

## 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](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:** NJ-509 - Morris County CoC

**1A-2. Collaborative Applicant Name:** County of Morris

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

**1A-4. HMIS Lead:** New Jersey Housing and Mortgage Finance Agency

## 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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	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)	No	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	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	No
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	Yes	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	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	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Nonexistent	No	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	No	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
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	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

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

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)**

The CoC full membership and sub-committee meetings are open to all interested persons or entities and dates, descriptions, and locations for all CoC meetings and Executive Committee meetings are publicly posted on the Morris County (CoC Lead) website as part of a calendar with many other community events appealing to community members. Anyone interested in participating can enter their individual/agency information into an e-form to submit application for membership even prior to attending a CoC meeting. Meeting notices are sent out via email in accessible digital formats to ensure compatibility with text to speech programs & conversion to large text for individuals with disabilities. Emails are sent to a variety of listservs to expand the number of agencies/advocates aware of the CoC process, and the Morris County website is also compatible with these digital tools as well as being instantly translatable for prospective members who are not fluent in English. The Executive Committee routinely examines membership and actively works to solicit participation from sectors insufficiently represented in the CoC membership (at

both full membership and executive membership level).

The CoC has created an Advisory Board of persons with lived expertise, leading to invaluable participation from those currently experiencing homelessness or those who are formerly homeless. The CoC received referrals from agencies who serve the homeless population, conducted outreach and invited them to participate in the Advisory Board. Advisory Board members participate in CoC meetings. Referrals are received on an ongoing basis from agencies and Advisory Board members also invite peers to join.

The CoC has invited these agencies that serve culturally specific communities experiencing homelessness: Urban League, Office of Hispanic Affairs and Black Lives Matter Morris County. These agencies join CoC meetings, conduct trainings and ensure the community is using an equity lens at all times.

<b>1B-3.</b>	<b>CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.</b>	
	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)**

The CoC's strategy to solicit and consider opinions from many organizations & persons interested in ending homelessness is to incorporate them into the CoC membership.

The CoC's Executive Committee (EC) members include: hospitals, local universities, shelter & housing providers, soup kitchens, formerly homeless individuals, DV advocates, childcare providers, law enforcement, mainstream benefits/welfare agency provider, & mental health/substance use disorder service providers. Input on needs & strategies are generated through EC, full membership & subcommittee meetings, & having a broad representation among the membership is essential to creating wholistic & effective strategies.

Information & materials for all meetings are shared in advance in accessible digital formats to ensure compatibility with text to speech programs & conversion to large text for individuals with disabilities. CoC Lead, Morris County, is also a local Consolidated Plan Jurisdiction & regularly posts information for public comment pertaining to ESG, CDBG, HOME, & local funding sources, including solicitation of comments about how funds impact housing & homelessness. The CoC actively considers information gathered from public comment & public meetings to make improvements in serving homeless persons.

For instance, CoC membership & housing providers expressed concerns about decreasing availability of affordable housing, so the EC asked the Permanent Housing committee to develop strategies to increase support from landlords.

The EC approved a study of landlord needs & attitudes toward vouchers in partnership by the CoC & Drew University. The study which is now complete developed an intervention strategy to improve lease-up options for chronically homeless persons. It is now funded & expected to be up & running in January of 2022.

The CoC solicits opinions from membership on all Policies considered for ratification by the EC, which are presented for public comment by subcommittees & full CoC membership.

<b>1B-4.</b>	<b>Public Notification for Proposals from Organizations Not Previously Funded.</b>	
	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)**

The CoC issued its Notice of Intent on 4/13/21 requesting applications for new & renewal projects through posting on the CoC website, local newspaper publication, announcements at human services related meetings & mass emails through Human Service & CoC listservs using accessible digital formats to ensure compatibility with text to speech programs & conversion to large text for individuals with disabilities.

The announcement was shared publicly & was accessible to both previously funded & non-funded agencies. The CoC request for proposals identified requirements for new projects & renewal projects & a TA session was provided to answer questions from agencies unfamiliar with the CoC program or process or who had questions regarding funding requirements & eligibility. The announcement included the application process, scoring criteria, scoring tool, & CoC funding priorities & listed the email address that project applicants needed to send their final applications to.

The CoC’s NOI also stated “Projects may apply for new funding that may be made available through reallocation of existing monies or new bonus funding, & applicants who have not previously received CoC funding are encouraged to apply.”

The CoC established a scoring scale for new projects that included a review of agency experience providing services, type of project, population to be served & willingness to participate in the local planning process, including Coordinated Entry. A bidder’s conference, open to any interested new or renewal applicants, was held on 4/19/21 to provide TA & a full understanding of CoC process, funding eligibility requirements & priorities.

In the ranking process new projects were scored & ranked based on the percentage of points awarded from the new project scoring scale enabling cross comparison & ranking w/ renewal projects. The scoring criteria evaluated an agency's ability to serve target population, fiscal oversight & strength & performance with HUD or other funding in the past.

## 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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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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)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	No
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.		
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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)**

There are 2 ESG recipients in the region: Morris County (MC) & the State of NJ. The CoC Executive Committee (EC) approves performance standards & the ESG recipient considers CoC funding priorities in their allocation process. The MC ESG recipient is a member of the CoC EC & participates in all CoC meetings. The CoC EC chair serves on the Morris County Human Services Advisory Council & serves by participating in ESG program review & funding meetings. The MC ESG recipient shares funding recommendations with the CoC EC & presents ConPlan updates/action plans for public comment at CoC full membership meetings.

To better coordinate non-CoC resources, the CoC recently created a funding matrix of all funding going through the community; they then made funding recommendations to the MC ESG recipient about how ESG-CV funding could be allocated.

NJDCA hosts a public comment conference call after they have developed their funding priority recommendations for ESG funds annually. The CoC participated in the CoC meeting to provide feedback about the best ways to target ESG funding. All projects requesting funding through NJDCA ESG process must obtain a letter of support from the CoC. The CoC EC reviews all proposals requesting funding through the NJDCA ESG program & issues letters of support to those projects that are in line with local funding priorities & demonstrate an ability to work with the CoC in ending homelessness. The CoC EC also participated in specialized conference calls with NJDCA re:ESG-CV RRH program, ensuring the RRH program utilized the local coordinated entry process.

In addition, the staff of MC provide staffing for conducting the monitoring for both ESG & CoC-funded projects.

The CoC PIT & HIC information, as well as strategic plans, gaps & needs, are shared with the ConPlan jurisdiction for inclusion in their 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.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

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)**

All providers serving homeless children connect with the homeless liaisons in the school district to ensure the educational needs of children are addressed. Each agency follows established policies for assessing and connecting children to the educational services they need and are entitled to.

The CoC membership is active in the Bridging the Gap committee which conducted special outreach to the homeless liaison overseeing the school system in Morris County and secured their participation in the CoC subcommittee on the service needs of youth, coordinating and enhancing services provided. The Homeless liaison shared with CoC agencies information about responsibilities of school districts in serving youth experiencing homelessness, the resources available and how to access those services.

The Bridging the Gap committee serves as the forum for connecting community providers serving youth to the educational partners and homeless liaisons.

The CoC conducts annual trainings with the homeless liaisons in the schools to review the services available to households experiencing homelessness, access points and referral process and the PIT data collection process and how to participate in the annual survey. Due to this strong connection, a homeless liaison from a large school district in the County sits on the Executive

Committee and brings a unique, needed perspective to the homeless planning conversations.

The United Way hosts the School Support Network which provides workshops for community providers and educational professionals (including school homeless liaisons) to better understand the needs of youth, access resources and share ideas and expertise.

Additionally, the Youth Advocate subcommittee of the CoC coordinated an informational session for all providers around COVID and the impact on children and youth. The session included a presentation from a family engagement specialist that works at a school district in the CoC's jurisdiction.

<b>1C-4a.</b>	<b>CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.</b>	
	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)**

All providers complete household assessments when families enroll in their programs. As part of the assessments providers review current connections to school and other education related services for the household. Case managers work with households to identify if additional services are needed and provide support in helping the household connect to services available through the school system or community agencies.

<b>1C-4b.</b>	<b>CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.</b>	
	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	No
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	No
6. Head Start	No	Yes
7. Healthy Start	No	No
8. Public Pre-K	No	No
9. Tribal Home Visiting Program	No	No
Other (limit 150 characters)		

10.		
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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)**

Jersey Battered Women’s Services (JBWS), the primary victim service provider agency in the CoC, conducts trainings for professionals and community education opportunities to help provider staff and the larger community recognize DV issues, promote healthy relationships and enhance access to services. Trainings are open to all interested agencies and cover a variety of topics from recognizing partner violence, overview of DV issues, immigration, safety planning, LGBTQ intersections and trauma informed care. The CoC’s recent trainings with JBWS took place in October of 2019 and were also recorded as webinars and disseminated to the full CoC for those who did not attend.

The Coordinated Entry System and JBWS also developed policies and procedures and guidelines regarding how best to manage the safety of those identifying as DV and to ensure access to the full array of housing resources while protecting confidentiality. The policy emphasizes the importance of ensuring that Coordinated Entry staff are trained in “trauma-informed protocols that support domestic violence survivors.” Call specialist staff at NJ 211, the CoC’s virtual point of entry for Coordinated Entry and assessment, all receive annual training on providing trauma-informed and survivor-centered care while ensuring safety and confidentiality, whether the survivor is receiving a referral to JBWS or to other CoC resources.

Currently, JBWS clients are able to be assessed and prioritized for all available CoC resources through CE. And, according to HMIS data, many are served in other CoC projects.

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)**

Jersey Battered Women’s Services (JBWS) alerts the CoC, through meetings,

workgroups and subcommittees, to trends and issues in serving survivors of domestic violence. The agency is also an active member of the Coordinated Entry committee and Data Quality committee. In these roles JBWS provides insight in the needs of survivors experiencing homelessness.

In addition to committee membership, JBWS has agreed to submit de-identified client level data to the CoC Lead Agency pulled from their HMIS comparable database. This information, combined with data pulled from HMIS is able to be used to evaluate system trends and the scope of need in the community. JBWS also uses a HMIS-comparable database, making the collection of data effortless; this database is also used to produce all HUD reporting requirements.

The information regarding need for survivors provided to the CoC shaped the CoC's decision to support JBWS in applying for its new CoC DV Bonus RRH expansion project and Joint TH-RRH project. These projects will fill a gap by enabling faster and more sustainable exits from safe house shelter so that shelter space is available for other survivors in crisis.

JBWS is a key member of the PIT planning process every year. The agency completes surveys for all homeless persons served on the day of the PIT count and submits de-identified data for inclusion in the PIT. Data from the PIT is analyzed and includes a subsection regarding the needs and trends for those reporting DV experience in the final PIT report.

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)**

Those presenting as survivors fleeing domestic violence to the CoC's virtual Coordinated Entry (CE) access point (NJ 211) or other providers are immediately referred to the designated DV providers in the region, Jersey Battered Women's Services (JBWS) for safety planning and service. Upon receipt of referral, JBWS completes a safety evaluation with the household to determine eligibility for Safe House placement. Clients may also choose to receive other CoC housing assistance, and JBWS assists the household to ensure they are confidentially maintained and prioritized on the CoC's CE Prioritization Lists while JBWS continues working with them to connect to benefits and services for which they are eligible via the Morris County Office of Temporary Assistance. DV survivors without an immediate safety issue may participate in JBWS services and may not be sheltered in the Safe House, but are eligible for other shelter placement if they cannot be diverted or prevented from becoming homeless. ESG dollars fund both JBWS and other community shelters, while JBWS also receives USDOJ funds: Stop Violence Against Women, Crime Victims Assistance, Transitional Housing Program, Arrest

Program, and USDHHS Counseling funds.

Other placement options include JBWS Transitional Living Program (CoC and DOJ-funded) and Abigail House (AH), a transitional housing program run by Family Promise of Morris County, which also serves DV clients. JBWS's RRH project now helps move survivor households more quickly from ES or TH to PH.

If a client placed in a CoC-funded project and experiences a new threat to safety, the provider must collaborate with the CoC and CE staff to facilitate another placement for any impacted household members per Emergency Transfer Plan.

All CoC programs work diligently to protect the confidentiality of program participant information. No data is shared unless the client explicitly consents.

<b>1C-6.</b>	<b>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.</b>	
	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)?	Yes
	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)?	Yes

<b>1C-7.</b>	<b>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.</b>	
	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?
New Jersey Department of Community Affairs	9%	Yes-HCV	No
Morris County Housing Authority	25%	No	No

<b>1C-7a.</b>	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	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)**

The CoC has worked with the Morris County PHA (MCHA) to understand barriers to prioritizing homeless households through preference and set asides. MCHA has a Moving On preference for persons exiting from Morris's Division of Community Development's HOME-funded Tenant- Based Rental Assistance Program- Prioritized households are referred by Shelter Partners using HMIS and Coordinated Entry.

MCHA and the Dover Housing Authority successfully partnered with the CoC and priority partners to apply for HUD Mainstream Vouchers in September 2019. All vouchers were utilized for a 100% success rate.

MCHA is also a partner in our Coordinated Entry System.

Under the leadership of CoC-funded agency, Family Promise of Morris County (FPMC) they are working with the 5 Public Housing Authorities in our community. These agencies meet regularly as a group and individually with FPMC.

The goals are to have all of the PHA's join the CE System and work more jointly with the CoC. This helps the PHA's as well.

FPMC was awarded the Lead Organization role for Morris County for the state's Emergency Housing Vouchers and is working with the PHA's to cross reference names on their lists and the CE List, to ensure those with the highest acuity needs are met first.

The staff of Madison PHA participated in the CoC's Allocations Committee scoring proposals and making funding recommendations, strengthening the missional alliance with the CoC.

Dover PHA is also working with FPMC on a Project Based Voucher Program for FPMC's 32-unit Women's Campus.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income 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)**

Any program that is accepting referrals through the CoC's coordinated entry (CE) system follows the CE prioritization and referral policies. When new programs, such as mainstream vouchers and tax credit units are included in the CE system, the CE subcommittee case conferences to see who is the most vulnerable that meets the eligibility criteria set forth by that program. CE housing navigators will then work with the identified household to ensure that they have all of the necessary documentation and paperwork needed for the housing opportunity.

The CoC has a formal MOU in place with the Morris County Housing Authority (MCHA), allowing them to attend CE meetings and case conference. MCHA has been attending the monthly CE meetings regularly and offers insight and information on available vouchers, the opening of waitlists and current referrals from the CE waitlist.

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)**

The CoC partnered with the Morris County Housing Authority (MCHA) to submit applications under the mainstream voucher program. The application was approved and the MCHA received 33 mainstream vouchers.

The submission and approval of these programs has made a large impact for families and individuals experiencing homelessness in Morris County. MCHA was able to receive referrals quickly and the CoC was able to rapidly rehouse clients experiencing homelessness. The success of this program has also led to MCHA engaging more closely with the CoC. After receiving the mainstream vouchers, MCHA began attending CoC case conferencing meetings and became more involved in planning.

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
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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
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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.

<b>PHA</b>	
	State of NJ Depar...

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

**Name of PHA:** State of NJ Department of Community Affairs

## 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	Yes

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.	17
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.	17
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)**

To ensure projects are utilizing and operationalizing a housing first approach, the CoC monitors and scores all projects in the following ways:

Confirms that all projects commit to using coordinated entry. If a referral is

denied, the case conferencing team reaches out to the agency to ensure it is not against the housing first, low to no barrier policies set forth by the CoC. The CoC currently prioritizes persons with the highest barriers for housing opportunities. The CoC local application also asks projects to identify how many referrals were rejected and why they were rejected.

Client leases and program policies and procedures are reviewed by the Allocations Committee to ensure there are no stipulations regarding service participation or preconditions to entering programs as a requirement to receive or maintain their housing.

The CoC monitors the following performance outcomes: returns to homeless locations upon program discharge, reason for discharge and permanent housing retention. During the monitoring process, the CoC also ensures that all agencies receiving CoC funds have a feedback survey in place so that program participants can share any grievances or recommendations for agencies.

Agencies are scored on all of these practices in both their monitoring and application for the local CoC process. Additionally, while not currently scored, the CoC is evaluating the time it takes programs to get households in a housing unit upon program acceptance.

<b>1C-9b.</b>	<b>Housing First–Veterans.</b>	
	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?	No
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<b>1C-10.</b>	<b>Street Outreach–Scope.</b>	
	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)**

The Mental Health Association of Essex & Morris (MHA) operates the primary outreach program for the CoC through the PATH program & other sources of funding. MHA teams cover 100% of the geographic region through targeting known locations. The teams work closely with local police & hospitals to respond to unsheltered homeless persons identified by those agencies. MHA tracks outreach interactions in HMIS. All outreach is coordinated & tailored to those who are the most vulnerable & service-resistant. If shelter is refused, connection will still be made to coordinated entry (CE) & clients will be prioritized for permanent housing opportunities.

In addition, there are two CE Drop-In Centers that connect unsheltered households to mainstream benefits, services, & shelter. MHA & the drop-in centers also help connect people to GA, TANF & SSI through which they may receive shelter & housing.

The CoC also has access to Navigating Hope (NH) & Hope One (H1), programs that bring services & connection to benefits to the community through mobile outreach. NH is a mobile van that travels throughout the County & helps consumers apply for benefits & get connected to social services. NH has even been deployed at the local court so that persons facing evictions can instantly have access to the homeless service system if necessary. H1, which operates similarly to NH, specializes in support services, specifically mental health services, for persons struggling with addiction; if outreach workers are notified of persons that are experiencing homelessness that are engaging in high-risk behavior, ie drug use, the county deploys the H1 van, which includes a consortium of providers, like a Support Team for Addiction Recovery (STAR) specialist & an outreach worker. These providers meet weekly to ensure that all persons in need of services have access to the system.

Visions and Pathways also conducts street outreach for youth in the CoC to connect them with CE & services.

<b>1C-11.</b>	<b>Criminalization of Homelessness.</b>	
	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	
5.	Other:(limit 500 characters)	

**You must select a response for elements 1 through 4 in question 1C-11.**

<b>1C-12.</b>	<b>Rapid Rehousing-RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.I.	

	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."	34	110

1C-13.	<b>Mainstream Benefits and Other Assistance—Healthcare—Enrollment/Effective Utilization.</b>	
	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	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		
	Private Dental Care	Yes	Yes

1C-13a.	<b>Mainstream Benefits and Other Assistance—Information and Training.</b>	
	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)**

In the monitoring & local selection processes, the CoC reviews how funded programs connect participants with benefits & community services & evaluates project capacity to leverage community resources, prioritizing those projects with demonstrated ability to connect clients.

CoC agencies have access to SOAR trained staff from two CoC-funded agencies who assist clients in connecting to SSI/SSD. Through Coordinated Entry (CE) Drop-In Centers, clients are assisted in using Single Stop, a web-based system that checks benefit eligibility to assist & encourage clients in connecting with mainstream benefits. Single Stop also educates CE & other provider staff on creating linkages to benefits. The CoC also has access to Navigating Hope (NH), a mobile outreach program that bring services & connection to benefits to the community. The NH van travels throughout the County & helps clients apply for benefits & get connected to social services.

All projects connect participants to the Office of Temporary Assistance (OTA), the local welfare agency to ensure participants are applying for benefits. OTA is a CoC Executive Committee member, CoC full committee member & currently chairs the CE case conferencing meetings. OTA systematically updates partner agency staff regarding the availability of mainstream resources such as SNAP,

TANF, state-funded General Assistance welfare for individuals, SSI/D, & substance abuse programs.

Morristown Medical Center has financial counseling for both their inpatient & outpatient medical services that link patients to Medicaid & Charity Care so that no one goes without medical care & treatment, including preventative medicine. Zufall Health Center (local FQHC) participates in many CoC outreach efforts & events & also has services that link patients to Medicaid & the ACA Marketplace.

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)**

The CoC has widely and affirmatively advertises the Coordinated Entry (CE) access points through online and newspaper advertisements, with a wrapped vehicle, and through community outreach. PATH outreach provider, Mental Health Assn. of Essex and Morris Counties and Morris County Sheriff’s Community Services Unit Hope One mobile recovery outreach assist homeless consumers with mental illness and substance use disorders in connecting with CE access points across 100% of the geographic area.

To ensure 100% coverage by CE, the CoC has created a virtual access point operated by NJ 2-1-1, which can be accessed by phone from anywhere in Morris CoC 24 hours a day, 7 days a week to be assessed, prioritized, and referred for housing services.

Two Drop-In Centers in the CoC’s urban centers, Our Promise in Morristown and Edna’s Haven in Dover, also provide direct access to case managers to help those least likely to advocate for themselves navigate the system, including assistance in calling NJ 2-1-1 for CE access. The CoC has developed a policy to ensure that these access points “will be equipped with appropriate accessible formats of communication to accommodate those with hearing or vision impairments and those with limited English proficiency” to ensure equal access.

The CoC’s Screening/Assessment Tool prioritizes those who: are chronically homeless, are unsheltered, left homeless projects previously, have the longest history of homelessness, are at risk for victimization, have disabled heads of household, and have the most severe service needs.

Following CE assessment, NJ 2-1-1 places households on a prioritization list that can be confidentially viewed in HMIS by CoC providers who can outreach to the top prioritized household to screen them and place them into their shelter, transitional, or permanent housing projects in real time. In addition, the CoC has monthly case conferencing meetings to discuss difficult placements, cases, and

situations.

<b>1C-15.</b>	<b>Promoting Racial Equity in Homelessness–Assessing Racial Disparities.</b>	
	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
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<b>1C-15a.</b>	<b>Racial Disparities Assessment Results.</b>	
	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.	No

<b>1C-15b.</b>	<b>Strategies to Address Racial Disparities.</b>	
	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.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes



8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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 made a commitment to address racial disparities that impact Black Indigenous People of Color (BIPOC) across the continuum of services offered by the system.

The CoC is currently participating in a Community Led Planning Development project. One of the goals of this project are to bring awareness & understanding to the racial inequities that are present in the homeless service system; the CoC Executive Committee, full membership & subcommittees have been engaging in conversations about race, racism, white privilege, & biases to better understand the disparities that are seen in the system. The CoC has also partnered with several agencies led by & serving BIPOC to connect & better serve the population.

Further, the CoC has been engaging persons with lived experience to create a sustainable Advisory Board (AB) for the CoC & other funding entities in the community. The goal of the AB is to not only involve consumers in the planning processes, but to create a consistent feedback loop & give them power & agency in the process. Since Spring of 2021, the AB has been meeting regularly & is beginning to fully integrate into the CoC.

The AB was able to look at the local selection process, the applications & monitoring tools & identify areas of improvement, areas where the AB did not feel that their experience was being captured in the application. The CoC will begin updating the local selection process after the 2021 NOFO is submitted under the guidance & leadership of the AB.

The AB has also identified key areas of focus that the CoC will improve with their guidance:

- Evaluating the coordinated entry vulnerability matrix to ensure it is asking questions/gathering information in a way that considers & identifies vulnerabilities that are relevant to all cultures & racial/ethnic backgrounds

- Determining additional services or engagement strategies targeting traditionally underserved communities
- Identifying training opportunities for trauma-informed practices

<b>1C-16.</b>	<b>Persons with Lived Experience–Active CoC Participation.</b>	
	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.	5	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	5	3
3.	Participate on CoC committees, subcommittees, or workgroups.	5	3
4.	Included in the decisionmaking processes related to addressing homelessness.	5	3
5.	Included in the development or revision of your CoC's local competition rating factors.	5	3

<b>1C-17.</b>	<b>Promoting Volunteerism and Community Service.</b>	
	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).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
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).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	No
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](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.	<b>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</b>	
	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)**

Almost immediately at the onset of COVID, the CoC worked with the County Welfare Agency (CWA), shelter & outreach teams to identify clients who were in ES, TH, or unsheltered locations that were at an increased risk of COVID due to their age or health status. If necessary, persons were placed in non-congregate shelter. The CoC worked directly with the health department to ensure best practices were being followed & all homeless households were being served in all settings.

1. The unsheltered homeless continued to be outreached through PATH to work to determine eligibility for non-congregate sheltering options. Outreach teams provided PPE, hand sanitizer, & assisted the unsheltered in accessing vaccines when available. Morris County (MC), the ESG-CV recipient, funded several street outreach programs to ensure unsheltered persons had access to hygiene facilities like handwashing stations & showers & adequate PPE & hand sanitizer. MC also funded programs to ensure that all persons experiencing unsheltered homelessness within the geographic area were outreached & the system was easily accessible.

2. Congregate shelters were able to reduce capacity at the shelter to ensure social distancing. With ESG funds, the County funded a non-congregate shelter through the CWA for anyone that was homeless & had symptoms or tested positive for COVID-19. Shelters connected healthcare services to the non-congregate shelter to monitor those that were Covid positive or symptomatic & ensure they had transport to any & all health care appts. Several other hotel/motel programs were funded to reduce the census of congregate shelter & ensure the safety of staff & clients.

3. The CoC's transitional housing programs were able to continue to operate at

capacity & enhance health & safety protocols to ensure the safety of families residing in the facilities. Households & staff were able to socially distance & continue to receive services through the use of PPE & barriers placed.

<b>1D-2.</b>	<b>Improving Readiness for Future Public Health Emergencies.</b>	
	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)**

Ongoing practices at the shelter & drop-in center level that will continue include: use of PPE by staff & clients, implementation of air filtration systems & amplified cleaning procedures, additional spacing between beds at all shelter locations. Programs are also continuing to improve their process for sharing educational info regarding other illnesses, i.e the flu.

In addition to the daily updates & protocols that have taken place at the shelter & drop-in level, there is also increased collaboration between CoC partners & the local federally qualified health center in the County. This collaboration led to increased communication & referrals to the FQHC for clients that did not have COVID but needed a health screening or connection to primary care. The CoC was also able to strengthen relationships with the health department in the county to organize & implement a number of vaccination events made available to the homeless in the community. The CoC also worked with the health department to implement safety protocols to keep staff safe while continuing to serve the homeless face-to-face in agency offices as well as in the community.

Those in CoC permanent housing were still able to meet with case managers to get all service needs met in a face-to-face environment as well as providing virtual or telehealth support when appropriate. The CoC worked with the Office of Temporary Assistance to implement virtual screening for benefits so that those in need did not have to come into the office face to face to apply. These virtual strategies will be utilized as a hybrid model going forward to continue to address barriers such as transportation when accessing services as well as any other future public health emergencies. Through all of these practices, the CoC has set up the infrastructure & communication, such as holding meetings virtually, allowing for virtual intakes of clients & electronic collection of documentation that will be needed in future health emergencies.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

<b>1.</b>	<b>safety measures;</b>
<b>2.</b>	<b>housing assistance;</b>
<b>3.</b>	<b>eviction prevention;</b>
<b>4.</b>	<b>healthcare supplies; and</b>

5.	sanitary supplies.
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**(limit 2,000 characters)**

The primary ESG recipient that covers the Morris CoC jurisdiction is Morris County (MC). MC also serves as the CoC lead, creating a clear connection between the ESG-CV funds & the CoC. The CoC agencies provided input on needs in the community & also submitted proposals to administer the ESG-CV funding throughout MC. All agencies receiving ESG-CV funds are active members of the CoC.

The jurisdiction received more than \$2 million in ESG-CV funding. A significant amount of funding was allocated to rapid rehousing assistance. The goal of the CoC & MC was to quickly move households out of homelessness as quickly as possible by providing RRH assistance. The CoC/MC allocated around 1% of ESG-CV fund towards homeless prevention, recognizing the abundance of resources coming down the pipeline for those at-risk of homelessness, i.e. ERAP, the eviction moratorium, etc. The CoC/MC was able to allocate CDBG-CV funds towards the local Legal Services office to ensure that low-income, at-risk consumers had legal representation if evicted, etc.

The remaining amount of funding was provided for street outreach & emergency shelter activities. MC funded several programs to ensure unsheltered persons had access to hygiene facilities like handwashing stations & showers & adequate PPE & hand sanitizer. MC also funded programs to ensure that all persons experiencing unsheltered homelessness within the geographic area were outreached & the system was easily accessible. MC is funding a non-congregate shelter through the Office of Temporary Assistance, the welfare agency, for anyone that is homeless & has symptoms or tested positive for COVID-19. Shelters connected healthcare services to the non-congregate shelter to monitor those that were Covid positive or symptomatic & ensure they had transport to any & all health care appts. Several other hotel/motel programs were funded to reduce the census of congregate shelter & ensure the safety of staff & clients.

1D-4.	CoC Coordination with Mainstream Health.	
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NOFO Section VII.B.1.q.
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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:
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- |    |  |
|----|--|
| 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)(2) Working in conjunction with the local federally qualified healthcare center, local hospitals, and other stakeholders, the CoC developed a safety, isolation and quarantine plan and, with ESG funds, coordinated a COVID positive non-congregate shelter for persons experiencing homelessness. The plan developed an order of priority to include residents experiencing homelessness discharged from inpatient hospitals, emergency shelters, unsheltered residents in the community suspected or diagnosed with COVID-19. Once residents were identified they were offered a safe place to quarantine, in the newly opened COVID shelter, and received all needed medical care, telehealth services, food,

beverages, medicine, hygiene supplies, and PPE. Upon discharge, residents were reconnected with community service providers and supports. The CoC worked with the federally qualified health center and homeless service providers to distribute masks, sanitizing products, administer testing and covid vaccines to vulnerable sheltered and unsheltered homeless. Vaccines for staff in congregate setting were also provided.

<b>1D-5.</b>	<b>Communicating Information to Homeless Service Providers.</b>	
	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)**

During the COVID-19 pandemic, the Morris CoC utilized a number of methods to distribute information regarding safety measures, local restrictions, and vaccine implementation. Updates were provided in real time regarding agency operation changes, safety measures, best practices, etc through the CoC mailing list which has over 200 recipients. At times notices were sent out on a daily basis to ensure information was shared. The CoC lead continuously connected with shelters, the coordinated entry program, drop-in centers and the local welfare agency on a regular basis to evaluate needs, provide updates on programs, coordinate testing and vaccine implementation.

The Morris CoC continued to hold its full membership meetings. Meetings were held via Zoom to ensure access and continued safety. All agencies are encouraged to provide updates and any new programming at these meetings.

The Provider Resource subcommittee of the CoC also created a google form for service providers throughout the jurisdiction to complete on a quarterly basis to keep other providers up-to-date with any changes in operation, updates to programs, new programs and protective measures. This method was found to be very successful.

<b>1D-6.</b>	<b>Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.</b>	
	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)**

The State of NJ identified staff working in homeless shelters and clients experiencing unsheltered and sheltered homelessness as a priority population for the COVID-19 vaccine. These populations were eligible to receive vaccines starting March 15, 2021. Coordination with a local FQHC on vaccine distribution had started in February of 2021 as it was announced that persons experiencing

homelessness and staff would be included in the next eligibility group. The CoC coordinated with each shelter, drop-in center and outreach team to identify clients and staff who were willing and wanted to receive the vaccine. This allowed the FQHC to have a good estimate of the needed number of vaccines at the time, with the first vaccine event occurring in March. The CoC coordinated with NJ211 who is providing free rides to confirmed vaccine appointments through the United Way Worldwide Ride United and Lyft program.

Vaccine efforts first focused on clients and staff who were open and wanted the vaccine, with more targeted outreach taking place as vaccines were easier to access and as more clients and staff had them. This allowed for peer encouragement and education of symptoms and the importance of the vaccine, which led to an increase in the number of clients willing to be vaccinated.

<b>1D-7.</b>	<b>Addressing Possible Increases in Domestic Violence.</b>	
	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)**

During COVID-19, JBWS did receive assistance during the pandemic for COVID-19 support through the State of New Jersey. The State of New Jersey selected JBWS as one of 20 agencies in the state to receive funding for domestic violence victims directly impacted by COVID-19. The funds required JBWS to implement a new program, the Community Housing Assistance (CHA) program. CHA funds allowed clients to submit for assistance with rent, utilities, furniture, security deposits, and more. Many clients lost their employment or saw a reduction in work hours during COVID-19 so CHA played a large role in helping them cover personal costs.

Additionally, through a partnership with the NJ Department of Community Affairs and the National Coalition to End Domestic Violence, JBWS was able to place clients in Morris County hotels during COVID-19. JBWS adhered to capacity parameters during the pandemic. If the Safe House could not house more people due to CDC regulations, clients were given shelter at a hotel. Although they were not on-site, clients still had access to JBWS services.

<b>1D-8.</b>	<b>Adjusting Centralized or Coordinated Entry System.</b>	
	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 CoC took several vital steps to adjust its Coordinated Entry (CE) system to

handle the rapid changes impacting the community due to the COVID-19 pandemic. The CE leadership team, comprised of the Chair and Vice Chair of the CoC and CE chair, evaluated and adjusted coordinated entry's prioritization policies based on the pandemic, including new data in the process, and changing the CoC's needs and priorities. The CE leadership team adjusted the prioritization tool to give the highest priority to the following subpopulations:

- Households who are chronically homeless and unsheltered,
- Those who are pregnant, and
- Households with varying disabilities that may put someone at a higher risk of contracting COVID.

With the influx of resources coming in, the CE system also ensured rapid exits to permanent housing with RRH vouchers by adjusting CE to better prioritize households.

The CE leadership team, understanding the immense need for the streamlining of prevention resources during the statewide eviction moratorium, also created a homelessness prevention arm of CE that meets weekly to case conference persons who access CE, but are at-risk of homelessness. The local legal services office chairs the Homelessness Prevention case conferencing committee, allowing for a substantial flow of eviction and other legal information into the CoC. The CE system is also expanding to include diversion into the process as several CoC-funded agencies have dedicated funds for diversion. The diversion programs are currently meeting on a weekly basis to streamline the use of funds and prevent persons from becoming homeless.

Lastly, CE transitioned from in-person to virtual meetings to ensure safety and continuity of care. CE staff conducted virtual meetings with consumers to develop safety plans and continue to work on housing related plans.



## 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](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.	04/13/2021
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.	04/13/2021

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.	No
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).	No
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.	No
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.	
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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)**

The CoC’s local Notice of Intent (NOI) application process prioritized projects that targeted homeless households with the most severe needs and vulnerabilities by awarding 10 points for each priority populations served (chronically homeless, DV survivors, veterans, youth, families).

The CoC’s NOI specified that the CoC would prioritize projects that adopted a Housing First approach and had detailed questions in both the local application and in the monitoring on implementation of housing first practices, efforts to lower barriers, use of evidence-based practices, and efforts to retain participants. These questions were used to evaluate program capacity to serve those with the most severe needs, including and especially persons who may otherwise be denied services due to criminal background, low or no income, or substance use. Projects that did not deny entry to, or terminate clients, on the basis of these and other barriers prioritized and awarded up to 50 points per the CoC scoring criteria.

Renewal projects were also evaluated on program performance with consideration for the severity of need of the populations served. For example, when the CoC evaluated whether a project met the CoC Performance Standards for the percentage of clients linkage to earned income, the number of participants this measure was applied to was adjusted/reduced according to the number of participants connected to SSI/SSDI so that programs serving those with severe needs were not penalized.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
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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&2) The CoC Executive Committee is a diverse group that includes persons with lived experiences. The role of this committee is to review and approve all CoC policies, procedures and rank and review project selections, and overall funding decisions. All of these members reviewed, provided input and ultimately approved both the rating factors, and then were also part of the review, selection and final approval of the ranking process for the 2021 CoC funding.

The Advisory Board (AB), which currently has one seat at the Executive Committee table, was able to look at the local selection process, the applications & monitoring tools & identify areas of improvement, areas where the AB did not feel that their experience was being captured in the application. The CoC will begin updating the local selection process after the 2021 NOFO is submitted under the guidance & leadership of the AB.

(3) The CoC Allocations Committee, understanding that oftentimes agencies do not have persons of color in executive leadership and administration positions, newly added a question to the local application where agencies listed out the racial/ethnic make-up of the number of persons served by the agency, the number of direct service staff and the number of persons in executive leadership and administration roles. Although not scored this year, the CoC will be scoring this question in the next application cycle. The results of this question showed disparities in who the agencies serve and who is in decision-making positions. Based on this information, the CoC is working with agencies to better serve those who are over-represented in the system, namely persons who identify as Black or African American and ensure they have a seat at the decision-making table.

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)**

The CoC's written process for reallocation includes the policy establishing the Monitoring process, which enables the CoC to conduct onsite & remote evaluation of CoC grant recipients for compliance with CoC & HUD requirements. This policy enables the CoC to determine whether recipients are expending funds sufficiently, utilizing funds for eligible expenses, meeting reporting requirements, & achieving positive housing & service outcomes for program participants. These data are used to inform the CoC's determination about which projects are underperforming or being underutilized due to low community need for the project.

In FY2021, the CoC fully defunded all transitional housing programs & street outreach programs to fund new PSH & RRH projects. While TH & SO programs are needed, the CoC & Allocations Committee (AC) ultimately decided that CoC funding should be dedicated to permanent housing opportunities & coordinated entry.

The CoC's Local Selection Process Policy establishes objective scoring criteria that are used to make funding recommendations based on the CoC's established project priorities, project monitoring results, & project performance. This policy is publicly posted on the CoC's website & promoted via email & newspaper publication in conjunction with the local Notice of Intent requesting new & renewal project proposals so that all applicants understand the criteria used for scoring & making funding level decisions, including reallocation.

The CoC's AC reviews project monitoring findings for both fiscal & operational compliance as well as project utilization & outcome performance & determines whether projects are needed or are low-performing. Projects that are not meeting local performance standards, are not in line with established community need, &/or have consistently unaddressed monitoring findings may be considered for possible reallocation. Agencies may also voluntarily reallocate funding by decreasing or eliminating their award request.

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?	Yes
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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)?	Yes
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.	09/28/2021

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.	09/28/2021
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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:	11/12/2021
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<ol style="list-style-type: none"><li>1. the CoC Application;</li><li>2. Priority Listings; and</li><li>3. all projects accepted, ranked where required, or rejected.</li></ol>	
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## 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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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 - 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.	Foothold Technology
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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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
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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)**

JBWS, the primary CoC and ESG funded Domestic Violence (DV) provider, uses a Comparable Database (CDB) to collect all HUD required data elements. Data from the comparable database is used to generate aggregate system level reports, such as the CoC APR, ESG CAPER and ESG.CV Quarterly reports, which are used to assess the scale of housing and service needs for survivors. The DV provider works in conjunction with the CoC, ESG, and HMIS leads to ensure all reporting requirements from the CDB are met.

<b>2A-5.</b>	<b>Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.</b>	
	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	70	16	47	87.04%
2. Safe Haven (SH) beds	10	0	10	100.00%
3. Transitional Housing (TH) beds	131	25	106	100.00%
4. Rapid Re-Housing (RRH) beds	118	46	72	100.00%
5. Permanent Supportive Housing	210	0	181	86.19%
6. Other Permanent Housing (OPH)	45	0	45	100.00%

<b>2A-5a.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.</b>	
	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)**

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	100.00%
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<b>2A-5b.1.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.</b>	
	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)**

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
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## 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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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

<b>Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?</b>	Yes
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<b>2B-2.</b>	<b>Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.</b>	
	NOFO Section VII.B.4.b.	

<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?</b>	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	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)**

The CoC evaluates PIT and System Performance data on first time homelessness; the CoC’s Coordinated Entry System is centralizing data collection for all persons seeking homeless assistance, including those who are successfully diverted, those who are successfully prevented, and those persons who become homeless. The CoC is utilizing this data to more effectively predict why certain households may be more or less likely to fall into homelessness.

To prevent first time homelessness, those seeking assistance through the CoC’s Coordinated Entry process are all first provided diversion assistance, but then assessed and prioritized for connection to the Office of Temporary Assistance (OTA), the welfare and prevention agency. OTA provides prevention assistance or referral. CoC agencies coordinate to provide prevention services & ensure all agencies are aware of the system resources to direct clients properly. Sheltering agencies complete a diversion process where short term phone and in-person case management services are offered with a focus on repairing relationships & providing donated in-kind items. The coordinated entry with assessment & referral completed by NJ 2-1-1 is continually working to streamline access to prevention services.

The Coordinated Entry Committee oversees implementation of these strategies, utilizing input and guidance from the Advisory Board of persons with lived experience.

<b>2C-2.</b>	<b>Length of Time Homeless—Strategy to Reduce.</b>	
	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)**

The CoC has developed local performance standards that seek to decrease the length of time households remain homeless. Project and system level evaluations are conducted quarterly.

The primary strategy the CoC is using to reduce average length of homelessness is utilizing its permanent housing to target those with the longest lengths of homelessness and the most severe service needs. The Coordinated Entry (CE) System has enabled the CoC to assess and prioritize hard-to-serve clients, and the CoC's case conferencing procedures as well as the prioritization list being viewable in HMIS ensure that long-staying homeless persons have a systemic and collaborative effort to provide them housing assistance. The CoC's CE Assessment Tool collects information regarding homeless history and the CoC's Prioritization List scoring puts those who are chronically homeless with longest lengths of homelessness/most severe needs at the top.

In the 2021 and 2019 Competitions, the CoC has also sought funding for several new RRH projects in order to infuse resources that model quick exits to housing.

Additionally, the CoC's local selection process and monitoring process include criteria evaluating whether CoC projects are low-barrier to entry so that persons with high barriers and vulnerability are not left out of housing assistance options. Continuing to lower barriers is a priority, which is why the CoC has reallocated monies to provide additional low-barrier permanent supportive housing beds for the chronically homeless and new RRH beds in the 2021 Competition.

The Executive Committee oversees implementation of these strategies to reduce lengths of homelessness, utilizing input and guidance from the Advisory Board of persons with lived experience.

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)**

The CoC strategy to increase the rate of exits to PH from ES/SH/TH/PH-RRH includes:

1. Working with ES/SH/TH projects to ensure that all clients are assessed through CE and entered on the CoC's Housing Prioritization List
2. Utilizing data from the CE Assessment Tool to prioritize those persons with high barriers for housing and services that appropriately meet their needs/choice
- 3 Case Conferencing meetings to find solutions for difficult client situations
4. The PH Committee is working to increase housing opportunities for homeless households to allow more to successfully exit to PH. This includes recruiting new landlords to the process through a landlord appreciation event, and a study led by Executive Committee member Drew University to determine attitudes towards special needs housing. The CoC is also creating new PSH for the chronically homeless in 2021 and ensuring rapid placement in permanent housing with the EHV program.

The CoC strategy to improve PSH retention rates includes CoC monitoring criteria that ensure Permanent Housing Providers work to provide supportive services with a Housing First philosophy which focuses on helping clients maintain housing rather than terminating clients. Also, in the CoC's local NOI selection process, CoC scoring, and evaluation criteria prioritized projects with the fewest terminations, highest rates of PSH exits & retention, & with nonmandatory services that meet client needs and actively engage clients. When problematic performance arises, the CoC works with programs to identify a path to improvement. The CoC has & continues to provide trainings for providers on best practices & is working with providers to increase Medicaid billing to enable agencies to expand current services focused on housing retention.

The Executive Committee oversees implementation of these strategies, utilizing input and guidance from the Advisory Board of persons with lived experience.

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)**

The Executive Committee tasked several subcommittees of the CoC to identify clients who re-enter the homeless system after having been housed & identify projects that have higher rates of returns. Since all clients accessing assistance through coordinated entry (CE) are assessed with the CE Assessment Tool, the CoC created a process so that persons returning to homelessness are flagged in HMIS. The CoC has also put an emphasis on identifying what agencies have the highest rates of persons exiting to PH & then returning to homelessness & identifying strategies for improvement.

The Community Support Program provides supportive services to families who exit shelters to permanent housing to help ensure long-term stability. Services are provided for up to 6 months & include connection to community programs, budgeting assistance, & connections to financial resources. Further, the Executive Committee is currently creating a strategic plan for the CoC & will be suggesting service standards so that all persons experiencing homelessness have access to supports that allow them to successfully stay housed.

Also, through the CoC's CE process, all clients who may be eligible for cash or non-cash benefits can be screened using Family Promise of Morris County's (FP) Single Stop (SS) benefits enrollment tools & software program. The SS Program can also complete & submit applications on site with new technology to apply for & receive SNAP, TANF, state General Assistance & will refer to the Morris County welfare agency, as needed. SSI/D (with SOAR trained staff from Mental Health Association & FP).

In FY2021, the CoC reallocated from TH & outreach projects to create more low-barrier PSH & RRH beds so more chronically homeless & youth clients are housed sustainably & not returning to homelessness.

The CoC Executive Committee is responsible for strategy to reduce returns to homelessness, utilizing input & guidance from the Advisory Board of persons with lived experience.

<b>2C-5.</b>	<b>Increasing Employment Cash Income-Strategy.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:

<b>1.</b>	<b>your CoC's strategy to increase employment income;</b>
<b>2.</b>	<b>how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and</b>
<b>3.</b>	<b>provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.</b>

**(limit 2,000 characters)**

Renewal projects are scored against the CoC standards for having participants maintaining/increasing income & having at least 20% non-SSI/D adults employed. The CoC uses these criteria to emphasize & monitor progress toward increasing access to employment & other forms of income for all CoC participants.

All CoC providers refer to the County One-Stop Center/local Workforce Investment Board to help clients maintain eligibility for WorkFirst NJ TANF/General Assistance (if eligible) & to achieve employment by accessing employment & training programs. The CoC also has access to Support Team for Addiction Recovery (STAR) specialists who ensure that persons exiting the criminal justice system that will exit to homeless destinations are prepared for employment upon exiting the system.

CoC agencies also work with other community partners to offer clients workshops on financial assistance & employment services. TH programs,

Homeless Solutions & Jersey Battered Women’s Services both have partnerships with multiple private business employers in finance, communications, & other sectors to assist their program participants with job skills, readiness, mock interviews, & employment opportunities. Market Street Mission, a CoC ES provider, has over 50% of its staff represented by homeless & formerly homeless persons.

A major step taken in 2019 has been the advocacy of the CoC’s Child Care Working Group. This body, in partnership with a statewide coalition, succeeded in encouraging NJ state lawmakers to pass a measure ensuring that homeless households receive presumptive eligibility for childcare subsidy programs, giving homeless families greater flexibility to increase employment income with childcare supports.

The CoC Executive Committee oversees strategy implementation for increasing access to employment income for clients, utilizing input & guidance from the Advisory Board of persons with lived experience.

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)**

In partnership with private employment organizations, the CoC and its partners have hosted and participated in numerous job fairs. These job fairs include: American Dream job fair (targeted for veterans for opening of new mall), Whole Foods, Career Fair at Morris County One-Stop Career Center, and Wharton Boro Job Fair. The CoC widely disseminates information about available positions and job fairs to members and encourages consumer participation. Also, local nonprofit, Homeless to Independence, uses social media to disseminate job postings, fairs, and opportunities in the CoC area for persons seeking financial independence.

The Local Workforce Development Board also works with CoC consumers through their Job Training Program, which provides: career counseling and vocational guidance, resume workshops, assessments to guide career exploration and practice interviews for job applicants.

TH program providers, Homeless Solutions (HSI) and Jersey Battered Women’s Services (JBWS), both have partnerships with multiple private business employers in finance, communications, and other sectors to assist their program participants with job skills, readiness, mock interviews, and employment opportunities. Special partners in the past year included Century 21 and Tiffany and Co. JBWS also partners with Community College of Morris Women’s Center which holds job clubs, job fairs and other events that domestic violence survivors and other CoC clients use regularly. JBWS and HIS offer inhouse, computer skills, resume writing, ESL tutoring (via Literacy Volunteers) and job search workshops in order to provide CoC clients with the foundational

skills necessary to compete in the current job market.

CoC providers of PSH engage clients in service planning and goal-setting at least quarterly, and include employment opportunities and meaningful work as part of client recovery and well-being planning, utilizing input and guidance from the Advisory Board of persons with lived experience.

<b>2C-5b.</b>	<b>Increasing Non-employment Cash Income.</b>	
	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)**

The CoC has implemented a procedure where every household seeking assistance is connected to the available mainstream benefits programs. The CoC has partnered with Family Promise of Morris County (ES, TH, drop-in center, Coordinated Entry, CE, point of entry provider) and with its Single Stop (SS) Program, which allows clients to be accurately screened & apply for benefits, so they can be quickly & effectively link to cash & non-cash mainstream benefits from the county welfare agency (CWA). SS screening has effectively helped clients be awarded/confirmed for benefits including SNAP & MEDICAID totaling hundreds of thousands of dollars.

Navigating Hope, a mobile van that travels throughout the County & helps community members apply for benefits & get connected to social services, has taken a significant amount of mainstream benefit applications. Hope Hub, a program with a consortium of providers, is managed by the Sheriff's office & allows for connection to benefits for community members at risk & in need of services. STAR (the CWA's jail re-entry program) is the direct benefits liaison for Hope Hub, so in addition to preventing recidivism in the jails through connection to benefits & social services, they work with the Hope Hub clients as well to connect to income. Because of this intense outreach, the CWA is currently serving the vast majority (approximately 88% as of May 2020) of clients that enter the CE system.

The Mental Health Association of Essex & Morris County (PATH outreach, PSH, drop-in center, CE point of entry provider) has SOAR trained staff that assist individuals in successfully connecting with SSI/SSDI, through referral, outreach, or Drop-In Center.

The CoC Executive Committee oversees strategy implementation for increasing access to non-earned income for clients, utilizing input & guidance from the Advisory Board of persons with lived experience.

## 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](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

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

<b>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?</b>	No
--	----

<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	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

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

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



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

<b>1.</b>	<b>Did your CoC obtain a formal written agreement that includes:</b> <b>(a) the project name;</b> <b>(b) value of the commitment; and</b> <b>(c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?</b>	
<b>2.</b>	<b>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?</b>	

**You must select a response for elements 1 and 2 in question 3A-2a.**

<b>3A-3.</b>	<b>Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.</b>	
	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
This list contains no items			

### 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](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

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	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
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	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)**

### 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](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

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

<b>3C-2.</b>	<b>Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	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)**

## 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](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

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

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

<b>4A-1a.</b>	<b>DV Bonus Project Types.</b>	
	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	Yes

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

<b>4A-2.</b>	<b>Number of Domestic Violence Survivors in Your CoC’s Geographic Area.</b>	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	
2.	Enter the number of survivors your CoC is currently serving:	47
3.	Unmet Need:	-47

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

**A negative number in the "Unmet Need" box indicates to HUD that there is no unmet need for domestic violence survivors in the CoC—no need for**

**new DV Bonus project(s).**

<b>4A-2a.</b>	<b>Calculating Local Need for New DV Projects.</b>	
	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)**

<b>4A-4.</b>	<b>New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.</b>	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

<b>Applicant Name</b>
Jersey Battered W...

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

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Jersey Battered Women's Service, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	80.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	92.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

- |    |   |
|----|---|
| 1. | how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and |
| 2. | the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).          |

**(limit 1,000 characters)**

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

- |    |   |
|----|---|
| 1. | ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;  |
| 2. | prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.; |
| 3. | connected survivors to supportive services; and   |
| 4. | moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.                                       |

**(limit 2,000 characters)**

Emergency shelter clients are introduced to the RRH program during their stay. The client evaluation is a quick screen to determine any barriers for involvement in the program and aspects that could make a client ineligible (such as being a high-income earner.) The screening process informs clients about the RRH process. Staff can speak to the personal barriers a client may encounter so the client can make an informed decision. If the client decides to move ahead with RRH, an individualized RRH plan is developed with the goal of obtaining

housing within 30 days. Although JBWS programs offer supportive services such as counseling and legal advocacy to RRH clients, the RRH Case Manager will contact partners outside of JBWS in the event we do not offer a specific service, such as vocational training, GED prep, or ESL classes, that fits the needs of the client.

After the client obtains housing, it is critical to engage the client in developing a budget and planning for maximizing income. This collaboration supports the client in developing the necessary skills related to maintaining housing stability. If a client and their family are living on their own for the first time, the program provides more frequent services to support the client's successful transition to the community. Contact throughout the week may be suggested as the case manager assesses the client's ability to navigate the identified challenges on their own. As the client progresses in their goals, we expect a decrease in frequency of service delivery.

Prior to joining the RRH program, the client learns attaining financial security is a key goal of the program. Financial security is directly linked the client's long-term housing stability as financial assistance through the program is time limited. In support of this goal, the case manager and client will complete a 90-day housing stability plan to clearly outline goals and action steps to maintaining stable housing.

<b>4A-4c.</b>	<b>Ensuring DV Survivor Safety–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

<b>Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:</b>	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

JBWS requires staff working with clients to attend 40-hour domestic violence training, receive the Jackie Campbell Danger Assessment Certification, and attend any other training deemed necessary to work with clients. A variety of trainings allow staff to home in on the parameters of safety planning through RRH. Case managers conduct individual intakes and interviews with potential RRH clients. The interviews are conducted in a safe, private space at JBWS.

In addition to setting client housing goals, case managers safety plan with clients on what will make them feel most safe in their own residence. When living on-site at JBWS, clients have access to 24/7 security monitoring as well as on-site staff. However, when clients find their own housing, there is less security. Clients and case managers will create a safety plan that includes locks on the doors and windows and ensuring the client's home is well lit. Much like clients living on-site, RRH client information is confidential and not shared without written consent especially housing details.

<b>4A-4c.1.</b>	<b>Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

JBWS utilizes the Address Confidentiality program. This program allows the client’s address to remain unpublished. The information cannot be compelled to include their physical address on any document presented by other entities. JBWS saw the need for use of this program as clients are living in the community and off-site. Unfortunately, off-site housing means they do not have the security measures at our emergency shelter or transitional living facility. Address Confidentiality ensures we provide an added level of protection for RRH clients when they embark on this new phase in their lives.

In addition to Address Confidentiality, JBWS staff work with their client on safety planning. Safety planning is critical when clients are living off-site in their own housing. They need to have a plan in place in case any security risks present themselves. Safety planning is conducted with clients in all JBWS residential programs.

<b>4A-4d.</b>	<b>Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

- |    |  |
|----|--|
| 1. | prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;  |
| 2. | establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;                    |
| 3. | providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;   |
| 4. | emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations; |
| 5. | centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;  |
| 6. | providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and   |
| 7. | offering support for parenting, e.g., parenting classes, childcare.  |

**(limit 5,000 characters)**

1.Potential RRH clients arrive in JBWS’ Safe House emergency shelter upon contact with our 24/7 Helpline. Helpline volunteers assess a caller’s safety and ask them to come to the shelter. JBWS has extensive experience in dealing with victims of trauma—especially when clients first arrive at shelter. The Safe House staff member conducting a client’s intake assesses a client’s eligibility for RRH. If interested in RRH, the client begins the enrollment process and begins



planning their goals.

Client voice and choice is what leads the RRH process. Staff orient clients who are new to the county about various towns and communities, but it is through discussion of the client's need and preferences that choices about where to look for housing are made. Staff do not direct where clients look for housing, but rather advise as to data elements of a community—how urban/suburban the area is, what cultural connections they might have in certain communities, and where housing is more prevalent and affordable.

2. JBWS ensures client needs are reviewed with the highest level of respect regarding the trauma experienced. Client information is stored in JBWS' database software Efforts to Outcomes (ETO). Select staff have access to ETO to ensure client confidentiality.

In addition, staff document all meetings and contact with their respective clients. Staff receive weekly supervision to client contact is reviewed and examined. Supervisory staff regularly join client meetings to model intervention and get a firsthand understanding of the relationship developed between staff and client. DV is a power dynamic, therefore attention is paid to not replicate power dynamics with clients.

3. JBWS' Adult Counseling Services (ACS) allows clients to access group counseling. The program quickly pivoted to a virtual format during COVID-19, so clients did not go without counseling. ACS staff are experienced in providing clients with help to process their trauma. In addition, clients can access trauma focused cognitive behavioral therapy (TF-CBT) for their children if they are eligible. TF-CBT allows children who witnessed domestic violence to process their trauma in a safe environment.

4. A critical part of RRH is assessing a client's strengths and progress toward their goals. Case managers coach clients to achieve their goals. The development of the housing plan is a concrete document that supports the client's vision of sustainable housing. The approach to all client work is strengths-based in that staff are supervised in an approach that places the client needs at the center, client strengths as an asset to the process, and a positive relationship with the client based on respect. Actualizing the housing plan has challenges as increasing income and decreasing expenses can be a frustrating and slow process. It is the relationship and close contact with the case manager that supports the clients in their goals. Case managers celebrate small wins with the client to support motivation and reinforce strengths.

Additionally, JBWS utilizes anonymous surveys for clients on a routine basis for feedback. This feedback helps staff assess where changes should be made to better help clients attain their goals.

5. In 2020, JBWS began working on Diversity, Equity, and Inclusion practices within the agency. JBWS' work with contracted DEI consultants, Inclusion NextWork (INW), brings in training and skill building around inclusive practices. JBWS' work with INW provides training to staff how to recognize bias. Furthermore, 40-hour DV training also includes information on cultural responsiveness and the needs of historically marginalized communities.

6. RRH clients are connected with groups and peers through JBWS' group counseling services. Group counseling allows clients to bond over their shared experiences and understand that they are not alone. Clients across all JBWS programs can access counseling services.

7. Childcare is included in the budget on the RRH Expansion. Clients can access child services through JBWS' Children's Program or through referrals

via our partnership with Child and Family Resources.

<b>4A-4e.</b>	<b>Meeting Service Needs of DV Survivors–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below:

- |    |   |
|----|---|
| 1. | supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and |
| 2. | provide examples of how the project applicant provided the supportive services to domestic violence survivors.  |

**(limit 5,000 characters)**

Housing Advocacy: JBWS’ RRH Case Manager guides clients in understanding leases and terms while considering different housing options.

Financial Education: JBWS’ partnership with PwC enables clients to receive critical financial education. PwC, one of the big four accounting firms, maintains a strong relationship with JBWS. A PwC Director is Chair of our Board of Directors. PwC staff hold workshops for clients (currently virtual but in-person prior to COVID-19.) The workshops teach clients how to budget, start a savings account, and pay off any debt. Subsequently, a virtual platform allowed clients how to learn different forms of technology. Clients use their own budgets during the workshops so they can apply the workshop knowledge to their real-life finances. This financial education proves particularly useful to clients when devising the 90-day housing stability plan.

<b>4A-4f.</b>	<b>Trauma-Informed, Victim-Centered Approaches–New Project Implementation.</b>	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

- |    |  |
|----|--|
| 1. | prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;  |
| 2. | establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;                                |
| 3. | provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;   |
| 4. | place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations; |
| 5. | center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;   |
| 6. | provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and   |
| 7. | offer support for parenting, e.g., parenting classes, childcare.   |

**(limit 5,000 characters)**

1. The project will utilize the method of locating interested participants through our Safe House emergency shelter. When clients enter the Safe House, staff explain the RRH program to them and inquire about the client’s level of interest. If a client is interested, they are enrolled in the program with the goal of obtaining housing within 30 days. We plan to continue this method of enrollment

with the RRH Expansion project.

2.The RRH Expansion project assigns each client a case manager. The case manager is responsible for setting goals with the client and holding meetings to measure the client's progress toward those goals. The RRH Expansion project is time sensitive, and the client is informed of that stipulation upon enrollment. Meetings between client and case manager ensure the program is based on respect and clear communication. The case manager and client work together to achieve the goals on the client's timeline. The case manager does not chide the client for falling short of their goals and instead plans for more effective strategies for reaching these goals. Additionally, the client and case manager assess any barriers the client may face in achieving their goals.

3.While enrolled in RRH, clients have access to other JBWS programs. JBWS' Adult Counseling Services (ACS) program provides clients with group counseling so they can begin to heal and process the trauma of domestic violence. ACS staff are equipped on how to assist clients with these feelings on the client's journey through JBWS. In addition, JBWS offers trauma focused-cognitive behavioral therapy (TF-CBT) for children of clients. TF-CBT allows children to process their feelings in a safe and controlled environment with their clinician.

JBWS staff must complete 40-hour domestic violence training to work with clients. In addition, staff are trained masters-level social workers who bring expertise to their roles.

4.As previously mentioned, the case manager helps guide the client to their goals using specific tools. Case managers refer clients to JBWS' financial education workshops or review resumes to help clients obtain steady employment. Financial workshops help the client learn budgeting, saving, and decreasing any debts. For example, when a client learns how to decrease debt and potentially increases their credit score, the case manager and client celebrate that goal. They identify the client's strength in achieving said goal and discuss how to build on that foundation. Increasing a credit score or saving money may lead to a client's goal, for example, of owning their own car. Ultimately, this removes a transportation barrier for the client.

RRH client assessments occur at the 6 and 12-month milestones. These different points assess the client's plan and identify any areas in need of strengthening.

5.In late 2020 and throughout 2021, JBWS has worked with a contracted expert in the DEI space, Inclusion NextWork (INW). INW develops awareness building workshops for staff to attend and participate in thought-provoking discussions with one another. Staff members are grouped with others with whom they do not typically work to develop a deeper relationship by learning about each other's different lived experiences. INW's workshops help staff learn from one another as well as apply what is learned to their work with clients. Similar to different lived experiences with their JBWS colleagues, staff have different lived experiences from JBWS clients.

6.JBWS provides group counseling services for clients. Groups allow clients to connect over their shared experiences with domestic violence. Most importantly, groups demonstrate to clients that they are not alone in their journey of healing from the trauma. Group counseling has a longstanding history at JBWS and continues to be a critical JBWS program.

7.JBWS uses the services of MOU partner Child and Family Resources (CFR) for parenting classes. Parenting classes help parents and caregivers provide the focus and attention on their children that they could not provide while living

in a violent home. Additionally, CFR provides childcare referrals and access to subsidized childcare to clients.

JBWS plans to use this partnership for childcare referrals. In our RRH Expansion budget, we propose to assist five (5) clients with childcare—an increase from our previous RRH projects. In addition, we have budgeted for costs when school is not in session.

Additionally, ongoing parenting support groups in English and Spanish help JBWS serve its diverse population. Parenting support groups are open to any family involved in JBWS services.

## 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		
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes		
1E-2. Project Review and Selection Process	Yes		
1E-5. Public Posting—Projects Rejected-Reduced	Yes		
1E-5a. Public Posting—Projects Accepted	Yes		
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

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## Submission Summary

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

<b>Page</b>	<b>Last Updated</b>
<b>1A. CoC Identification</b>	10/05/2021
<b>1B. Inclusive Structure</b>	11/10/2021
<b>1C. Coordination</b>	11/10/2021
<b>1C. Coordination continued</b>	Please Complete
<b>1D. Addressing COVID-19</b>	11/10/2021
<b>1E. Project Review/Ranking</b>	11/10/2021
<b>2A. HMIS Implementation</b>	11/07/2021
<b>2B. Point-in-Time (PIT) Count</b>	11/07/2021
<b>2C. System Performance</b>	11/10/2021
<b>3A. Housing/Healthcare Bonus Points</b>	Please Complete
<b>3B. Rehabilitation/New Construction Costs</b>	11/07/2021

  

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**3C. Serving Homeless Under Other Federal Statutes**

11/07/2021

**4A. DV Bonus Application**

Please Complete

**4B. Attachments Screen**

Please Complete

**Submission Summary**

No Input Required

**Notes:**

4A. DV Bonus Application list contains 1 incomplete item.