracted for 10 units. 6 households will move to Permanent Housing during the grant year.

$200,000 divided by (10 + 6) equals cost per unit of $12,500

COMPLETE COST PER UNIT FORMULA FOR THIS PROJECT.

A) Proposed HUD Award	$
B) Proposed Project Unity Capacity	
C) Estimated Discharges to permanent housing	
Cost per Unit = A/(B+C)	

This answer is scored

CERTIFICATION:

By submitting this application electronically you certify that you are authorized to submit this application and that the information provided is accurate.
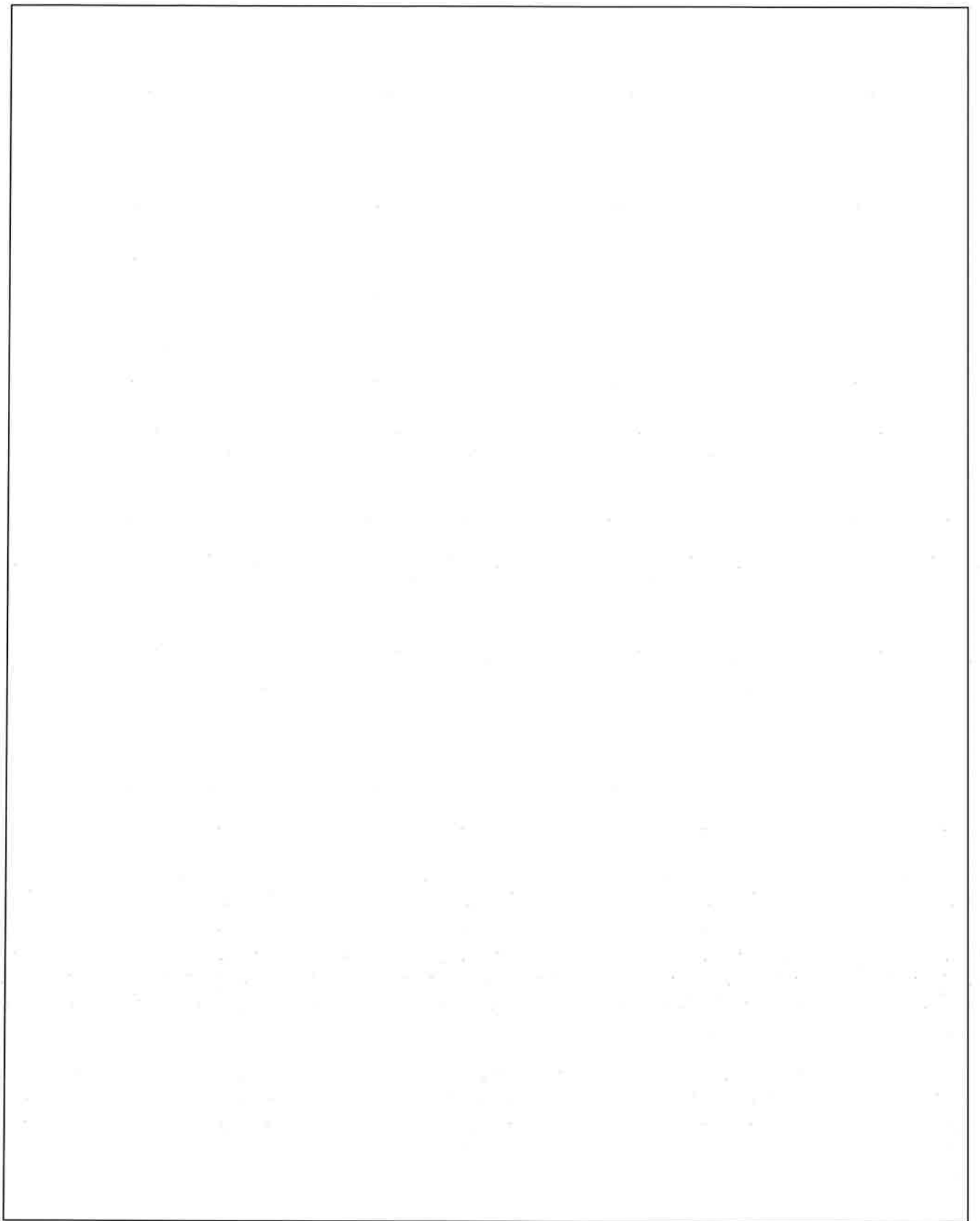
(Revised 9/13/2021)

Renewal Project Name: _____

Renewal Scoring Summary	Points Earned
Category I: Project Meets Need of CoC	/12 maximum
Category II: Project Supports Housing First	/3 maximum
Category III. Applicant Agency Works to Strengthen the CoC	/11 maximum
Category IV. Project Will Meet CoC Standards and Expectations	/11 maximum
Category V. Other Performance Related to CoC Standards and Expectations	/16 maximum
Category VI. Coordinated Entry	/7 maximim
Category VU. Cost per Unit	/5 maximum
Renewal Total (with bonus)	**/65 maximum**

Renewal Project Name: _____

I. Project Meets Need of CoC	Points Available	Points Awarded
Are 25% or more of the projects units dedicated to serving one of more of the following priority populations: families with children; youth (18-24); Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking; or adults/families with disabilities?	YES: 1 point No: 0 points	
Less Restrictive Eligibility Criteria	Maximum 6 points (see application)	
Low Demand Service Model	Maximum 5 points (see application)	
	Category I Total Points: Maximum 12	

II. Project Supports Housing First	Points Available	Points Awarded
Project is committed to Housing First and meets all Housing First Criteria on the Esnaps Project Application	YES: 2 points NO: 0 points	
If the project application requires services, failure to participate in services has appropriate consequences other than loss of housing.	YES: 1 point NO: 0 points	
	Category II Total Points: Maximum 3	

III. Applicant Agency Works to Strengthen the CoC	Points Available	Points Awarded
Attendance at Northern Illinois Homeless Coalition Meetings	70% or more: 3 points <70%: 0 points	
Active in the NIHC committees	YES: 2 points NO: 0 points	
Project has strengthens the CoC since 1/1/2015 by combining existing projects with any other CoC funded project; by converting to a PH type; taking over a project from a prior grantee; or has increased its number of units through a signed HUD contractual amendment.	YES: 3 points No: 0 points	
Project scored 3 points of Question II. C Project's recent 3 year renewal non-administrative recapture average is 2% or less **OR** Project's most recent 3-year renewal non-administrative recapture is more than 2% but is giving 100% of the balance to the CoC for reallocation **OR**	YES-0 points NO-Score from below options 3 points 3 points	

Project's most recent 3 year renewal non-administrative recapture average is more than 2% and chooses not to reallocate the balance back to the CoC BUT has provided detailed and persuasive information as to why this occurred and what steps were taken and actions implemented so that future 3 year recapture average will be below 2% **OR** Project's most recent 3 year renewal recapture average is more than 2% and chooses not to reallocate the balance back to the CoC **OR** Project has not completed 3 renewals	2 points -3 points 2 points	
	Category Total Points: Maximum 11	

IV. Project Will Meet CoC Standards and Expectations	Points Available	Points Awarded
Note: DV agencies that are members of the CoC that use Infonet & cannot be scored will be given full points.		

Data completeness, maintains complete client level data in HMIS for this project as shown in Data Quality Reports run July 31, 2021 for the following data elements:
 	
Data Elements (4 points maximum):
  a. Client veteran status
  b. Client zip code and City
  c. "HUD verification" of disabling condition sub assessment
  d. "HUD verification" of health insurance sub-assessment
 	
Client's chronic homeless status on initial intake assessment:
  a. Residence prior to project entry
  b. Length of stay in previous place
  c. Approximate date this episode of homelessness started
  d. Regardless of where they stayed
	4 points maximum, where in 1 point is awarded for each of the four specified elements when the data averages at least 95% complete..
	.5 points awarded for each element when data is between 90-94.99% complete
	
	2 points maximum, wherein 2 points are awarded when combined, collective data elements are at least 95% complete
	
	1 point awarded when data is 90-94.99% complete	

Participation in the following HMIS User Group Meetings: January 20th July 21st March 17th September 15th May 19th	Maximum 5 points—Project receives 1 point for attendance at each of the User Group meetings	
	Category IV Total Points: 11 maximum	

V. Other Performance Related to CoC Standards and Expectations	Points Available	Points Awarded
Project demonstrates effective utilization of an ongoing evaluation and quality improvement process. (this must be project specific and not overall agency)	Good example: 2 points Fair example: 1 point Poor/no example: 0 points	
Does the project conduct anonymous customer satisfaction surveys or utilize alternative methods of anonymous feedback?	YES: 1 point NO: 0 point	
Does the project provide a structured opportunity for feedback to all who exit regardless of reason for leaving?	YES: 1 point NO: 0 point	
Is customer feedback presented to the board of directors?	YES: 1 point NO: 0 point	
Is there a person with lived experience involved in the agency's decision-making process?	YES: 1 point NO: 0 point	
Does the project have a focus on coordination with mainstream resources in order to maximize benefits for the individuals? (SSI, SSDI, TANF, Medicaid, SNAP, etc).	YES: 2 point NO: 0 point	
Permanent housing outcomes (leavers): What percentage of leaver had a permanent housing outcome at exit?	>87%: 3 points 80-86.99%: 2 points <80%: 0 points	
Employment Income Criteria (for all project types and sizes)—Leavers & stayers	% with employment income >20% -2 points 6-19.99%: 1 point <6%-0 points	
Increased resources (for all project types and sizes)	% who increased resources through employment/income while in project: >25%: 3 points 15-24.99%: 2 points <15%: 0 points	

Occupancy Rate: This question will not be scored. Please circle the option that applies.	Based on the average occupancy rate of units (not beds) using the monthly PIT counts from HMIS beginning with July 2020: 93-100% occupancy 85-92.9% occupancy 76-84.9% occupancy Below 76% occupancy	
	Category V Total Points: **Maximum 16**	

VI. Coordinated Entry	Points Available	Points Awarded
Project followed the CES protocols for accepting, returning, or appealing referrals	YES: 2 points NO: 0 points Not applicable: 2 points	
Average number of days to house clients after referral. Results exclude exemptions communicated through proper protocols to the CES team	<30 days: 3 points 30-45 days: 2 points 46-60 days: 1 point	

	>60 days: 0 points Not applicable: 2 points	
Participation in 75% of CES case conferencing by PSH staff or representative knowledgeable about the status of the most current referrals (measured since July 1, 2020)	YES: 2 points NO: 0 points Not applicable: 2 points	
	Category VI Total Points: **Maximum 7**	

VII. Cost per unit

What was the cost per household served of the project using the following formula: **HUD award divided by (project unit capacity + household discharges to Permanent Housing)**
Example A: The RRH project receives a HUD award of $200,000. It is contracted for 10 units, 6 households moved to permanent housing during the year 7/1/2020-6/30/2021 **$200,000 divided by (10 + 6) = cost/unit of $12,500**

Complete the cost per unit formula for this project.

HUD Award	$
Project Unit Capacity	
Discharges to permanent housing	
Cost per Unit= A/(B+C)	$

PSH cost per unit to only be compared to PSH; RRH to RRH; Each cost per unit will be ranked high, medium, or low and scored based upon those rankings. Projects with low unit costs will receive 5 points, medium 3 points, and high 1 point.

Please calculate this ratio. It will only be used if there is a tie in the final score between projects.

1. **Total housing dollars requested for operating, leasing, construction, rehab, and acquisition= $_____**

2. **Total service dollars requested for supportive services only = $_____**

   Note: Do not include HMIS or Admin dollars for either 1 or 2

3. **Divide housing dollars requested by service dollars requested to get the ratio**

   Housing/Services ratio= _____

2021 IL-501 HUD Continuum of Care NOFA Application: Project Renewal Form

The 2021IL 501 NOFA Project Application form is to be submitted to the City of Rockford, Community Services Division by 5 PM on October 14, 2021. The form should be submitted electronically to angie.walker@rockfordil.gov. The project application is due in Esnaps by the same deadline. This form is used to gather information relevant to our Continuum of Care project review process and our Consolidated Application. Additional information on the NOFA application can be found on the NOFA page of the Northern Illinois Homeless Coalition website (www.rockriverhomelesscoalition.com). Additional guidance and FAQs will also be posted there.

APPLICATION SUBMISSION:

1. Please submit the IL-501 CoC Project Renewal application form electronically by filling in the form. Save the form to your computer using "Save As..." and name the file "IL-501 App 2021[YourAgencyInitials] [YourProgramName]" or similar. (No quotes or brackets.) Repeat this for each project you will be submitting. You can save your work as you go.

2. For each renewal project, address an email message to angie.walker@rockfordil.gov and attach the IL-501 CoC Project Renewal application form, the PDF of your HUD project application from e-snaps, and an electronic copy of the most recently completed APR for the project. **Do not submit your Esnaps attachments, especially unit detail sheets, just the application.** Put your program's name in the subject line of the email message. If you are submitting multiple applications, send each project's application with attachments in its own email message. Use the Project Name in the subject line of each email message.

3. Your email message and required attachments must be sent by **5:00pm on October 14, 2021.** Also, your HUD project application must be submitted electronically through the e-snaps system on the same date by 5 PM. Your Esnaps application will be reviewed in the week prior to submission for errors and to ensure it is accurate. **Please complete your Esnap application but do not submit them until they have been reviewed. Applications that are submitted with errors negatively affect your project's application score which can affect your project's funding level and approval by HUD.** *NOTE: Dates are subject to change. Please refer to* https://www.rockriverhomelesscoalition.com/ *for updates on the timeline.*

4. Any application received on previous years' forms will NOT be accepted and will not be ranked.

5. On submission to the City of Rockford, applications will be reviewed to ensure that they are complete. Incomplete applications may not be accepted.

6. All applicants will be notified by November 1st, if their project has met the basic criteria to be ranked for the competition. This basic criteria is listed on the coalition website.

7. Projects will be scored according to the published evaluation criteria. This information is published on the website. https://www.rockriverhomelesscoalition.com/

8. Applications will be compiled by the City of Rockford and submitted electronically to HUD according to the details and deadlines indicated in the NOFA.

9. A full application including the consolidated application as well as all project applications will be posted on the Northern Illinois Homeless Coalition website by 8 AM November 9th. This will be the last opportunity for feedback on the application prior to submission on November 5th.

SPECIAL INSTRUCTIONS:

1. Please do not make changes to your budgets unless you are cutting funds to be used for reallocation. Use the Budget numbers that appear in the approved Grant Inventory Worksheet, available at https://www.rockriverhomelesscoalition.com/

2. **If you are consolidating grants you must submit each renewal project application as well as a consolidated application both in this form and in Esnaps. Remember only projects that are the same type may be consolidated.**

RENEWAL PROJECTS CHECKLIST:

	2021 IL-501 CoC Application Form, submitted.
	PDF of Completed HUD Project Application from e-snaps. You do NOT need to attach the Applicant Profile, unit details or any attachments you uploaded to e-snaps.
	PDF of Most Recently Submitted HUD APR for the project.

For questions on completing this application, please Angie Walker by email at Angie.Walker@rockfordil.gov or by phone at 779-348-7567.

Text will resize based on the length of your answer. Please make sure that text is readable. Use the text box on the last page of this application to continue any narrative.

LEAD AGENCY INFORMATION – Project Applicant

Agency Name:			
Agency Address:			
City, State, Zip:			
Contact Person:			
Contact Phone:		e-mail:	
Agency Director:			
Director Phone:			
End Date of last agency financial audit (e.g., for year ending 6/30/21):			
Discuss any findings from that audit and actions your agency has taken or plans to take to address any concerns:			

PROJECT INFORMATION

Name of Project:	
Project Address, if applicable: (Mark N/A for scattered sites.)	
Is this address confidential?	Yes No
Amount requested:	
HUD grant number (from GIW):	
End Date of HUD Contract:	_____ / _____ / 2021
Indicate if the project is applying as a:	Renewal Project only Consolidated Project

Remember if applying for a consolidation project you must complete an application for both the individual projects and the consolidated project in both this format and in Esnaps.

Primary Population(s):

Indicate if **25% or more** of beds/slots are reserved for, or are serving, any of the following groups. Select all that apply:

	Families with children
	Veterans
	Survivors of domestic violence
	Youth
	Chronic
	Single Adults with disabilities

<mark>This answer is scored</mark>

Program Type (Choose one):

	Permanent Supportive Housing / Leasing
	Permanent Supportive Housing / Rental Assistance
	Permanent Housing / Rapid Re-Housing
	Transitional Housing/Project-Based (one site/building; leavers must move out)

Less Restrictive Eligibility Criteria (Select all that apply):

	Program accepts clients with no current source of income.	
	Program accepts clients with active substance use issues.	
	Program accepts clients with history of chronic substance use issues.	
	Program accepts clients with untreated or treated yet with symptoms of mental illness.	
	Program accepts clients with a felony conviction.	
	Within the *current year* (e.g. last 12 months), the program housed or is housing a person that was convicted of arson and/or sex offenses	b

<mark>This answer is scored</mark>

Low Demand Service Model (Select one answer for each):

If a person experiences a relapse/treatment intervention, brief hospitalization, or a brief incarceration (less than 90 days):	
	The program does NOT retain a spot for that participant for that period (up to 90 days).
	The program retains a spot for the participant for that period (up to 90 days).
If a person with a history of alcohol abuse experiences a relapse but is not disruptive to neighbors and/or other participants:	
	Program termination begins, and the person may appeal.
	After a written or verbal warning this time the person is likely to be terminated from the program on the 2nd or 3rd offense.
	The case manager and participant discuss the potential consequences of future relapses identifying motivators for future sobriety. The service plan will have sobriety as a goal and future lapses may be cause for termination.
	The relapse will be discussed at the next case management session including identifying motivators for drinking less, but relapse that is not disruptive or dangerous to self or others will not lead to termination.
If a person uses an illegal drug off-site but is not disruptive to neighbors and/or other participants:	
	Program termination begins, and the person may appeal.
	After a written or verbal warning this time the person will likely be terminated from the program on the 2nd or 3rd offense.
	The case manager and participant discuss the potential consequences of future illicit drug use and identify motivators for future abstinence. The service plan will have abstinence as a goal, and future relapses may be cause for termination.
	The drug use will be discussed at the next case management session and identify motivators for less frequent drug use, but a relapse that is not disruptive or dangerous to self or others will not lead to termination.
If a person with a mental illness refuses to participate in counseling, to see the doctor, or to take prescribed medication:	
	Program termination begins, and the person may appeal.
	After a written or verbal warning this time the person will likely be terminated from the program on the 2nd or 3rd offense.
	The case manager and participant discuss the potential consequences of continuing to not see the doctor or talk with their worker or take recommended medication and identify motivators for further treatment. The treatment plan will have seeing the doctor, talking with the counselor, and taking medication as a goal. Continuing to not work with the mental health team by itself may be cause for termination.
	The person's mental health status will be discussed at the next case management session and identify motivators for treatment alternatives, but counseling or seeing a doctor or taking medication is not a requirement for continued participation in the program.
If a person with a history of substance use problems and/or mental illness and/or criminal involvement exhibits behavior that is disruptive to neighbors and results in a complaint to the landlord/property manager:	
	Program termination and/or eviction begins, and the person may appeal.
	The landlord knows to call the program manager first before proceeding to eviction. After a written or verbal warning this time, the person is likely to be terminated from the program on the 2nd or 3rd offense.
	The landlord knows to call the program manager first before proceeding to eviction. The case manager and participant discuss the consequences of future disruptive or dangerous behavior and identify eviction prevention steps and motivators to avoid the disruptive/dangerous behavior. The service plan zincludes specific alternatives to the problematic behavior, and termination or eviction is avoided to the greatest possible extent.

==This answer is scored==

Housing First:

Describe the extent to which this project has adopted a Housing First approach, defined as housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals.

This answer is scored

New Housing First Services Exception:

In the 2019 NOFA, HUD has stated that the will allow some flexibility in requiring service participation as part of the housing first model. Describe the extent to which this project will impose service requirements, what those requirements will be and what steps the project will take to assist participants in meeting those goals.

This answer is scored

Continuum Participation:

Are you a member of the Continuum of Care?	Yes No
Describe your agency's involvement in CoC committees.	

This answer is scored

Since 2015, has your agency taken steps to strengthen continuum goals? What steps has your agency taken with this project to support CoC goals including Housing First, Low Barrier programming, rapid transition to other permanent housing, adding new resources to support participants in employment and increasing income or other efforts to support ending homelessness in the community?	Yes No
If yes, describe these efforts and how they support the Continuum's goals.	

This answer is scored

Ongoing Evaluation/ Client Feedback:

Describe the evaluation plan for the **specific project** in this application. Do not describe agency wide evaluation plans. What will be measured, when, how, and by whom? Include information on expected outcomes for clients served. **Give a good example** of how this **project** has incorporated outcome data to make an improvement in this project.

Does the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback?
     Yes   No

Does the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving?
     Yes   No

Does the program present customer feedback to the Board of Directors?
     Yes   No

*Is there a person with lived experience involved in your agency's decision making process?
     Yes   No

If yes, please describe:

Mainstream Program Participation:

Please mark any of the following that apply to this project. Please keep explanations brief (1-2 sentences). **Mainstream Programs** *refer to SSI, SSDI, TANF, Medicaid, Food Stamps/Link Card, AllKids, WIA, Veterans Health Care, as well as any applicable state or local benefits.*

	Case managers systematically assist clients in completing applications for mainstream benefit programs. **If yes, describe how this service is generally provided:**
	We supply transportation assistance to customers to attend mainstream benefit appointments, employment training, and/or jobs. **If yes, describe how this service is generally provided:**
	We use a single application form (or other screening tool) for 4 or more of the above mainstream programs. **If yes, indicate for which mainstream programs the form applies:**
	We have staff systematically follow up to ensure that mainstream benefits are received. **If yes, please describe the follow-up process:**
	We have staff that have participated in an in-person or online SOAR training regarding Social Security benefits in the past 24 months. **If so, indicate number of applications completed since certification:**

	We have specialized staff whose primary responsibility is to identify, enroll and follow up with homeless persons on participation in mainstream programs. **If yes, please identify these staff members by name and**
	We are participating in enrollment and outreach activities to ensure eligible households are able to take advantage of healthcare options. **If yes, please describe:**
	We are working to identify other sources of funding for supportive services to increase supports for homeless persons. **If yes, please describe the specific steps you are taking to identify service funding:**

	Supportive Services to Families with Children: Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes No N/A **If yes, please describe these policies and practices:**
	Supportive Services to Families with Children: Does the proposed project have a staff person to ensure that children are enrolled in school and receive educational services, as appropriate? Yes No N/A **If yes, please describe the staffing (i.e., name, position, responsibilities, full or part-time):**

Program Outcomes from Most Recent Annual Performance Report (APR):

End date of most recently submitted APR	
Total leavers:	
Total stayers:	
(Q24a) How many participants (leavers and stayers) had NO income at exit/follow-up?	
(Q24b1) How many stayers had earned income at follow-up?	
(Q24b2) How many leavers had earned income at exit?	
(Q24b1) How many stayers increased their monthly income (earned or other) between entry and follow-up?	
(Q24b2) How many leavers increased their monthly income (earned or other) between entry and exit?	
(Q29a1 & a2) Leavers with any permanent destination at program exit:	
(Q36a-e, Measure 1) Actual percent who accomplished Housing Stability Measure.	

These answers are scored

Coordinated Entry:

This section measures each projects collaboration with Coordinated Entry's (CE) Entry Point, protocols and HUD's expectations for CE compliance for all CoC and ESG funded projects.

Project followed the CE protocols for accepting, returning, or appealing referrals.

Yes   No   N/A **If no or N/A, please describe why:**

Does your agency participate in at least 75% of a case conferencing committee (veteran/chronic/family)? or have a representative knowledgeable about status of current housing referrals. YES   NO   N/A

These answers are scored

Fair Housing & Equal Opportunity:
Describe procedures used to market your services to eligible persons regardless of gender identity, sexual orientation, color, national origin, religion, race, sex, age, familial status, or disability who are least likely to request services in the absence of special outreach. Explain access to services for persons with Limited English Proficiency.

Recapture

Complete the chart with non-administrative expenditure information about the three most recently completed grant terms for this project. If the grant term just ended in May, June, or July 2019, and you have not completed the APR for that grant term, you may choose the 2018 end date as your most recently completed term. If a project was recently combined, include the three most recent renewals for each project.

Grant Number	End Date	Renewal or Initial Grant Term?	Grant Amount Awarded	Unused/recaptured amount

Three-Year Recapture Average: Calculate the average unused non administrative dollar amount from the three most recently completed renewal grant years. If the grant has only renewed twice, average those two recaptured amounts. If the grant has only renewed once, enter the recapture amount from the single renewal. If the grant has not yet renewed, enter zero. If the grant is a combination of more than one previous grant, add all the unused amounts together from the last three years' worth of renewals for all the grants, and then divide by three.

This answer is scored

Please explain any contributing factors to this recapture history, including why it happened and what steps have been taken to make sure it does not happen in the future.

Project Budget

Please complete the chart below.

Project Activities	CoC Program Funding*	Cash or In-Kind Match	Total Estimated Project Budget
Leasing			
Rental Assistance			
Supportive Services			
Operations			
HMIS			
Subtotal			
Administration			
Total			

The CoC Program Funding column must match the Grant Inventory Worksheet (GIW), minus any funds being cut for reallocation.

This question will be scored,

What was the cost per household served of the project using the following formula:
HUD Award divided by (project unit capacity + household discharges to Permanent Housing)
Example A: The RRH project receives a HUD award of $200,000. It is contracted for 10 units. 6 households moved to Permanent Housing during the year 7/1/18 - 6/30/19.
$200,000 divided by (10 + 6) equals cost per unit of $12,500

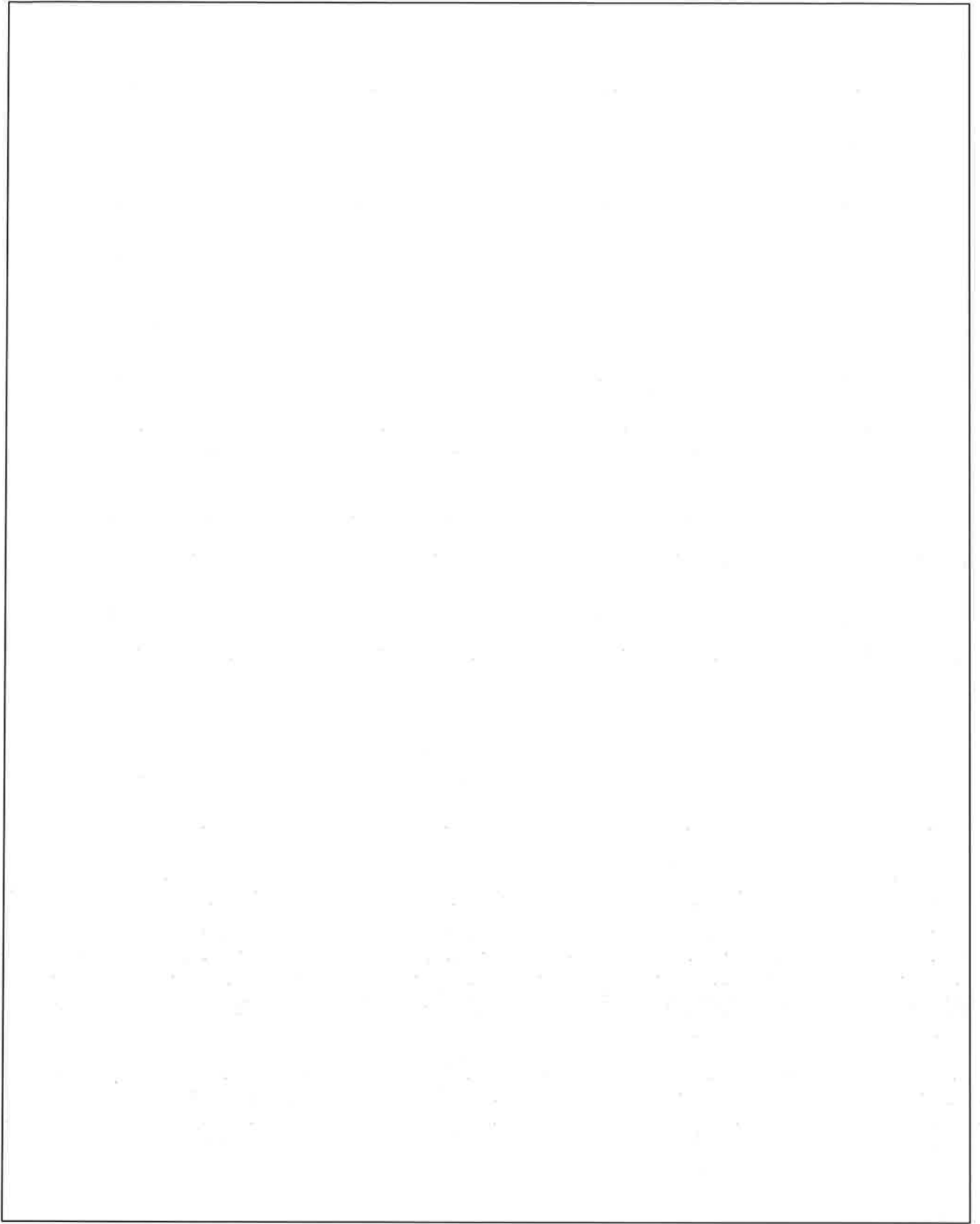**COMPLETE COST PER UNIT FORMULA FOR THIS PROJECT.**

A) HUD Award	
B) Project Unity Capacity	
C) Discharges to permanent housing (7/1/18 – 6/30/19)	
Cost per Unit = A/(B+C)	

This answer is scored

CERTIFICATION:

By submitting this application electronically you certify that you are authorized to submit this application and that the information provided is accurate.

(Revised 9/13/2021)

Attachment 1E-5.

Public Posting-Projects Rejected or Reduced—

None

Public Posting - project rejected or reduced

Angie Walker

Hello all. This email is a notice that the ranking and scoring committee did meet on 10/22 and scored all applications. No applicants were denied or not ranked and no projects were reallocated. The rankings are as followed and are being placed on the website & FB for public viewing today. Rankings are as follows:

Rank	Project	Type	Name of Project	Amount Requested
1	Institute for Community Alliance	Renewal	HMIS	$83,670.00
2	Housing Authority DeKalb County	Renewal	SPC Rental Assistance	$492,489.00
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4	Hope Haven	Renewal	Housing First	$29,704.00
5	Hope Haven	Renewal	RRH	$46,658.00
6	City of Rockford	Renewal	Youth RRH	$92,569.00
7	Shelter Care Ministries	Renewal	Consolidated RRH	$143,978.00
8	Shelter Care Ministries	Renewal	Consolidated PSH	$175,855.00
9	Carpenter's Place	Renewal	PHP 1	$113,533.00
10	Carpenter's Place	Renewal	PHP 2	$32,810.00
11	Rosecrance	Renewal	Consolidated S+C	$741,152.00
12	Rosecrance	Renewal	2003 S+C	$138,955.00
13	City of Rockford	New-DV Bonus	MH/DV PSH	$404,961.00
14	City of Rockford	New-PH Bonus	High Risk PSH	$134,987.00

Thank you,
Angie

Angie Walker

Homeless Program Coordinator
City of Rockford Human Services Dept.
A Community Action Agency
612 N. Church St.
Rockford, IL 61103
Phone: 779-348-7567
Fax: 800-215-1557

1

Northern Illinois Homeless Coalition

Published by Angie Walker ❓ · November 1 at 6:08 PM · 🌐

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Thank you to all of our applicants for the FY2021 HUD NOFO. The applicants have been ranked for funding by a committee of non-funded coalition members. All applicants were ranked and no applications were denied, reduced or re-allocated. The rankings are as follows:

The committee made suggestions and voted on the following rankings for the FY2021 NOFO competition:

Rank	Project	Type	Name of Project	Amount Requested
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124
People reached

7
Engagements

–
Distribution score

Boost post

👍 1

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Comment as Northern Illinois Homeless Co... ■ ■ ■ ■

Northern Illinois Homeless Coalition   ···

Published by Angie Walker ❓ · October 27 at 9:42 AM · 🌐

One of the many families that a Coalition partner is working with could use some help, please see below for more info.

Projects must also submit a written application for scoring and ranking purposes. That application for RENEWAL Projects can be found **HERE**. The application for NEW projects can be found **HERE**. Both applications are due October 14, 2021 by 5:00 PM CDT. UPDATE (10/13/2021): THE APPLICATION DEADLINE HAS BEEN EXTENDED BY ONE DAY UNTIL OCTOBER 15, 2021 AT 5:00PM. THIS IS THE LATEST WE CAN ACCEPT THE APPLICATIONS AND STILL REMAIN IN COMPLIANCE WITH HUD GUIDELINES.

Renewal Projects may choose to reapply as a consolidated project if the projects they are consolidated are the same type. They may also apply for an expansion project.

GIW for renewal project budgets-Click here

Scoring Criteria for Ranking for New Applications can be seen here.
Scoring Criteria for Ranking for Renewal Applications can be seen here.

The Ranking & Scoring Committee is scheduled to meet October 22nd at 9:00 am, meeting will be held at 612 N. Church St in Rockford, IL. All new and renewal applications will be reviewed, ranked and scored at this time. This is an open meeting and anyone is welcome to attend.

For a list of dates and deadlines, click here.

Local ranking priorities can be seen here.

9/30/2021--Virtual trainings were held this week (9/27 & 9/29) for potential new applicants or renewal applicants who wanted a refresher. If you wanted to attend but could not make it, **CLICK HERE** for a copy of the presentation.

11/1/2021---The ranking & Scoring committee met on 10/22, as scheduled. They voted unanimously on the following scoring order:

FY21 Priority Ranking List.

The committee made suggestions and voted on the following rankings for the FY2021 NOFO

Rank	Project	Type	Name of Project	Amount Requested	Score
1	Institute for Community Alliance	Renewal	HMIS	$83,670.00	N/A
2	Housing Authority DeKalb County	Renewal	SPC Rental Assistance	$492,489.00	62
3	Hope Haven	Renewal	Dresser Ct.	$98,690.00	61
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13	City of Rockford	New-DV Bonus	MH/DV PSH	$404,961.00	61
14	City of Rockford	New-PH Bonus	High Risk PSH	$134,987.00	58

All submitted applications were accepted and ranked for funding.
No applications were reduced or denied. No programs were reallocated or consolidated in this year's application.

If you have a disability that requires a special accommodation, please reach out by phone 844-710-6919 ext. 5 or by email here.

Attachment 1E-5a.

Public Posting-Projects Accepted

Public Postings - projects accepted

Angie Walker

Hello all. This email is a notice that the ranking and scoring committee did meet on 10/22 and scored all applications. No applicants were denied or not ranked and no projects were reallocated. The rankings are as followed and are being placed on the website & FB for public viewing today. Rankings are as follows:

Rank	Project	Type	Name of Project	Amount Requested
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Angie Walker

Homeless Program Coordinator
City of Rockford Human Services Dept.
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612 N. Church St.
Rockford, IL 61103
Phone: 779-348-7567
Fax: 800-215-1557

FY2021 Continuum of Care Ranking & Scoring

HUD NOFO

On October 22, 2021, the Ranking and Scoring Committee of the Northern Illinois Homeless Coalition met to determine the scores and position of ranking for all submitted grant applications in the 2021 NOFO competition. All grants that were submitted were accepted and ranked. No grants were denied or not funded. In addition, no funding was reallocated.

The committee made suggestions and voted on the following rankings for the FY2021 NOFO

Rank	Project	Type	Name of Project	Amount Requested	Score
1	Institute for Community Alliance	Renewal	HMIS	$83,670.00	N/A
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Voting members of the ranking committee is attendance: Angela Wood-Zuzevich, Paula Lind, Mike Hedrick, and Emily Schwartz.

Non-voting persons in attendance: Angie Walker

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Distribution score

Boost post

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Like   Comment   Share

Comment as Northern Illinois Homeless Co...

Northern Illinois Homeless Coalition
Published by Angie Walker ❷ · October 27 at 9:42 AM · 🌐

One of the many families that a Coalition partner is working with could use some help, please see below for more info.

Attachment 1E-6.

CoC Approved Consolidated Application

From:	Kira Devin <kdevin@pslegal.org>
Sent:	Tuesday, November 16, 2021 12:02 PM
To:	Heather Beaufils
Cc:	Angie Walker; Emily Schwartz; Adam Smith (adam.smith@icalliances.org); Angela Wood-Zuzevich (awood@tlsveterans.org); Crystal Walker (crystalw@carpentersplace.org); Deb Alfredson; Earnell Brown; Joanne Rouse (Joanne.rouse@cityofdekalb.com); Lesly Wicks (lwicks@hopehavendekalb.com); Mike Hedrick; Paula Lind (paulalind@rockfordtownshipil.gov); Sarah Parker-Scanlon (sparker@shelter-care.org); Shelly Perkins (sperkins@dekcohousing.com); Smerko, Kevin (KSmerko@rosecrance.org); Todd Kisner-WCHD
Subject:	Re: FY21 HUD NOFO--vote needed

Hello,

We had 12 YES votes. We did not have any No votes.

The vote has now ended and the CoC has approved the consolidated application for submission.

Best,

Kira Devin

On Tue, Nov 16, 2021 at 9:38 AM Kira Devin <kdevin@pslegal.org> wrote:
Hi,

Considering this was sent out less than 4 business hours ago, I wanted to give everyone a chance to voice their vote.

Thanks,

Kira Devin

On Tue, Nov 16, 2021 at 9:37 AM Heather Beaufils <hbeaufils@remediesrenewinglives.org> wrote:

Do we need everyone to vote or do we have enough votes for you to proceed?

Heather Beaufils
Grant and Contract Manager
Remedies Renewing Lives
220 Easton Parkway
Rockford, IL 61108
hbeaufils@remediesrenewinglives.org
Voice 815-966-1287 ext. 421
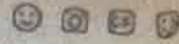Fax 815-962-7895

Pronouns: she/her/hers. Please tell me yours.

Write a comment...

Press Enter to post.

😊 📷 🎞 🎁

Northern Illinois Homeless Coalition
November 14 at 9:20 PM · 🌐

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The FY2021 Consolidated CoC NOFO has been posted at
https://www.rockriverhomelesscoalition.com/2019-nofa... for public
review. If anyone would like to review the NOFO and provide
comments, it will be available until Tuesday at noon.

ROCKRIVERHOMELESSCOALITION.COM
HUD NOFO Information | NIHC
Rockford. IL - The City of Rockford Health & Human Services Depar...

👍 Like   💬 Comment   ↪ Share

Northern Illinois Homeless Coalition
November 14 at 9:45 PM · 🌐

•••

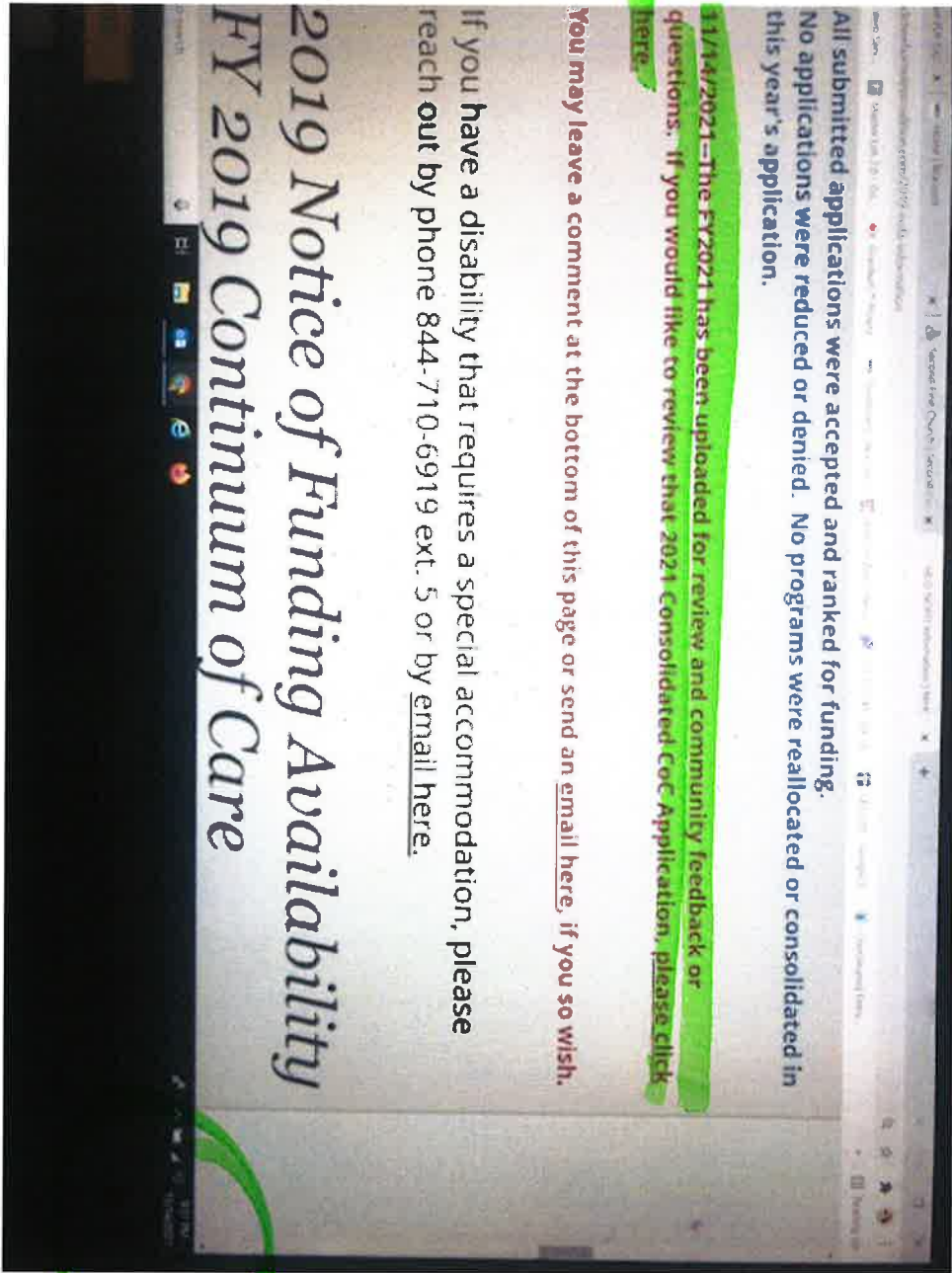# 2019 Notice of Funding Availability
FY 2019 Continuum of Care

All submitted applications were accepted and ranked for funding. No applications were reduced or denied. No programs were reallocated or consolidated in this year's application.

11/14/2021—The FY2021 has been uploaded for review and community feedback or questions. If you would like to review that 2021 Consolidated CoC Application, please click here.

You may leave a comment at the bottom of this page or send an email here, if you so wish.

If you have a disability that requires a special accommodation, please reach out by phone 844-710-6919 ext. 5 or by email here.

Attachment 3A-1A.

Housing Leveraging Commitments--

Crusader Community Clinic

Rockford Fire Department-Mobil Integrated Healthcare

CRUSADER **COMMUNITY**
Health

Mailing Address
1200 West State Street
Rockford, Illinois 61102-2112

p 815.490.1600
f 815.490.1625
www.crusaderhealth.org

Locations: **Rockford** Crusader Community Health on West State Street – Woodward Campus for Community Healthcare
Rockford Crusader Community Health on Broadway – Uram Building
Belvidere Crusader Community Health Belvidere
Loves Park Crusader Community Health Loves Park

November 15, 2021

Jennifer Jaeger
Community Services Director
612 N. Church St.
Rockford, IL 61103

Re: Leverage for the Domestic Violence-Mental Health PSH program

Dear Jennifer:

Crusader Community Health is pleased to participate in the Domestic Violence-Mental Health PSH program. This program will add much needed permanent supportive housing units for the highly vulnerable individuals and families who are fleeing from domestic violence and suffering from mental health conditions in the Winnebago/Boone County area.

Crusader Community Health is a long-time partner with the City of Rockford Human Services Department and the Continuum of Care. Our community has continued to see an increase in domestic violence cases and with that, an increased need for housing for persons with serious medical and mental health issues.

Crusader Community Health will leverage its resources as a Health Care for the Homeless grantee and will accept referrals for participants in this DV-Mental Health PSH program to provide health care and behavioral health care, including but not limited to:

- Essential health services including annual checkups; immunization against major infection diseases; appropriate treatment of common diseases and injurie; and provisions of essential medications
- Health education and prevention on prevailing health problems
- Referrals for specialized care
- Promotion of health and treatment for behavior health conditions; and
- Dental care

These services will be available to the program participants for a 12-month period beginning with the start of the grant on 7/1/22 or later depending on start date of grant.

The value of these services will be approximately $17,000.

Sincerely,

Shelton Kay
Vice President Community Services

Care Within Reach

CITY OF ROCKFORD FIRE DEPARTMENT

Michele L. Pankow
MPA, CEO, IPEM
Chief

November 15, 2021

Jennifer Jaeger
Community Services Director
612 N. Church St.
Rockford, IL 61103

Re: Leverage for the High Risk PSH program:

Dear Jennifer:

The Rockford Fire Department is pleased to participate in the High Risk PSH program. This program will add much needed permanent supportive housing units for the highly vulnerable, disabled adults in the Winnebago/Boone county area. As a long-time partner with the City of Rockford Human Services Department and the Continuum of Care, we have seen an increase in the need for housing people with serious medical and mental health issues. Those who have cycled in and out of homelessness over the years often experience premature aging so that a 50-year old individual has the needs and the disabling conditions of someone that is 10-15 years older. Quite often these individuals are transported by our ambulances on a regular basis.

The Rockford Fire Department's Mobile Integrated Healthcare program will leverage its resources for participants in this High Risk PSH program to provide services, including but not limited to:

- Help participants get connected with primary care services
- Connect to ongoing medical care for chronic conditions
- Assist with referrals for basic needs such as food, transportation, etc.
- Connect to resources to ensure the affordability of medication
- Connect with resources for in home health care
- Client health education
- Substance abuse prevention and education

These services will be available to the program participants for a 12-month period beginning with the start of the grant on 7/1/22 or later depending on the start date of the grant.

The value of these services will be approximately $120,000, which is the value of an additional person, or portion of a MIH Manager position.

Sincerely,

Michele Pankow
Fire Chief
Rockford Fire Department