Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: TN-504 - Nashville-Davidson County CoC

1A-2. Collaborative Applicant Name: Office of Homeless Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Office of Homeless Services

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	In the chart below for the period from May 1, 2023 to April 30, 2024:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

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

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

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

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

(limit 2,500 characters)

In 2020, the Continuum of Care established an Equity & Diversity Committee, designed to tackle issues of racial inequities in homeless services across the CoC. Since then, the Equity & Diversity Committee has pioneered multiple racial equity initiatives, including hosting racial equity trainings, publishing a racial equity resources web page, developing an Equity Scoring Rubric for CoC funding applications, and researching causes of racial disparities in CoC program outcomes. This year the Equity & Diversity Committee added questions to the Equity Scoring Rubric to assess staff/board demographics, organizational plans for advancing equity, methods for soliciting feedback from people with lived experience, and efforts to promote safety and inclusivity for underserved demographics.

The Office of Homeless Services (OHS), Nashville's lead entity on homelessness, is led by a black woman and the executive leadership team is made up of 75% POC. Both the chair and vice-chair of the Homelessness Planning Council (CoC governing body) are people of color. The Coordinated Entry (CE) Oversight Committee is actively working with the CE lead to address racial equity concerns with the VI-SPDAT. The CE Lead meets with HUD TA and a core team from the community biweekly as they redesign the local CE assessment tool; the core team is also participating in racial equity and implicit bias workshops. The CE Lead hired a new, trilingual CE Manager in November of 2023 to spearhead this process.

Across the CoC, collaborative efforts have been established to bring underserved communities to the table and uplift voices. A stakeholder map of the CoC General Membership revealed specific areas of underrepresentation that led to targeted outreach to immigrant, BIPOC, LGBTQIA+, and disability organizations. For example, the CoC's Nominating and Membership Committee has made concerted efforts to diversify the slate of candidates for the CoC Board. The 2023 and 2024 election cycles included unprecedented representation of underserved communities. In 2024, 44% of candidates had lived experience, 38% were Black, 11% were Latinx, and 11% identified as transgender or non-binary. Additionally, the CoC Committee Interest Form collects demographic information for applicants to help identify if targeted recruitment is needed to promote diversity across CoC committees.

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

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

(limit 2,500 characters)

1) With the transition of the CA, both the Office of Homeless Services and the local housing authority maintain CoC websites. These sites clarify that CoC General Membership is open to anyone interested in preventing and ending homelessness in Nashville. Both websites outline the CoC's purpose, membership benefits, and voting requirements. Annually, the CoC membership form is distributed to the public with an open invitation to join. All CoC meetings are posted online and comply with the TN Open Meetings Act. Those interested in becoming members are invited to complete a membership form, which can be submitted electronically, by mail, or at CoC meetings. The form is advertised on both websites and linked in all CoC listserv emails. In the past year, the CoC welcomed over 100 new members. A dedicated CoC Committees website has been launched, which includes an interest form for community members to express interest in an official assignment to a CoC committee.

2) All CoC websites are ADA compliant and are designed to ensure effective electronic communication for people with disabilities. All contents posted to Nashville.gov adhere to Metro Government's accessibility guidelines, including descriptive alt text for images and headings for screen reader navigation, and automatic translation into over 80 languages. All important CoC documents are downloadable, text-based, and searchable. Metro Government employs a dedicated ADA Coordinator responsible for addressing accessibility inquiries and accommodation requests. All CoC Board meetings are live streamed, recorded, and posted on YouTube with captions and transcripts for accessibility. CoC meetings are held in ADA-compliant buildings, and accommodation requests can be made to the CoC Manager. Recent accommodations have included providing large print documents and reserving additional parking near building entrances for attendees with physical limitations.

3) The CoC Nominating and Membership Committee works with the CoC Manager to conduct a stakeholder map of the CoC membership and identify potential gaps in representation. In the last year, the CoC has worked on identifying and engaging diverse organizations within the community. This effort has included targeted outreach and direct invitations to immigrant, LGBTQ+, disability, cultural, and faith organizations. The CoC has also worked to engage smaller, non-traditional, and grassroots organizations, which are often BIPOC led.

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

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

(limit 2,500 characters)

1) Official CoC policies and strategies are subject to a minimum 30-day public comment period announced on the CoC website and sent out to a CoC listserv of over 700 people. Public comments can be submitted via email or in-person at CoC meetings. In 2023, the CoC Board adopted a public comment policy, which reserves time for comments on action items at the beginning of CoC meetings. The CoC is made up of over 100 organizations and 80 individuals. The CoC has 13 committees with members from over 60 organizations. In the past year, over 200 individuals with lived experience of homelessness have engaged with the CAB and other CoC committees. The CAB and YAB have facilitated listening sessions on Nashville's Unified Housing Strategy, PIT Count, and YHDP application.

2) CoC information, resources, and updates are shared via the CoC website, listserv, and at CoC meetings. The CoC website features dedicated pages for information about the CoC Board, committees, and upcoming meetings. All official CoC policies and strategies are posted to the CoC, HMIS, and CE websites. The CoC Manager is responsible for maintaining records of CoC materials and minutes. All CoC meetings are open to the public and posted at least 5 business days in advance. Any CoC meeting with an action item on the agenda features a public comment period at the beginning of the meeting. CoC-hosted listening sessions are posted to the CoC website and compliant to the TN Open Meetings Act.

3) Opportunities for public comment are posted to the CoC website, which is ADA accessible and follows Metro Government's accessibility guidelines. Community members are notified of public comment and listening session opportunities through the CoC listserv, which uses accessible email formatting (e.g. headers, color contrast, labeled links). Public comments can be delivered via email to the CoC manager or in-person at CoC meetings.

4) When a CoC meeting agenda includes an action item, time is set aside for public comment before voting. Committees working to establish or change official CoC policies and strategies are required to open a 30-day public comment period. Comments collected during this period must be reviewed and considered by the committee. The CoC manager documents responses to each comment to ensure community members understand why their recommendations were incorporated or rejected. Many CoC meetings offer opportunities for collaborative, interactive strategic planning.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications–the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and

4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1) The local CoC funding competition was advertised via the CoC website, listserv, and community meetings. All communication about the local competition outlined the opportunity for new applications. This funding cycle, the Collaborative Applicant offered a dedicated interest meeting and training for organizations and agency staff who were new to the CoC competition process. The two bodies responsible for rating and ranking CoC funding applications (Performance Evaluation Committee and CoC Board) have prioritized applications from agencies that have not previously received CoC program funding.

2) In May, the public was notified via the CoC website, listserv, and community meetings that the CA would be hosting interest meetings for the local competition. In June, the CA used the same communication strategies to notify the public that applications for new and renewal CoC funding had opened and would be due the following month. Recordings and slides from the interest meeting and training for the CoC local competition were posted to the CoC website and sent out via the CoC listserv. All communication provided instructions for how applicants could complete their application via the online Zoom Grants platform. Questions regarding the application process were compiled into an Addendum, which was disseminated two weeks before the application deadline.

3) The announcement of the local competition explained that all applications would be reviewed by the CoC Performance Evaluation Committee (PEC), which is responsible for rating each application and recommending a proposed project ranking to be formally approved by the CoC Board. The public was provided a Local Competition timeline, which outlined when applications opened/closed and meeting dates for the PEC and CoC Board application reviews. After the PEC rated and ranked all applications, an email was sent to the CoC listserv and all applicants, notifying them of proposed project rankings and providing instructions for any organizations wishing to appeal their ranking.

4) All communication regarding the local competition was distributed through the CoC listserv, which uses accessible email formatting, and the CoC website, adhering to Metro Government's accessibility guidelines. The CoC Board meeting, where the project rankings were approved, was live-streamed and posted to YouTube with closed captions and transcription.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- FY 2024 CoC Application Navigational Guide;
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- Frequently Asked Questions

1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section V.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

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

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

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

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

The CoC maintains a formal working relationship with the Homeless Education Resource Office (HERO) Program within Metropolitan Nashville Public Schools (MNPS, the LEA). The HERO program director has served two terms on the CoC Board and the program holds full voting rights in the CoC General Membership. The HERO director and staff work closely with MNPS social workers, administrators, teachers and counselors to engage housing-insecure students and families. At the start of each school year, HERO trains MNPS faculty and staff—including front office, cafeteria, janitorial staff, and bus drivers—on McKinney-Vento program eligibility and enrollment procedures to encourage referrals year-round.

The HERO team has six full-time employees, and McKinney-Vento identified students increased by 23% last year. Monthly training sessions are provided throughout the Nashville community. Self-paced online training from the National Center for Homeless Education is encouraged to promote best practices in serving homeless students. Collaborative Agreements are signed between Metro Public Schools and 64 local agencies in the CoC, including all area family and domestic violence shelters, The Bridge Ministry, Catholic Charities, Second Harvest Food Bank, the YMCA, & the National Health Care for the Homeless Council. The HERO program actively participates in HMIS and CE; CE family phone line staff have been trained by the HERO program.

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

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

(limit 2,500 characters)

The CoC and all Nashville community partners follow the LEA's guidelines for determining eligibility for McKinney-Vento services provided by the school district. The Tennessee Department of Education (TDE) publishes a toolkit of standard procedures for homeless liaisons, LEAs, and schools on its website to standardize program enrollment statewide.

In Nashville, the HERO program's team of 6 employees and 4 interns leads the dissemination of information on educational services and eligibility criteria. HERO staff help students and their families access educational supports, school transportation, and provide referrals for housing and other services. Notifications of eligibility, written in English and Spanish, provide contact information for requesting assistance. All LEA employees receive annual training on identifying, determining eligibility, and enrolling students experiencing homelessness, and each school has a designated HERO liaison on-site.

Local School Policy 6.503 (updated August 2018 & reviewed annually in April) states that in collaboration with community organizations, the HERO Program will identify children in & out of school & train school personnel and the community on homeless indicators. A Documentation of Collaboration, outlining key commitments, was signed by 64 CoC shelter/community agency CEOs in April 2022 & will be reviewed again in April 2025 when the next McKinney-Vento grant application is due.

McKinney-Vento eligibility assessment, needs assessment, & school selection forms are completed for all students in the district who qualify as homeless under the McKinney-Vento definition. Services provided include assistance with enrollment, housing & community resource information, obtaining birth certificates, immunization/school records, parent workshops, referrals to dental, medical, & mental health services, school supplies & clothing, and transportation to school & school-related events/activities.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
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	Yes
8.	Public Pre-K	Yes	Yes

9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.	Metro Action's Head Start approved a bus route go out to a key family housing complex	Yes	Yes

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

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

	Organizations	
1.	**State Domestic Violence Coalitions**	Yes
2.	**State Sexual Assault Coalitions**	Yes
3.	**Anti-trafficking Service Providers**	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Metro Government Office of Family Safety	Yes

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

	Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:
1.	**update CoC-wide policies; and**
2.	**ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.**

(limit 2,500 characters)

1) Victim Service Providers (VSP) serve on key CoC committees, that draft and recommend changes to CoC Board on key policies. VSP representatives are currently supporting CoC Committees to update the CoC's Outdoor Homelessness Strategy, HMIS & Coordinated Entry Policies and Procedures Manuals, and Standards of Care for CoC programs. The CoC Standards of Care committee plans to collaborate with VSPs to strengthen standards for service providers to meet the unique needs of survivors, including establishing CoC-wide standards for Emergency Transfer Plans.

2) The CoC advertises and hosts opportunities for service providers to receive trainings on trauma-informed care and the needs of survivors. This year, the Continuum of Care hosted a three-part trauma-informed care training series, which covered Adverse Childhood Experiences, trauma-informed de-escalation, and trauma-informed organizational culture. CoC DV-CE & RRH Grantee, Mary Parrish Center, and the Metro Office of Family Safety (OFS) provide regular training to CoC members about the particular needs of survivors including training on domestic violence, sexual assault, human trafficking, trauma-informed care, safety planning, intersectionality, empowerment, and many other topics. OFS's publicly accessible webinar library offers CoC agencies additional training or refreshers on nearly 100 topics. The Metro Office of Family Safety also maintains a public training directory with contact information of dozens of local experts in specialized fields of domestic violence for use by survivors and service providers. Many of these resources and trainings are provided directly by those with lived experience of fleeing domestic violence. The Mary Parrish Center created an interpersonal violence-specific assessment for intake on their DV-CE line, which includes questions from the evidence-based Jacqueline Campbell Danger Assessment. They have also provided training to individual committees, including the Shelter, Weather, Outreach, and Prevention Committee, Equity and Diversity Committee, and the Performance Evaluation Committee about the needs of survivors fleeing violence and the DV-CE process.

1C-5b.	**Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.**	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:
1.	**safety planning protocols; and**
2.	**confidentiality protocols.**

(limit 2,500 characters)

1) Mary Parrish Center (MPC) operates the Domestic Violence Coordinated Entry system. Intakes are conducted over the phone with survivors that include questions from the Jacqueline Campbell Danger Assessment to assess the victim's risk of harm. High risk indicators that are addressed include strangulation, stalking, sexual assault, child abuse, firearms, pregnancy, and other highly predictive indicators of DV homicide. High-risk factors identified in the assessment are addressed in an individualized safety plan to address the specific safety needs of that survivor. Safety plans may include referrals to crisis intervention resources, including prosecution (if the survivor wishes to do so), civil Orders of Protection, trauma therapy, emergency shelter, parenting resources, or emergency medical services. Survivors may also be referred to the High Risk Intervention Panel, an interdisciplinary team that includes police, prosecutors, victim witness coordinators, VSPs, child welfare agencies, and many other local organizations and stakeholders. MPC also provides TH, joint TH-RRH, and RRH for survivors of interpersonal violence. They offer in-home counseling, safety planning, and community support groups to all program participants.

2) The DV-CE system, one of the first in the nation, prioritizes survivors choice and access to housing and support services in a safe and confidential manner. Participants' names are not shared, except in accordance with VAWA confidentiality protocols (with release of information forms signed by participants that are written, informed, and reasonably time limited). In case conferencing, these participants are referred to only by their unique identifier, which does not provide identifying information (like name, date of birth, etc.). DV-CE staff at the Mary Parrish Center use an HMIS comparable database called Empower DB. All Mary Parrish Center staff are trained extensively on the confidentiality strictures of VAWA.

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

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

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

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

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

(limit 2,500 characters)

1. The CoC Standards of Care Committee has made a formal recommendation for the CoC to establish Emergency Transfer Plan Policies and Procedures. The Standards of Care Committee has made it a priority to focus on establishing CoC-wide standards for Emergency Transfer Plans and other policies relevant to clients experiencing interpersonal violence. This plan will require CoC agencies to clearly develop and document emergency transfer plans focused on timely transfers, safety, trauma-informed care, and survivor services while maximizing client choice for emergency housing and services. Currently, MDHA and several other CoC agencies have internal policies for emergency transfer plans; agency staff may contribute their expertise throughout the process of developing a CoC-wide policy.

2. All CoC DV Bonus clients are notified of their rights to emergency transfer and other protections for survivors. All CoC programs provide safety planning with their clients, which include explanations of transfer planning. Metro Government's Office of Family Safety offers a free webinar to the public on the intersection of fair housing and domestic violence.

3. Service recipients can self-report their need for an emergency transfer due to concerns about interpersonal violence, whether or not they have reported their abuse to law enforcement. Agencies are not allowed to require any documentation, including prosecution records, medical records, or an Order of Protection. Survivors may request alternative housing based on their specific safety needs.

4. Program staff work with clients to identify safe alternative housing. Program providers receive regular training on domestic violence and work swiftly to move participants into safe housing while offering safety planning resources and referrals to VSPs. Participation in any recommended services is not mandatory. Emergency transfer plans will be tailored to each survivor's unique circumstances, ensuring safety and confidentiality throughout the process. The Office of Homeless Services' Low Barrier Housing Collective partners with over 280 properties committed to lowering barriers for potential tenants; they have assisted with many emergency survivor relocations based on client safety.

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

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

(limit 2,500 characters)

The CoC ensures safe access to all housing and services available in the region through its DV-CE system implemented by Mary Parrish Center. DV-CE accepts referrals from The Family Safety Center, Metro Social Services, Victim Service Providers, all non-profit and community organizations in our CoC, and self-referrals from survivors seeking safe, stable housing. Intakes are conducted either in-person or through a 24-hour hotline, based on what is most accessible for that survivor. DV-CE intake specialists, located in the Family Safety Center, accept walk-in self-referrals. Requests for assistance and high-level de-identified information are shared with the CE Manager at the Office of Homeless Services (OHS). The individual or family in need of services is placed on the CoC's By-Name List to ensure access to not only DV housing and support services, but also to all CoC-wide housing and support services. These survivors are given unique identifiers that do not include any sort of identifying personal information, such as names or dates of birth. OHS staff participate in care coordination meetings to ensure that appropriate housing is obtained with respect to survivors' needs and preferences. DV-CE staff participate in Individual, Families, and Veterans Care Coordination meetings led by OHS, as well as the High-Risk Intervention Panel led by the Metro Office of Family Safety, to discuss cases of survivors at imminent risk or homicide who require safe, stable housing. Client confidentiality is upheld according to VAWA standards; staff share identifying information only at the survivor's request, with signed, informed, and reasonably time-limited release of information forms.

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

	Describe in the field below how your CoC ensures survivors receive safe housing and services by:
1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.

(limit 2,500 characters)

1) Victim Service Providers are actively involved in various CoC committees working to identify and address systemic barriers, such as Shelter, Weather, Outreach, and Prevention Committee, Standards of Care Committee, and Coordinated Entry Oversight Committee. The DV-CE lead shares data with the Equity & Diversity Committee to help explore potential disparities in CoC program outcomes. Many people with lived experience in the Continuum of Care have self-identified as survivors and the CoC has gathered feedback on how to eliminate barriers within homeless and housing assistance programs. Victim Service Providers gather feedback from survivors through surveys, case management sessions, and survivor groups regarding barriers encountered and suggestions for improving the program experience. The Low Barrier Housing Collective has provided training to a community of landlords on the ways in which victimization negatively impact housing for survivors of interpersonal violence.

2) The CoC works with VSPs to lower barriers to program enrollment and to address needs for legal services, benefit enrollment, job training, and housing navigation. Staff regularly receive training on the unique needs of domestic violence survivors to individualize services that maximize safety for survivors. This training includes topics such as safety planning, confidentiality needs, empowerment, and local resources available to survivors. The Low Barrier Housing Collective maintains a portfolio of over 280 properties in Nashville-Davidson County, which helps to maximize safe and affordable options for clients that are ready for housing. These landlords receive monetary incentives for quickly housing unhoused individuals and families with high barriers to entry in other housing programs. All VSPs utilize the Low Barrier Housing Collective to safety house the survivors in their programs.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	No
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

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

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

4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1) In Fall 2023, the Equity & Diversity Committee compiled a draft anti-discrimination policy and began soliciting feedback through the CoC listserv of over 700 community members. Key LGBTQ+ community partners provided extensive feedback and suggested language emphasizing zero tolerance for violence, bullying, and harassment against guests, staff, and volunteers based on sexual orientation, gender identity, and expression, including the hostile use of a dead name, former name, or birth pronoun. These partners recommended that funded agencies: honor sexual orientations, gender identities, pronouns, chosen names, and provide gender neutral and/or gender affirming bathrooms, changing rooms, and sleeping areas. The CoC lead entity also received in-person training on Jan. 30, 2024, on the needs of LGBTQ+ people.

The CoC Equity and Diversity Committee is in the process of incorporating community feedback and preparing the anti-discrimination policy for CoC Board approval. LGBTQ+ partners are actively involved in the CoC and participate in key committees such as Shelter, Weather, Outreach, and Prevention Committee and Standards of Care Committee. TransAid Nashville recently became a CoC member and will be actively partnering across the CoC to expand and strengthen trans-affirming services.

2) The CA broadcasts online training and guidance to CoC grantees to meet the requirements of the Equal Access Rule, including HUD's Equal Access Agency Assessment Tool, and the HUD Virtual Binder on Fair Housing and Equal Access. Once adopted, the CoC-wide anti-discrimination policy will be advertised on the CoC website and sent to all CoC-funded agencies, which will assure their project-level policies are consistent. In the summer of 2024, the Equity and Diversity Committee published a resource webpage for community partners to review and utilize to strengthen equity within their programming.

3) Compliance with anti-discrimination policies is evaluated during annual monitoring visits and assessed in the CE system evaluation process, which includes client interviews, focus groups, and surveys.

4)The CoC's process for addressing noncompliance is to initiate a Performance Improvement Plan with technical assistance to implement necessary changes. The plan must be approved by the PEC with a detailed timeline for achieving compliance. When renewal is requested the following year by an agency, noncompliance may negatively affect project scoring and/or ranking.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

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

You must enter information for at least 1 row in question 1C-7.

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

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

(limit 2,500 characters)

1) MDHA is the sole PHA in the CoC's geographic area. A monthly set-aside of 18 Housing Choice Vouchers (HCV) and 198 Emergency Housing Vouchers continue to adopt a homeless admission preference. The homeless preference vouchers are documented in MOUs as attachment 1C-7, "PHA Homeless Preferences".

MDHA has a good relationship with CoC CE staff to identify people experiencing homelessness. Coordinated Entry specialists confirm homeless preference eligibility, assess for severe needs, and ensure applicants are document-ready so that rent subsidies are issued.

2) N/A

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Section 8 voucher set-aside for homelessness, EHVs & small master lease program for people with highest barriers once RRH ESG-CV assistance ends	Yes

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

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

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	Project-based vouchers	Yes

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

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

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	22
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	22
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

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

(limit 2,500 characters)

1) This year, for the first time, the Collaborative Applicant and CoC Equity and Diversity Committee created a Housing First scoring rubric to use for new and renewal projects in the local CoC competition. A total of 13 points were available for projects with fidelity to the HF model, the highest number of points ever given. This rubric includes questions with both yes/no and narrative responses.

2) Project application points are based on enrolling clients with barriers, not terminating clients for noncompliance, having few or no program rules, giving clients written standards for grievance procedure, termination process, appeals, and client rights, strategies for retention to prevent returns to homelessness, ensuring that clients enter housing quickly, offering follow-up services, and other Housing First standards. Performance data (average length of stay, days from entry to move-in, high need populations served, remaining in permanent housing, exits to positive housing destinations) are weighted heavily in the scoring of local applications.

3) Staff from the CA, CE Lead, and HMIS Lead agency conduct annual on-site monitoring of all federally and locally funded projects. The monitoring guide includes a section on Housing First including low barriers at entry, efforts made to avoid negative housing outcomes, processes to ensure reasonable accommodations are available to all clients, and other HF topics. They also examine client files, read case notes, evaluate performance data, and interview staff. The Office of Homeless Services (OHS) holds biweekly HF meetings for agencies that provide housing and supportive services to discuss ways to make housing more accessible, improve client experience, and troubleshoot any issues that have arisen.

4) On March 7, 2024, OHS hosted the inaugural Housing First Community Conference. This event was free and open to service providers, people with lived expertise of homelessness, public officials, community activists, and any others in the community. The keynote speaker was Dr. Sam Tsemberis, who presented an introduction to HF, success stories from other cities, strategies for HF in Nashville, and held a question and answer session. With nearly 250 attendees, including judges, developers, the District Attorney, and a video address by Nashville's Mayor Freddie O'Connell, this event raised wide awareness of HF.

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

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

(limit 2,500 characters)

Within the last 2 years, the Office of Homeless Services (OHS) & many other community partners have offered robust community outreach, particularly to the unsheltered. The local prioritization team administers quarterly assessments for large encampments. OHS has found that many of those living in places not meant for human habitation have received no services at all and/or are not entered into HMIS, some having lived unsheltered for decades receiving limited services. OHS has a team of eight outreach workers (including several with lived expertise) that are assigned to a sector of Nashville, which encompasses the entire CoC area. These outreach workers hand out food, water, clothing, bus passes, hygiene products, and health care checks to establish trust & build rapport. They also enter clients into HMIS and conduct vulnerability assessments to enter clients into CE. In the past year, OHS has conducted resource fairs in all sectors of the city to bring in outside agencies like faith-based orgs, waste management services, health care workers, and culturally specific orgs. Many outreach providers employ bilingual staff to reach non-English speaking populations; informational brochures have already been translated into Spanish and Arabic and will continue to be printed in even more languages. Park Center & the PATH team at the Mental Health Cooperative reach people with severe mental illness who avoid shelter and services. More than ten local agencies provide active street outreach. A local agency hosts a weekly meal downtown after hours for 150-300 people. Biweekly outreach team meetings connect partners. Biweekly update meetings with the Police Department (MNPD) provide neighborhood-specific street level information. The Contributor has created a unique partnership with the Emergency Department at Vanderbilt University Medical Center to make sure that frequent users of the ED that are experiencing homelessness are connected to housing services and services intended to increase income, like SOAR. MNPD and EMS has further developed its Partners in Care Program, in which they provide a coordinated response to emergencies that includes social workers responding to the scenes of mental health crises. The OHS Landlord Engagement team has engaged 282 properties that have agreed to lower barriers for unhoused applicants and they have successfully placed many clients with high barriers, like those with arson convictions and on the sex offender registry.

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes

3.	**Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?**	Yes	Yes
4.	**Other:(limit 500 characters)**		
	To counteract state legislation that outlaws public camping, Open Table has created a statewide coalition to address criminalization, with the ACLU of TN, the National Homelessness Law Center, NAEH, National Coalition for the Homeless, advocates & attorneys to defeat anti-camping laws, meeting bimonthly. Police on the Quality of Life team adopt a Housing First perspective, avoiding arrests in encampments & inviting residents to talk with outreach about harm reduction, treatment & housing	Yes	Yes

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

		HIC Longitudinal HMIS Data	**2023**	**2024**
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	955	875

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

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

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

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

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

(limit 2,500 characters)

1) CoC street outreach and navigation meetings share current information on mainstream resources and program eligibility. Changes to eligibility requirements and processes to obtain IDs, vital records & legal services are also shared. Attendees share the information with program participants and assist with their enrollment. The VA assists with benefits as well. Monthly meetings of the CoC's Coalition for the Homeless serve as a primary training vehicle. One example is a presentation on TennCare (Medicaid) renewals, enrollment & eligibility. The Coalition launched a private Facebook group to share information & resources in real-time. The Office of Homeless Services (OHS) works closely with Neighborhood Health (FQHC) to ensure program participants have access to medical care. Neighborhood Health's medical professionals visit encampments weekly to provide health screenings, prescription medication, and referrals for services that require an in-person visit. Park Center and Mending Hearts provide substance use & mental health services by referral from CE. New local funding bridges a gap between CE and local emergency rooms. Park Center and Mending Hearts participate in biweekly Housing First Supportive Services meetings led by OHS. Sponsored by the Nashville-based National Health Care for the Homeless Council, free Medical Street Outreach Training for Non-Clinical Staff supports the work of non-clinical outreach workers interested in developing basic street medicine skills such as first aid, non-clinical triage, & mental health assessment. The Council enrolls clients & partners with local clinics & hospitals to provide consultation & referrals. Council staff provide free training on Severe Mental Illness and Homelessness, offering information on TennCare eligibility and application guidelines, as well as training on the re-determination process for individuals experiencing housing instability.

2) Seasoned staff at Park Center spearhead SOAR certification (with local Metro funding), increasing the number of local providers certified at Safe Haven Family Shelter, Metro Social Services & Oasis Center for youth. Park Center SOAR-certified staff accepts referrals from CoC projects to assist individuals and families in SOAR eligibility requirements or enroll those already eligible. Another CoC agency, The Contributor, also employs SOAR staff to connect vendors of its street newspaper. This newly-funded agency is also applying for a Bonus PSH project this year.

ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:
1.	respond to infectious disease outbreaks; and
2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1) The Metro Public Health Department (MPHD) and Neighborhood Health (Nashville's Health Care for the Homeless grantee and FQHC) coordinate to assess and respond to infectious disease outbreaks. The director of Neighborhood Health regularly emails homeless service providers and community partners to share updates on local outbreaks, infection control measures, and vaccination opportunities. Neighborhood Health is the primary provider of street medicine and attends regular coordination meetings for outreach workers across the city to ensure the community is aware of emerging public health concerns. The CoC relies on regular coordination across homeless service providers, Neighborhood Health, MPHD, the local office of Emergency Management, and the Office of Homeless Services to effectively respond to outbreaks, including at the local Cold Weather Shelter.

2) The local public health department (MPHD) has a Communicable Disease and Emergency Preparedness Bureau, which works to identify, trace, and respond to outbreaks in the community. MPHD's Sexually Transmitted Diseases, Behavioral Health, and Hepatitis C teams coordinate with street outreach providers to provide education and resources in encampment settings. In the event of an outbreak, the Office of Homeless Services will coordinate with local providers to effectively respond. MPHD and Neighborhood Health host regular vaccination events for community members who are uninsured and/or experiencing homelessness. MPHD works with community organizations to distribute COVID testing kits and personal protective equipment. Meetings of the CoC and the Nashville Coalition for the Homeless provide opportunities to spread information and awareness about infectious diseases. The CoC's Shelter, Weather, Outreach, and Prevention committee coordinates emergency preparedness and response efforts across providers. The Standards of Care committee is adapting public health protocols for CoC programs, with an emphasis on strategies to prevent and mitigate infectious disease outbreaks.

ID-7a.	**Collaboration With Public Health Agencies on Infectious Diseases.**	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC:
1.	**effectively shared information related to public health measures and homelessness; and**
2.	**facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.**

(limit 2,500 characters)

1) The Metro Nashville Public Health Department actively participates in the CoC, with the Assistant Director of Population Health serving on the CoC Board. In the event of an outbreak or emerging public health concern, the CA partners with the public health department and Neighborhood Health (FQHC) to disseminate relevant information and resources. The director at Neighborhood Health (medical home to 90% of the city's homeless constituents and the CoC's largest safety net provider) regularly communicates health updates to key community partners. Neighborhood Health offers preventive care, treatment, and medical case management to people experiencing homelessness. The public health department's emergency preparedness, infectious diseases, preventive health, and behavioral health divisions often participate in CoC resource fairs and outreach efforts in shelters and encampments.

2) In the event of a public health emergency, communications to outreach, shelter, and housing providers are disseminated with an email blast to the CoC listserv to ensure staff are prepared to prevent or limit the spread of infectious disease, also utilizing the Metro Emergency Alert Notification System. A statewide public health concern would be communicated to CoC Leads by the TN Department of Health with emerging news and resources. During the COVID-19 pandemic, Neighborhood Health created a "Pandemic Handbook for Outreach Workers", which provides guidance for outreach workers in case of future infectious disease epidemics. A key theme of the handbook is that outreach workers who visit encampments must take all recommended precautions to avoid infecting people and reduce their own risk of exposure.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1) Centralized CE access points and decentralized outreach teams are strategically located throughout Nashville to cover 100% of the CE geographic area. CE specialists provide near daily office hours at the local Rescue Mission, Nashville's largest shelter. They hold hours at library branches and are on call for local hospitals, clinics, and the Health Department. Local education agency staff are trained in CE eligibility and enrollment. The CE process is advertised through a variety of avenues including print, online and physical locations and in English, Spanish, and Arabic. Designated phone lines for individuals and families are managed by CE specialists and advertised on Nashville.gov.

2) CoC uses a standardized assessment process completed in HMIS for individuals, families, and youth. The VISPDAT is the CoC's current housing needs assessment tool and will be replaced in the coming year by a more equitable assessment and prioritization process. Nashville has been working with HUD TA and been part of a Homebase cohort on CE assessment redesign; community meetings to redesign the assessment tool have already begun.

3) The CE Lead regularly audits the intake calls to the CE phone line, including training to ensure that they are asking questions sensitively and patiently, in accordance with trauma-informed care. Similarly, the CE team discusses trauma-informed strategies and ways to improve processes at both internal CE meetings and care coordination meetings with partners. Many members of the local CoC, including CE staff, attended a regional homelessness conference that included training sessions on trauma-informed care and CE staff have been trained in motivational interviewing. The CE Lead offered a free, 3-part Trauma Informed Care Series for local service providers.

4) The CoC voted in June 2024 to create a CE Oversight Committee to continuously update the CE Policies and Procedures, gather feedback on the CE process from people with lived expertise of homelessness, and evaluate the CE Lead. This Committee has benefited from the feedback of nearly 25 people with lived expertise that have attended the meetings and actively shared their concerns and experiences. The CE process is continually updated based on feedback from agencies at the Care Coordination Calls and in the biweekly Housing First Supportive Services meetings; this feedback is used to streamline the CE process on at least a monthly basis.

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

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

(limit 2,500 characters)

1) CoC outreach teams assigned to each sector of the city triage people living in encampments and on the streets, prioritizing areas that have gaps in outreach coverage. OHS's outreach team makes repeated visits to encampments to offer services and follow-up. For encampments identified by the local prioritization team, CE creates a by-name list to focus efforts on housing the chronically unhoused.

2) CE prioritizes vulnerable households for immediate assistance using the VISPDAT as a base assessment and adding priority points for literal homelessness, chronic homelessness, those older than 55 years old, those with long bouts of homelessness, and those with disabling conditions. Families are also prioritized based on fluid community needs, especially those in their third trimester of pregnancy and single fathers. Information may be based on self-report or provider reports. Care Coordination meetings held weekly discuss strategies to engage people using a Housing First approach.

3) Nashville CE uses Care Coordination meetings and dynamic prioritization when making referrals so that the most vulnerable households are considered for all housing resources. Households with the highest priority score can be referred to all housing resources available through CE (PSH, RRH & Housing Choice vouchers), with an emphasis on rapid placement in housing. If a household declines a referral due to preference, they are still eligible for other referrals available through CE. The CE Lead has also instituted biweekly meetings with the largest PSH provider in Nashville and the local PHA; since the institution of these meetings, this provider has begun regularly attending care coordination meetings, providing their own updates to providers, and working directly with providers to streamline the referral process.

4) CE is incorporating feedback from the latest CE evaluation to redesign our current assessment tool (VI-SPDAT) such that it is simpler, shorter, and trauma-informed. The CE Lead has one-on-one conversations with agencies to discuss barriers they have had with potential applicants, both during annual monitoring and as needed. CE developed a self-paced, online Resource and Referral Training for all partner agencies that focuses on eliminating barriers to service. CE is also updating CE documents to make them more reflective of the current system and most recent changes as CE enters this redesign phase.

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

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

(limit 2,500 characters)

1) The Coordinated Entry process is advertised through a variety of avenues. All case managers, housing navigators and outreach workers in Nashville-Davidson County are trained in Coordinated Entry at the beginning of their employment and ongoing opportunities for additional training are made available. CE specialists provide weekly office hours at the local Rescue Mission, Nashville's largest and primary emergency shelter, Room in the Inn, the local day shelter, and the Salvation Army, a large national brand well known in the city. The CE specialists hold hours at various library branches and are on call for local hospitals, clinics, and the Health Department. During bi-weekly community outreach meetings, areas where there are high barriers to accessing Coordinated Entry are identified and discussed to ensure households are being informed of the Coordinated Entry process and being provided access. Finally, there is a designated phone line for families experiencing homelessness to be entered into Coordinated Entry. This phone line is advertised on the Nashville.gov website and in the Coordinated Entry informational brochure. CE has translated some documents into Spanish and Arabic and is in the process of translating documents into other languages. CE staff have spoken at many local agencies and been a part of several cohorts to share information about CE with those that may not be familiar with the process.

2) CoC-funded programs that are referred through Coordinated Entry inform participants of their rights and remedies under federal, state and local fair housing and civil rights laws at point of entry. Agencies that are access points also are required to post a written notice of rights. Participants have the right to file a grievance with Coordinated Entry and that process is outlined in the Policies and Procedures manual.

3) Any conditions or actions that impede fair housing choice for current or prospective program participants are reported to the CoC through the Collaborative Applicant and the Office of Homeless Services and participants are given information to make a report at the relevant state and/or federal agency level. The CE Lead also supports the Low Barrier Housing Collective, which frequently intervenes in cases in which program participants may have had their fair housing rights violated to work toward resolution with landlords.

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

1.	**Has your CoC conducted a racial disparities assessment in the last 3 years?**	Yes
2.	**Enter the date your CoC conducted its latest assessment for racial disparities.**	06/26/2024

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

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

(limit 2,500 characters)

1) A system-wide LSA dataset for 10/1/2022-9/30/2023, analyzed through Stella P. Data we used from this dataset included household composition in HMIS, race and ethnicity, comparison to census race and ethnicity data, exit destinations by type (temporary, unknown, permanent housing), chronic status, disabling condition status, system flow charts, and chronic status by project type. APRs for all CoC-funded projects for 10/1/2022-9/30/2023 were also part of the data set. Here the focus was on 2 outcomes- days from project entry to housing move-in for those in TH and RRH projects by race and ethnicity (APR 22f),and exit destination type by race and ethnicity (APR 23e).
2)The Data & HMIS Oversight Committee reviewed the Stella P data visualizations of the LSA dataset and focused on disparities between White & Black, African American, & African populations as those two groups make up 92% of people experiencing homelessness in Nashville & 86% of the population overall. They compared outcomes by racial groups and when there were differences by race, looked at the overall size of that group to ensure we weren't overestimating or underestimating the importance of any disparities based on the population size. They also analyzed the household types of families with children & adult only households, as large differences based on household type & race were previously found when analyzed together. They found that for families with children there is not much difference in the percentage of families who move into permanent housing (84% for Black families & 80% for White families) but there is a large disparity in the length of time it takes families to move into housing, with White families taking an average of 154 days & Black families taking an average of 198 days. For adult only households, they did not find meaningful disparities- 28% of White adult only households & 27% of Black adult only households move into permanent housing with Black adult only households taking 152 days & White adult only households 145 days. These findings were in the CoC Priorities Report presented to the CoC Board. The Committee also reviewed the raw data of the APR dataset for these two outcomes from each APR. The data was anonymized so the members would not be biased by their opinions about specific agencies or programs. The Committee identified a few programs with racial disparities in their outcomes. The CA & PEC are following up with these funded partners & root causes will be explored

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

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

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

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

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

(limit 2,500 characters)

On a monthly basis, the HMIS lead pulls and publishes data on the demographics of individuals entering HMIS and moving into housing. The HMIS lead regularly uplifts notable disparities to the CoC Board, CoC-funded agencies, and relevant committees. The CoC Equity & Diversity committee has begun ongoing investigations into potential disparities within CoC programs and shares their findings and recommendations with the CA, Performance Evaluation Committee, and CoC Board. The Equity & Diversity committee coordinates annual racial equity trainings for the CoC to ensure a shared understanding of equity issues and strategies. For this year's local competition, the Equity & Diversity committee expanded equity questions to ask about organizational diversity, equity strategic plans, DEI trainings, and efforts to promote inclusivity for clients that identify as LGBTQ+ or having a disability. The CA takes responses to key equity questions to intentionally follow up with funded agencies during program monitoring. The Equity & Diversity committee is working to finalize revisions to the CoC anti-discrimination policy and help local agencies adapt their practices to adhere to the policy. The CoC's Values & Equity Statement is published in the CoC Charter and shared at every CoC meeting to help ground members in their pledge to practice anti-racism. The CE lead is actively partnering with HUD TA and the CE Oversight committee to re-tool the VI-SPDAT and address potential racial inequities in the CE process. Once the CE assessment and process has been redesigned the CE Oversight committee will be responsible for regularly evaluating CE leads, including analysis of CE outcomes by race/ethnicity. Since 2021, the CoC Nominating & Membership Committee has worked to improve diversity within the CoC Board and committees by collecting racial demographics and cultivating candidate slates to better reflect the diversity of Nashville's unhoused population.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

	Describe in the field below:
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1) The CoC Board receives monthly reports provided by the HMIS staff tracking housing service outcomes by race. The measures include total number of exits to permanent housing, returns to homelessness, number of days unsheltered, length of time from intake to housing, the number of people experiencing homelessness and moving into housing, etc. All monthly HMIS reports are published on the Office of Homeless Services webpage and shared in relevant CoC meetings. The CoC Strategic Plan outlines specific objectives for investigating racial disparities. In 2024, the HMIS lead identified a disparity in the length of time it takes Black families to move into housing, which prompted ongoing investigation by the Equity & Diversity committee and regular updates on the subject to the CoC Board. Key community partners (e.g. DV CE, public school system, veteran affairs, etc.) share data with the Equity & Diversity committee to support ongoing racial disparity research. The CoC will use HMIS data in the Racial Equity Analysis tool to identify racial disparities linked to projects or system processes that need to be addressed. This year's local competition included analysis of the demographics of each agency's direct service staff, middle management, and Board of Directors.

2) The CoC uses the Stella set of tools through the Homelessness Data Exchange to look at system-level performance outcomes. Visual reports from Stella illustrate how households move through our system. It includes information to analyze data quality, equity and performance trends. The Stella report is published semi-annually and distributed to CoC grantees for planning and decision-making support to reach our goals. HUD's Racial Equity Analysis Tool is used to understand the overrepresentation of BIPOC people among those experiencing homelessness. The tool reports racial distributions of people living in poverty by race, ethnicity, age, and veteran status using data from HMIS; imported data from the Nashville Rescue Mission is also reviewed.

1D-10.	**Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.**	
	NOFO Section V.B.1.q.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

(limit 2,500 characters)

The CoC has two committees, the Consumer Advisory Board (CAB) and Youth Action Board (YAB), dedicated for individuals with lived experience of homelessness to advise and inform the CoC. The Collaborative Applicant has established a formal partnership with the National Alliance to End Homelessness for their Lived Experience Director to advise the CoC on efforts to engage people with lived experience. In 2023, the CAB only had 3 active members and the YAB was relatively dormant. Since then, the CAB has worked to improve their engagement strategy and host meetings in partnership with a local street newspaper to increase awareness, averaging 50 attendees per meeting. The YAB began meeting at the Oasis Center, located in the Youth Opportunity Center, and is a key service provider for youth experiencing homelessness, and now has 15 official members and an average of 30 youth with lived experience attending the YAB. In 2024, over 200 individuals with lived experience have engaged with the CoC. The CAB and YAB have participated in and/or hosted key focus groups for improving CoC strategies, such as Nashville's Unified Housing Strategy, Outdoor Homelessness Strategy, and improvements to the CE process. CAB members have provided input in the CoC's Strategic Plan. The CAB is now working on a comprehensive strategic plan to outline specific strategies to improve communication, increase awareness, create sustainable partnerships, and establish CAB members in key roles across the CoC. The CoC Charter requires that a minimum of 5 of the 25 CoC board members have lived experience. This year, 44% of nominees for the CoC board had lived experience. The CoC board now has 8 members with lived experience. This summer, the CoC board elected the CAB chair as its new board chair, marking the first time a person with lived experience has held the position. The Office of Homeless Services has also created Facebook, Instagram, and X profiles and utilizes nashville.gov, which allows for text and email alerts for upcoming meetings.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	75	50
2.	Participate on CoC committees, subcommittees, or workgroups.	228	200
3.	Included in the development or revision of your CoC's local competition rating factors.	8	4
4.	Included in the development or revision of your CoC's coordinated entry process.	30	28

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

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

(limit 2,500 characters)

The Office of Homeless Services (OHS) and other CoC partners employ people with lived homeless experience. The state of Tennessee offers free peer support certification programs and community members with lived experience are encouraged to get certified. The CA is working with the Consumer Advisory Board and Youth Action Board to explore opportunities to host and support a certification cohort. Multiple Office of Homeless Services staff are far enough in their peer support journey to sign off as a supervisor for those providing peer-to-peer support. In the past year, the CA has sponsored individuals with lived experience to attend regional and national homelessness conferences. Individuals with lived experience are welcomed and encouraged to attend CoC-sponsored trainings. Those serving in official capacities within the CoC are compensated for their time attending trainings and receiving relevant professional development. The CoC lived experience committees and CA receive technical assistance from the National Alliance to End Homelessness (NAEH) Lived Experience Director. NAEH also provides dedicated mentorship and training to the new CoC Board chair who is the first person with lived experience to serve in the role. Employment opportunities are provided to individuals through job fairs and case management programs to attain and maintain employment. CoC case managers support clients with transportation services, completing job applications and resumes, acquiring personal documents, and obtaining work attire. CoC members, the Urban League, Salvation Army and Goodwill Industries specialize in providing job opportunities and certification trainings for industry jobs. CoC partner Park Center operates the Individual Placement and Support (IPS) model of Supported Employment. Clients are assigned an Employment Career Specialist (ECS) to work on individual strengths related to employment. IPS is a national best practice and supported by the state's Department of Mental Health & Division of Vocational Rehabilitation.

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

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

(limit 2,500 characters)

1) The CAB and YAB are dedicated CoC committees for people with lived experience. The CAB is working to identify people with lived experience to formally position on each CoC committee to ensure participation in all levels of CoC decision-making. CoC members with lived experience have participated in listening sessions to inform key housing initiatives, such as Nashville's Unified Housing Strategy and Outdoor Homelessness Strategy. The Standards of Care committee is establishing grievance procedures to outline how individuals with lived experience could report non-compliance and other concerning experiences with CoC programs.

2) The CAB & YAB meet monthly, which provides opportunities to gather feedback and identify key issues for the CoC. Reports from the CAB and YAB are shared at all CoC Board and General Membership meetings. Individuals with lived experience are welcomed and encouraged to attend all CoC meetings, which occur at least 12 times per month. In the last month, over 150 individuals with lived experience have attended and/or participated in CoC meetings.

3) Many CAB and YAB members have or do receive assistance through CoC and ESG programs. CoC and ESG service providers routinely solicit feedback from clients in surveys, focus groups, resident advisory councils, and service on boards of directors. In this year's local competition, applicants were explicitly asked how they solicit feedback from program participants and those with lived experience. The CA plans to follow up on these responses with each agency to strengthen lived experience engagement. Time for public comments are reserved at the beginning of every CoC meeting where there is an action item on the agenda.

4) People who have received assistance through CoC and ESG programs regularly attend CoC meetings. The Standards of Care committee meets on a monthly basis and is primarily focused on utilizing best practices and lived experience to improve how CoC and ESG programs are operated. At the October Standards of Care meeting, 19 individuals with lived experience were in attendance, many of whom shared feedback on their experiences with CoC or ESG services.

5) The Chair of the CoC Board has lived experience. Feedback from individuals with lived experience have been utilized to expand CAB partnerships, establish CoC priorities, identify systemic inequities, address key barriers, improve the CE assessment, and improve standards for CoC programs.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	

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

(limit 2,500 characters)

1) In Spring 2024, Metro Nashville's Council passed a resolution for the local Metro Planning Department, a member of the CoC and Housing Opportunities Committee, to study zoning and land use barriers and infrastructure needs for housing. The Housing and Infrastructure study, expected to be completed by summer 2025, will provide recommendations to Metro's Council on appropriate changes to zoning and building code to improve affordability and advance housing options. Metro Nashville has also been supportive of state policy efforts reforming zoning and land use policy to permit more housing development. During the 2024 General Assembly session, the state of Tennessee passed a bill permitting local jurisdictions to provide zoning incentives to encourage affordable housing development. The Planning Department anticipates exploring the use of this new tool in the coming months.

2) The CoC and Office of Homeless Services have partnered with Metro Nashville's Housing Division to develop the city's first Unified Housing Strategy (UHS), set for completion in early 2025. The UHS will offer comprehensive policy and program recommendations to enhance housing security and optimize resource coordination. The UHS conducted listening sessions with both the CAB and the CoC Board. Additionally, Metro Nashville's Housing Division recently received a $5 million PRO Housing grant to tackle barriers to housing development, such as land availability, limited financing, and development capacity. Specifically, the award will be used toward the financing of additional permanent supportive housing, supporting faith-based institutions to advance land availability, and expanding our network of capable partners committed to advancing affordable housing solutions in our community.

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

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

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

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

1.	**Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.**	08/22/2024
2.	**Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.**	06/27/2024

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	127
2.	How many renewal projects did your CoC submit?	20
3.	What renewal project type did most applicants use?	PH-PSH

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

	Describe in the field below:
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1) The CoC Performance Evaluation Committee (PEC) scores all local applicant projects based on their most recent APRs. All renewal projects could earn up to 15 points based on exits to permanent housing destinations and 7 points for serving high-need populations (zero income, multiple disabilities, unsheltered). RRH projects were also scored on their days from entry to move in (15 points) and income increase at exit (17 points). PSH projects were also scored on remaining in permanent housing (15 points) and income increases between start and the latest status update (17 points). TH projects were also scored on average length of stay (15 points) and income increase at exit (17 points).

2) The PEC analyzes APRs for length of time to permanent housing from program enrollment, allotting extra points for programs that limit the time it takes to provide permanent housing. Maximum points are awarded to RRH projects that move participants into housing faster than the 45-day local benchmark and to TH projects that provide housing faster than the local benchmark of 9 months.

3) All applicants were required to provide narrative answers as to how they would ensure that clients enter housing quickly, strategies for retention, and preventing client returns to homelessness; they received points based on contributing strategies, partnerships, resources, education, and interventions. As the CoC Data and HMIS Oversight Committee has identified that Nashville has a severe lack of PSH units, projects that added to the local PSH housing stock received preference in the priority listing, even as performance indicators for PSH projects sometimes resulted in lower scores than other project types. As most Nashville PSH projects serve populations with the highest barriers, the chronically homeless, and program participants are required to have a documented disability, these projects may receive lower scores, despite their outsize importance.

4) All non-VSP projects were given additional points based on the percentage of clients served with multiple disabilities, zero income, and those coming from places not meant for human habitation. Additionally, all projects were given extra points in the Housing First section of the application if they lowered barriers for clients with no income, too little or little income, history of or active substance use, criminal records, history of victimization, poor credit history or evictions, or poor or no rental history.

1E-3.	**Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.**	
	NOFO Section V.B.2.e.	

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

(limit 2,500 characters)

1) The CoC Nominating Committee has taken action to ensure the Homelessness Planning Council (HPC), the governing body of the CoC that votes to approve the Priority Listing, represents populations experiencing homelessness in Nashville. The HPC currently has 46% representation by people of color and all HPC members were formally trained by Metro's HR Department on DEI. The CoC Equity and Diversity Committee refined an equity rubric that was created in 2023 for the local competition this year. This rubric required all applicants to submit numbers of direct service staff, management staff, and Board of Directors that identified as being people of color; they were also required to submit the number of staff in each of those categories that identified as having lived expertise of homelessness, including specific strategies that they use to solicit the feedback of and fully integrate the perspectives of those with lived expertise. Applications also received points if they were able to demonstrate with quantitative HMIS data (length of time between project start date and housing move-in, positive exit destinations) that their projects created equitable outcomes for clients of color and White clients.

2) 60% of the Performance Evaluation Committee (PEC), which scores and ranks local applications, is made up of people of color, including two Black women and an Asian-American man.

3) All projects were scored on an equity rubric that was developed by the Equity and Diversity Committee. Projects were able to receive up to 11 points for measures of equity – the highest number of points that equity factors have ever been given in the local competition. All applicants were required to indicate the specific DEI training that staff received, concrete steps they will take to advance equity for their clients, strategic or action plans focused on promoting equity, steps they will take to address racial inequities in program outcomes, training that staff received about serving LGBTQIA+ clients (particularly trans and gender non-conforming clients), and how they create a safe an inclusive environment for clients with disabilities and/or that identify as LGBTQIA+.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

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

(limit 2,500 characters)

1) Our revised reallocation process was submitted by the Performance Evaluation Committee (PEC) and approved by the Homelessness Planning Council on September 13, 2023. Projects are eligible for voluntary reallocation if the PEC determines they are unable to spend down the allocated HUD funding. Involuntary reallocation is considered if the PEC finds under-performance through financial audits, HUD performance outcomes, or a local project score lower than 65% of the maximum score are subject to reallocation. A Performance Improvement Plan is required from the agency with a six-month timeframe for improvement, clear benchmarks, and regular monitoring by the PEC. Projects that have expended less than 90% of their program funds in two program years are also subject to involuntary reallocation.

2) The PEC identified one agency operating a low-performing project based on data from the APR. In June 2024, the Data and HMIS Oversight Committee instituted a corrective action plan with this agency to improve their data collection and performance. This plan was undertaken with the knowledge of the PEC and based on concerns raised in their monitoring visit in April 2024.

3) Nashville's CoC did not reallocate funds from low performing or less-needed projects during its local competition this year.

4) PEC ranked this project below the Tier 1 line and into Tier 2 funding. Although the project was deemed to be low performing, the funds were not reallocated because the agency supplies the community with affordable Permanent Supportive Housing for up to 133 households. In the FY22 competition, the agency submitted a New Expansion project proposal to partner with another high performing provider to implement specialized services and ensure the ability to serve persons facing complex challenges. As this expansion project has not yet finished a full program year, the PEC chose to reconsider allocation at that time.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No

1E-5.	**Projects Rejected/Reduced–Notification Outside of e-snaps.**	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

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

4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/20/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/20/2024

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/25/2024

1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/25/2024

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/08/2024

2A-4.	**Comparable Databases for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.**	
	NOFO Section V.B.3.b.	

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

(limit 2,500 characters)

1) During the annual CoC monitoring process, both the CoC and HMIS Lead collaborate to review APRs, a requirement of a comparable database. The HMIS Lead conducts an assessment of data quality reports during this time. For CoC scoring, ranking, and review, custom reports are requested from the comparable databases by the HMIS Lead as needed. The HMIS Lead reviews quarterly APRs for all CoC-funded projects and shares these reports with the Performance Evaluation Committee to ensure continued surveillance and improvement. When the FY 2024 HMIS Data Standards were forthcoming, the HMIS Lead worked with local DV providers to explain the changes, ensure their database would be able to produce these changes in a timely manner, and discuss implementation throughout the CoC. The HMIS Lead plays an active role in supporting DV agencies data management needs regardless of whether they receive funding. This includes updates to HUD Data Standards and providing technical support to ensure data elements are correctly updated. When local changes to HMIS data elements happen, they are communicated immediately, and any technical assistance required for generating reports is provided. The HMIS Lead also maintains ongoing communication to relay information from HUD concerning comparable databases and HMIS Leads, ensuring DV agencies remain informed and supported in their operations.

2) Yes, all DV providers are using a HUD-compliant comparable database in compliance with the FY 2024 HMIS Data Standards.

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	1,104	85	304	27.54%
2. Safe Haven (SH) beds	7	0	7	100.00%
3. Transitional Housing (TH) beds	429	18	233	54.31%
4. Rapid Re-Housing (RRH) beds	875	45	871	99.54%
5. Permanent Supportive Housing (PSH) beds	1,162	0	1,162	100.00%
6. Other Permanent Housing (OPH) beds	875	0	519	59.31%

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

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

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

(limit 2,500 characters)

1) Integrating data on ES and TH beds into the HMIS follows a unified approach for both projects. This is because the missing data from HMIS, or comparable databases, pertains to beds managed by a single agency, the Nashville Rescue Mission (NRM). To address this gap, we have initiated a direct data import from the Nashville Rescue Mission's system into HMIS. This import process focuses on capturing information about individuals staying in the NRM's ES and TH beds, ensuring that this data is recorded accurately in HMIS. Over the next month, we will focus on completing the testing phase of this integration. During this time, we will ensure that the data is importing correctly, that the process runs smoothly, and that all information is directed to the appropriate locations within HMIS. This testing is already underway. Once testing is completed, we will begin a weekly data import from NRM's ClientTrack system into HMIS. This regular import will allow us to consistently monitor who is staying in the ES and TH beds managed by the Nashville Rescue Mission.

For the OPH beds, the missing data in HMIS pertains to set-aside Housing Choice Vouchers (HCV) from MDHA. Over the next 12 months, our plan is to engage MDHA on the importance of ensuring HMIS bed coverage for all programs serving individuals experiencing homelessness, not just those required by funding. We will provide additional training to MDHA's data entry staff, focusing on how to properly enter this information into HMIS. We will regularly meet with MDHA staff to review the data entries made, ensuring accuracy, and make any necessary adjustments to streamline the process. This collaboration will help ensure that all OPH beds, including the set-aside HCVs, are accurately reflected in HMIS moving forward.

2) We will implement these steps by conducting weekly imports indefinitely, ensuring that our data remains current and comprehensive moving forward.

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes

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

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

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

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

	Enter the date your CoC conducted its 2024 PIT count.	01/25/2024

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/08/2024

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1) The Oasis Center is the local YHDP grantee, RHY, and the largest provider of youth homelessness services in Middle Tennessee. The Outreach Program Manager for Oasis Center serves on the PIT Count committee and led the design of the 2024 Youth PIT Count. The PIT Count committee engaged youth providers and young adults to identify strategies and locations for the count. In preparation for the 2025 PIT Count, the committee is collaborating with the Youth Action Board (YAB) to identify hotspots for youth homelessness and spread awareness of the count among youth experiencing homelessness.

2) The Oasis Center is located in the Youth Opportunity Center, a centralized campus for youth organizations in Nashville. The Oasis Center is the primary site for the Youth Count. For 2024, three additional sites were identified for the Youth PIT Count to ensure there are easily accessible and familiar locations across the city. The Oasis Center recently surveyed their program participants to identify emerging hotspots for youth homelessness. The Youth Action Board members plan to canvass with youth outreach workers to identify potential hotspots and additional host sites for the Youth PIT Count.

3) Although homeless youth were not specifically recruited to assist in the actual count, volunteers from Oasis Center, Launchpad and a youth focused outreach worker at the Mental Health Cooperative were among the volunteers conducting surveys the night of the count. For the 2025 PIT Count, the CoC is recruiting canvassers for the Youth PIT Count through the Youth Action Board.

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

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

(limit 2,500 characters)

1) Changes made to the 2024 sheltered PIT count implementation consisted of expanding our search to include a broader range of shelters that should be participating, with a special focus on agencies that are providing hotel accommodations for people experiencing homelessness on the night of the PIT count. In December 2023, we held a mandatory meeting for all participating agencies to ensure clear communication and coordination. During this meeting, we covered important aspects such as the methodology of the count, who needs to be counted, the required data elements, the purpose of the PIT count, and the data collection process. We also provided ample opportunity for questions, allowing participants to clarify details and resolve issues well in advance of the count.

2) Changes made to the unsheltered PIT count implementation included adding questions about the zip code of unsheltered individuals' last permanent address to help dispel myths about the origins of our homeless neighbors. The PIT count also included a question about refugee and asylee status for the first time. The HMIS Lead was available during the evening of the PIT for real-time quality checks, technical assistance, and application troubleshooting. We simplified survey questions regarding additional household members to ensure clarity on household data and make responses easier to answer.

3) PIT count was not affected by natural disaster.

4) The changes to the sheltered count resulted in the reporting of two new projects and 17 additional shelter beds from agencies funding hotel stays for people experiencing homelessness. This included a smoother data collection process for shelters, boosting our confidence in the data, and strengthened the quality of data on the number of unsheltered households. The PIT Count also gathered strong data to indicate that 82% of the unsheltered population in Nashville has originated from the Middle Tennessee area, dispelling myths about unhoused people traveling to Nashville for services.

5) All changes are described above.

2C. System Performance

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

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

2C-1.	**Reducing the Number of First Time Homeless–Risk Factors Your CoC Uses.**	
	NOFO Section V.B.5.b.	

	In the field below:
1.	**describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;**
2.	**describe your CoC's strategies to address individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time**

(limit 2,500 characters)

1) The CoC determines risk factors of first-time homelessness by engaging a collaborative of providers, people with lived expertise, organizations, and other key stakeholders to participate in the regional Affordable Housing Task Force. Analysis of recent HMIS data identified first-time homeless risk factors: age, history of family violence, households with minor children, education, history of housing instability, recently exited from an institution with a housing plan, income below the poverty level, sudden loss of income, disabling condition, currently pregnant, substandard housing conditions, household member without legal immigration status. They also identified being a month or two behind on rent or mortgage as an important risk factor for first-time homelessness.

2) Our strategy to prevent first time homelessness utilizes a standardized assessment to determine prevention, diversion or family reunification interventions that may be available for the household. The Financial Assistance Network, hosted by a CoC partner (United Way), coordinates prevention and diversion funds for those at risk of homelessness by providing financial assistance to prevent eviction. The United Way has received funding through Built for Zero to host a staff member dedicated specifically to prevention. The CoC Shelter Committee recently renamed themselves as the Shelter, Weather, Outreach, and Prevention Committee to reflect a particular emphasis on prevention. The Office of Homeless Services (OHS), the CoC Lead, has provided diversion services to 35% of callers in the last four months through their CE phone line. Additionally, the local YHDP grant recipient is able to provide prevention and diversion funding; they have also received new funding that has expanded their funding for prevention and diversion.

3) OHS oversees these strategies through the Continuum of Care.

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

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

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

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

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

(limit 2,500 characters)

1) The CoC has the following strategies to reduce the length of time people remain homeless (LOTH): a) dynamic prioritization in the Coordinated Entry System (CE) to connect all clients to the most readily available resource that is most able to meet their permanent housing needs, b) fully mobile CE system and affirmative street outreach and drop-in center access points so that people experiencing homelessness can connect with resources as quickly as possible, c) integration of diversion and rapid resolution resources into all phases of the crisis response and rehousing processes, d) supporting shelter transformation to become housing-focused, e) monitoring project performance through permanent housing outcomes and LOTH to those outcomes, f) working with local funders to create new permanent housing opportunities targeted towards individuals with the highest needs (including those associated with highest LOTH). The Office of Homeless Services (OHS) assists the unhoused population to connect with mainstream resources and vital documents through their outreach services.

2) The CoC identifies and houses persons with the longest LOTH using CE process to prioritize housing for persons with the greatest need. CoC data has shown that length of time homeless is the data point that most correlates with many aspects of vulnerability, and it is heavily weighted directly and indirectly in the CE prioritization criteria. CE engages with persons experiencing homelessness, including long-term homelessness, by having multiple access points including through drop-in centers, shelters, street outreach programs, medical clinics and emergency rooms, jails, and call-in phone options. The CoC actively cultivates in-reach relationships to our correctional and healthcare facilities to provide access to the CE for those institutions. The CoC also leads landlord recruitment and property management partnership efforts to ensure that local landlords are willing and able to rent to households with housing barriers associated with the longest periods of homelessness.

3) OHS oversees this strategy.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1) The Office of Homeless Services (OHS) has begun a targeted housing surge to fill the 90 beds located in Strobel House, a $35 million investment in PSH by local government. Nashville also received $25 million in American Rescue Plan funding to develop 810 affordable units of housing, with 108 units designated for those exiting homelessness. The Low Barrier Housing Collective works with 282 properties to provide landlord incentives like sign-on bonuses (scaled to the number of bedrooms per unit), a minor repairs fund, application fees, security deposits, conflict resolution, and a furniture allowance. They also utilize Padmission software to advertise low barrier housing opportunities to homeless service providers. Housing navigators nurture long-lasting relationships with landlords. The CoC has an approved Outdoor Homelessness Strategy and has greatly increased voucher utilization in the last year. During the competition process, the CoC awarded points to projects with high rates of exit to PH and projects that lower barriers to entry.

2) OHS has awarded $9 million of American Rescue Plan funding that will run through mid-2026 to local agencies that provide supportive services to assist the formerly unhoused with retaining their permanent housing. This includes case management, peer support, SOAR services, recovery services, housing navigation, recuperative medical care for the unhoused, and critical time invention services. The Low Barrier Housing Collective offers monthly training to landlords and tenant readiness classes to the recently housed. They also have a partnership with Nashville Conflict Resolution Center to mediate any disputes to ensure that clients retain housing.

3) The Office of Homeless Services and the Metro Housing Division oversees implementation of our strategy.

2C-4.	Reducing Returns to Homelessness–CoC's Strategy.	
	NOFO Section V.B.5.e.	

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

(limit 2,500 characters)

1) The CoC uses the VI-SPDAT and HMIS data to identify people returning to homelessness. Before a client completes a full assessment, CE specialists check HMIS to see if the client previously received services in the CoC. Clients who are identified as having returned to homelessness are assessed for additional service needs, such as mainstream benefits, employment, financial training, DV services, SOAR services, physical health care, or behavioral health services. When client circumstances have changed, CE staff reassess the client to identify new vulnerabilities.

2) The CoC aims to reduce the rate of returns to homelessness by offering robust supportive services to program participants including behavioral health services, connections to mainstream resources and cash benefits, employment services, and emergency subsidies as needed. Program staff help reduce barriers to accessing benefits by assisting with transportation, gathering and organizing required documents, and helping with the application process. The Office of Homeless Services (OHS) has awarded $9 million of American Rescue Plan funding to local agencies that provide supportive services to assist the formerly unhoused with retaining their permanent housing. This includes case management, peer support, SOAR services, recovery services, housing navigation, recuperative medical care for the unhoused, and critical time invention services. The Low Barrier Housing Collective offers monthly training to landlords and tenant readiness classes to the recently housed. They also have a partnership with Nashville Conflict Resolution Center to mediate any disputes to ensure that clients retain housing and rehouse clients in alternative, low-barrier sites as needed.

3) OHS oversees this strategy.

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

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

(limit 2,500 characters)

1) The Office of Homeless Services (OHS) has an important partnership with the TN Department of Mental Health and Substance Abuse Services to fund staff positions trained in Individualized Placement and Support (IPS), a model that focuses on those with disabilities finding mainstream employment of their choosing as a key part of their recovery. IPS is aligned with Housing First, has no exclusions as to who can be served, and offers highly specific, individualized support with rapid job placement for an unlimited amount of time, based on the needs of each client. Mainstream employment agencies partner with the CoC to conduct job fairs, provide career and financial counseling, career readiness training (résumé writing, workplace conduct, etc.), mentorship, and employment placement and retention. CoC partners like The Contributor, a local street newspaper, specifically provide employment to the unhoused. CoC members like Uprise, Entryway, and Park Center offer employment services to help clients find employment suited to their skill set.

2) Employment providers may specialize in subpopulations for youth or people leaving the justice system. Key employment service providers include the American Job Center, Vocational Rehabilitation, Goodwill Industries, the Nashville Workforce Network, VA's employment program, and The Council on Aging. Oasis Center's College Connection program provides one-on-one support for youth as they explore post-secondary options and complete application and enrollment processes.

3) OHS is responsible for overseeing this strategy.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1) Nashville's CoC strategy to increase non-employment income is founded on SAMHSA's SOAR model (SSI/SSDI Outreach, Access and Recovery) implemented in 2006. CoC member, Park Center, is the lead agency offering SOAR case management services to clients, helping over 1,000 people experiencing homelessness obtain access to disability benefits through the Social Security Administration last year within an average of 90 days from time of application to time of decision. Local funding through the Office of Homeless Services (OHS) has expanded SOAR services through a partnership between the Contributor, a local street newspaper vendor, and the Vanderbilt University Medical Center Emergency Department to refer frequent users of the ED to SOAR services. SOAR training participation is offered to CoC project providers, new staff in the CoC, Metro Social Services staff and criminal justice entities. Veterans are connected with benefits through the VA Regional Office staff. CoC-funded agencies connect eligible clients with TANF through the Department of Human Resources to increase non-employment case income.

2) OHS is responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Park Center: Nash...	PH-PSH	19	Both

3A-3. List of Projects.

1. What is the name of the new project?	Park Center: Nashville Housing First Collective Expansion
2. Enter the Unique Entity Identifier (UEI):	NGY1MN65RJG9
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	19
5. Select the type of leverage:	Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

(limit 2,500 characters)

NA

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

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

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

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

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

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

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,500 characters)

NA

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

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

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

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	1,402
2.	Enter the number of survivors your CoC is currently serving:	236
3.	Unmet Need:	1,166

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1) The number of survivors that need housing or services are all participants in the DV-CE by-name list and all participants actively enrolled in a program in HMIS that self-reported a history of domestic violence are included in this data. The number of survivors the CoC is currently serving is all survivors that are currently enrolled in CoC-funded programs.

2) HMIS and the comparable database utilized by DV-CE are the data sources.

3) The low number of Rapid Rehousing subsidies, a limited number of case managers available to work with families, and scarcity of affordable housing in general in Nashville are all housing barriers faced by survivors. Survivors also often have recent evictions, judgments, or arrears that may have resulted from their sudden departure from unsafe housing or the actions of their abuser. Additionally, there may be pending or adjudicated criminal charges that resulted from a domestic violence event. Property managers in Nashville are currently able to be more selective with applications for housing because the market is so tight. Factors like poor credit and criminal history can be red flags and/or immediate disqualifiers for many properties that can only be overcome with assistance and advocacy from a case manager advocate. Furthermore, many households escaping domestic or interpersonal violence have nontraditional family arrangements such as multigenerational families or single fathers. Many households also have pets, which can be a barrier at some affordable properties.

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

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

Applicant Name
The Mary Parrish ...

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

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

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

1.	Applicant Name	The Mary Parrish Center
2.	Rate of Housing Placement of DV Survivors–Percentage	92%
3.	Rate of Housing Retention of DV Survivors–Percentage	94%

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

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:
1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1) The rate of housing placement was calculated by taking those that did not move into housing, subtracting that from those enrolled in the housing program and dividing by the total enrollments. Data was collected from The Mary Parrish Center's (MPC) TH program, Joint TH/RRH program and RRH program over the last 5 years.

2) The MPC only places survivors in their housing of choice, which includes housing that feels safe to them.

3) Housing retention was calculated by the number of survivors that exited to permanent and/or remained in permanent housing at the time of program exit. Data was collected from The MPC's TH program, Joint TH/RRH program and RRH program over the last 5 years.

4) The MPC uses a comparable database called Empower DB.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project applicant:

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

(limit 2,500 characters)

1) Community Care Fellowship (CCF), the subrecipient identified in this application, will operate the TH component of this project through one of their Mobile Housing Navigation Centers (MHNCs). Their MHNCs provide temporary housing for individuals with the goal of assisting them with permanent housing within 90-120 days. CCF works with each guest to help them become document ready, increase income, and connect with other needed support services. The Mary Parrish Center (MPC), a Victim Service Provider (VSP) and applicant identified in this application, follows a Domestic Violence Housing First model. They prioritize rapid placement and stabilization in permanent housing that emphasizes community, stability, healing and choice. Their aim is to help empower residents to reach their goal of permanent housing more quickly by equipping them with the resources they need to heal, become financially independent, and make plans for their futures.

2) The MPC developed &has been operating Nashville's DV-CE process since 2019. Both the TH and RRH components will accept 100% of referrals through DV-CE.

3) The MPC's advocates provide regular, intensive case management to each survivor in the program based on their wants and identified needs. They work together on survivor-identified goals, including but not limited to employment, education, and securing mainstream benefits.

4) As part of the goal of the 90-120 day stay in the MHNC, CCF's Resource Navigators will help survivors obtain needed documents and link them to income sources, SNAP E&T program, Career Connect, and SOAR partners. They will evaluate other needs and connect participants with wraparound supports that address mental and physical health, substance use treatment, budgeting, education, job searches, childcare, etc. based on needs.

5) MPC staff are experienced and trained in assisting survivors towards self-sufficiency within a voluntary services model. They address economic abuse, knowing that financial wellness is a prohibitive challenge for so many survivors, particularly for those from the underserved populations that they primarily serve. With the goal of helping participants increase their income, they have formal collaborations with Strings for Hope and Viable, local workforce development programs that specifically work with survivors. They also have a board member who works at Pinnacle Financial who meets with residents to help develop plans for financial security.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 2,500 characters)

1) As a VSP, The MPC is well versed in providing trauma-informed care that ensures the privacy and confidentiality of survivors. The MPC staff meeting individually with residents during intake, emphasizing informed consent, voluntary services, confidentiality and safety planning. The MPC will train CCF staff to ensure the same processes and practices are being utilized in TH.

2) The MPC's Housing Navigator is responsible for assisting survivors in finding safe and sustainable, affordable housing of their choice. She helps clients identify housing options that are a good fit based on cost, location, and proximity to social services, with special consideration of their safety concerns. The MPC provides Ring doorbells and cameras to every survivor in their RRH program.

3) The MPC takes all necessary measures to protect their residents' information and ultimately maintain their confidentiality. They obtain informed, written, and reasonably time-limited consent to collect and share their clients' personal information. They utilize EmpowerDB, an HMIS compatible database that uniquely protects and serves domestic violence programs. The MPC will ensure that MOU partners will also take necessary measures to protect survivors' information and maintain their confidentiality.

4) Victim safety and autonomy are at the core of The MPC's program model, and the driving forces behind their mission. They address both physical and emotional safety by ensuring the security of physical properties, developing safety plans with their residents, and ultimately creating a nonjudgmental, safe space for survivors to heal.

As a VSP, they engage in hundreds of trainings throughout the year and provide training to their greater community. Through cross-training with CCF, The MPC will provide in-depth training on safety and confidently as part of best practices in working with survivors of interpersonal violence.

5) The following are examples of ways The MPC promote survivors' physical safety.

• Provide a safe, clustered site transitional housing program with individual apartments units safeguarded by a security system.

• Provide Ring cameras and doorbells for permanent housing units.

• Assist survivors in developing reiterative safety plans.

The MPC will provide training to CCF to ensure the privacy and confidentiality of survivors living in their TH. They will have security personnel on-site 24/7.

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

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

(limit 2,500 characters)

Since 2002, The MPC has been providing comprehensive services and housing to survivors of interpersonal violence. The MPC engages in regular internal and external safety analysis of their physical property and policies and procedures that support safety and confidentiality. They have a proven track record of ensuring the safety of survivors and through training and oversight will ensure that CCF abides by similar standards.

The following are examples of ways The MPC promote survivors' physical and emotional well-being.

• Provide a safe, clustered site transitional housing program with individual apartments units safeguarded by a security system of the property at large.

• Maintain the integrity and security of the transitional housing program property, including but not limited to general upkeep of the units, the security system, and the communal amenities.

• Provide Ring cameras and doorbells for their permanent housing unit.

• Complete Danger Assessments with survivors.

• Assist survivors in developing reiterative safety plans.

• Provide brief crisis intervention as needed.

• Provide intensive case management services that foster a collaborative process of assessment, planning, coordination, evaluation and advocacy for options and services to meet clients' needs.

• Provide individual, group, and family therapy for adult and child clients, using evidenced based trauma therapies such as Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR).

• Provide short-term housing assistance (e.g. application fees, security deposits, utility costs, etc.) for survivors transitioning from transitional housing into permanent housing.

The MPC will provide training to CCF to ensure the privacy and confidentiality of survivors living in their TH program. They will have security personnel on-site 24/7.

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

	Describe in the field below the project applicant's experience in:
1.	**prioritizing placement and stabilization of survivors;**
2.	**placing survivors in permanent housing;**
3.	**placing and stabilizing survivors consistent with their preferences; and**

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

(limit 2,500 characters)

1) The creative collaboration between The MPC and CCF is able to completely prioritize the placement and stabilization of survivors though the Joint TH-RRH project. CCF will accept all referrals though DV-CE, ensuring rapid placement of the most vulnerable survivors in our community into their TH program. After placement, the process of stabilization and healing can begin. CCF will be able to ensure survivors' basic needs and complex physical and emotional needs are met though food, shelter, security, safety planning, and connection to mainstream resources.

2) With this new Joint TH/RRH project, The MPC will be able to move survivors from CCF's transitional housing into their rapid rehousing more quickly, thereby decreasing their time homeless. Their Housing Navigator will work with rapid rehousing participants to secure housing, negotiate lease terms, and plan for support services. Their survivor focused program enhances our clients' autonomy by nurturing their capacity to live independently from their abusers, establish self-sufficiency, and secure permanent housing.

3) As a Housing First organization, The MPC prioritizes rapid placement and stabilization in permanent housing that emphasizes community, stability, healing and choice. Their aim is to help empower residents to reach their goal of permanent housing more quickly by equipping them with the resources they need to heal, become financially independent, and make plans for their futures.

4) The MPC's Housing Navigator is responsible for assisting survivors in finding safe and sustainable, affordable housing of their choice. She helps clients identify housing options that are a good fit based on identified needs such as cost, location, and proximity to social services, with special consideration of their safety concerns.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 5,000 characters)

1) In addition to safety-planning, The MPC offers voluntary, survivor-focused support services designed to promote their clients' physical and emotional safety and well-being, as well as their self-sufficiency and autonomy. Survivor-focused services are developed with survivor input and are fundamental in the voluntary services approach. They enhance survivors' agency by nurturing their capacity to live independently from their abusers, and they ensure that programs like The MPC can most effectively meet the individual needs of their clients.

The following is an outline of their Participants' Rights, outlined in their housing programs "Welcome Packet."

You have a right to expect:

Your advocate, all staff and program volunteers will treat you and your children with respect and dignity.

All staff to listen to what you tell us and carefully consider positive and constructive feedback.

Staff and volunteers to do our best to help you and your family stay safe during your time in, and following, transitional and rapid re-housing housing.

Your privacy and confidentiality will be thoroughly protected. Information you share with staff will not be repeated -or otherwise shared without your explicit permission, with limited exceptions, such as when compelled by an official court order or state law. These exceptions will be fully explained to you and the program will always act to protect your information to the greatest extent possible.

You have complete decision-making power over what assistance you access, and the timeline in which you access supports. All of our services are voluntary!

2) The MPC's trauma-informed support services include clinical therapy, emergency financial assistance, housing advocacy, intensive case management, community enrichment activities, financial advocacy, and workforce development. All residents have access to a case manager who is trained in trauma-informed care and best practices in serving survivors. These practices include providing survivors with information on trauma. Each of their housing programs has a licensed therapist that provides optional clinical therapy to survivors in the program. Their therapists are trained in trauma interventions such as EMDR, TF-CBT, and EFT.

3) The MPC strives to provide the best possible services to survivors and their children in their programs. One of the many ways in which this is achieved is through high-quality, strengths-based case management. Their case managers utilize strengths perspective and empowerment theory when providing case management. Case management services focus on strengths the client can utilize to meet identified needs and reach goals.

4) Inclusivity is a guiding value of The MPC. The explanation of this value outlined in their materials reads, "We know that interpersonal violence does not discriminate due to race, gender, ethnicity, socioeconomic status, gender or sexual identity, religion, or background. We know it is vital to the quality of our

services, creating a fair, equitable place to work, and our ability to effect individual and systemic changes to be inclusive. We work to intentionally ensure that our services are open to all who need them, and that our Board and staff represent those we serve, particularly in regard to race, ethnicity and gender identification. We will actively ensure that our knowledge of diversity, equity, inclusion and justice are fundamental to how we work, who we employ and the way we deliver our services."

This past year their staff engaged in over 13 trainings on cultural responsiveness and inclusivity and their organization adopted a Diversity, Equity, and Inclusion Policy.

5) The MPC provides many opportunities for survivors to connect with each other, including group therapy and enrichment activities. Some examples of enrichment activities include, economic empowerment groups, group dinners, arts and crafts activities, self-care activities, and community events.

6) The MPC's therapists offer family therapy and counseling specific to parenting. Their case managers also help connect survivors to outside parenting support resources if requested.

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

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

(limit 5,000 characters)

The MPC follows a Domestic Violence Housing First model in their transitional housing and rapid rehousing programs. Domestic Violence Housing First is a model using intensive, mobile advocacy and flexible funding to help survivors obtain safe and stable housing. Through our existing housing programs, we are currently able to serve over 150 survivors and their children annually and on average over 93% exit to permanent housing.

Housing Identification is the first pillar of their agency's housing models. They provide education around interpersonal violence related issues to landlords and engage in regular communication to help clients maintain permanent housing. When identifying permanent housing, safety and client choice are at the forefront. Emergency Transfer Plans and safety plans are ongoing and always updated if there is a change in the survivor's safety needs.

Rental Assistance is the next pillar of The MPC's housing models. They offer flexibility around length and depth of assistance. Survivors who are not able to quickly overcome financial barriers that come after leaving an abusive relationship are vulnerable to returning to their abuser, so it may be necessary to provide a longer period of subsidy. They connect them to mainstream resources to access other financial support.

The final pillar of their housing models is Services to Support Retention. This includes involvement with other systems, helping survivors build supports, and helping survivors and their children heal.

In addition to rental assistance, The MPC offers optional and voluntary, survivor-focused support services designed to promote our clients' physical and emotional safety and well-being, as well as their self-sufficiency and autonomy. They provide the following supportive services: safety planning, clinical therapy, intensive case management, economic empowerment, housing advocacy, financial assistance, and community enrichment activities.

The MPC offers follow-up services to their program participants for at least three months, but not more than twelve months after a client exits. Survivors have access to all of the services listed above. In order to best assist survivors transitioning to permanent housing and self-sufficiency, special emphasis is placed on economic empowerment and victim autonomy services in the follow-up period.

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

	Describe in the field below how the project(s) will:
1.	**prioritize placement and stabilization of program participants;**
2.	**place program participants in permanent housing;**
3.	**place and stabilize program participants consistent with their preferences; and**
4.	**place and stabilize program participants consistent with their stated needs.**

(limit 2,500 characters)

1) The creative collaboration between The MPC and CCF is able to completely prioritize the placement and stabilization of survivors though the Joint TH-RRH project. CCF will accept all referrals though DV-CE, ensuring rapid placement of the most vulnerable survivors in our community into their TH program. After placement, the process of stabilization and healing can begin. CCF will be able to ensure survivors' basic needs and complex physical and emotional needs are met through food, shelter, security, safety planning, and connection to mainstream resources.

2) With this new Joint TH-RRH project, The MPC will be able to move survivors from CCF's transitional housing into their rapid rehousing more quickly, thereby decreasing their time homeless. Their Housing Navigator will work with rapid rehousing participants to secure housing, negotiate lease terms, and plan for support services. Their survivor focused program enhances client autonomy by nurturing their capacity to live independently from their abusers, establish self-sufficiency, and secure permanent housing.

3) As a Housing First organization, The MPC prioritizes rapid placement and stabilization in permanent housing that emphasizes community, stability, healing and choice. Their aim is to help empower residents to reach their goal of permanent housing more quickly by equipping them with the resources they need to heal, become financially independent, and make plans for their futures.

4) The MPC's Housing Navigator is responsible for assisting survivors in finding safe and sustainable, affordable housing of their choice. They help clients identify housing options that are a good fit based on identified needs such as cost, location, and proximity to social services, with special consideration of their safety concerns.

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

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

(limit 5,000 characters)

1) In addition to safety-planning, The MPC offers voluntary, survivor-focused support services designed to promote their clients' physical and emotional safety and well-being, as well as their self-sufficiency and autonomy. Survivor-focused services are developed with survivor input and are fundamental in the voluntary services approach. They enhance survivors' agency by nurturing their capacity to live independently from their abusers, and they ensure that programs like The MPC can most effectively meet the individual needs of their clients.

The following is an outline of their Participants' Rights, outlined in their housing programs "Welcome Packet."

You have a right to expect:

Your advocate, all staff and program volunteers will treat you and your children with respect and dignity.

All staff to listen to what you tell us and carefully consider positive and constructive feedback.

Staff and volunteers to do our best to help you and your stay safe during your time in, and following, transitional and rapid re-housing housing.

Your privacy and confidentiality will be thoroughly protected. Information you share with staff will not be repeated -or otherwise shared without your explicit permission, with limited exceptions, such as when compelled by an official court order or state law. These exceptions will be fully explained to you and the program will always act to protect your information to the greatest extent possible.

You have complete decision-making power over what assistance you access, and the timeline in which you access supports. All of our services are voluntary!

2) The MPC's trauma-informed support services include clinical therapy, emergency financial assistance, housing advocacy, intensive case management, community enrichment activities, financial advocacy, and workforce development. All residents have access to a case manager who is trained in trauma-informed care and best practices in serving survivors. These practices include providing survivors with information on trauma. Each of their housing programs has a licensed therapist that provides optional clinical therapy to survivors in the program. Their therapists are trained in trauma interventions such as EMDR, TF-CBT, and EFT.

3) The MPC strives to provide the best possible services to survivors and their children in their programs. One of the many ways in which this is achieved is through high-quality, strengths-based case management. Their case managers utilize strengths perspective and empowerment theory when providing case management. Case management services focus on strengths the client can utilize to meet identified needs and reach goals.

4) Inclusivity is a guiding value of The MPC. The explanation of this value outlined in their materials reads, "We know that interpersonal violence does not discriminate due to race, gender, ethnicity, socioeconomic status, gender or sexual identity, religion, or background. We know it is vital to the quality of our

services, creating a fair, equitable place to work, and our ability to effect individual and systemic changes to be inclusive. We work to intentionally ensure that our services are open to all who need them, and that our Board and staff represent those we serve, particularly in regard to race, ethnicity and gender identification. We will actively ensure that our knowledge of diversity, equity, inclusion and justice are fundamental to how we work, who we employ and the way we deliver our services." This past year their staff engaged in over 13 trainings on cultural responsiveness and inclusivity and their organization adopted a Diversity, Equity, and Inclusion Policy.

5) The MPC provides many opportunities for survivors to connect with each other, including group therapy and enrichment activities. Some examples of enrichment activities include, economic empowerment groups, group dinners, arts and crafts activities, self-care activities, and community events.

6) The MPC's therapists offer family therapy and counseling specific to parenting. Their case managers also help connect survivors to outside parenting support resources if requested.

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

	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1) The MPC engages with survivors in the community through their housing programs, clinical services, Metro's Office of Family Safety, and volunteers and board members to continuously integrate individuals with lived experience of homelessness and interpersonal violence. One example of how they incorporated the feedback of those in the community with lived experience is through their DV-CE process. They had a focus group of survivors provide valuable feedback on the assessment and made changes accordingly. Both their board and staff include people with lived experience of homelessness and 50% of both their board and staff have lived experience of interpersonal violence.
2)The MPC's survivor-focused services are developed with survivor-input and are fundamental in their voluntary services approach. They solicit feedback through surveys as well as ongoing, everyday conversations. They recently developed and implemented a program evaluation. The anonymous survey will become an annual practice to examine the effectiveness and efficiency of MPC programs and contribute to continuous program improvement.

4B. Attachments Screen For All Application Questions

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	08/30/2024
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/24/2024
1D-2a. Housing First Evaluation	Yes	Housing First Rub...	10/24/2024
1E-2. Local Competition Scoring Tool	Yes	TN504 Competition...	10/22/2024
1E-2a. Scored Forms for One Project	Yes	TN504 Scored Project	10/23/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Project Ranking N...	10/11/2024
1E-5a. Notification of Projects Accepted	Yes	Project Ranking N...	10/11/2024
1E-5b. Local Competition Selection Results	Yes	Final 2024 CoC Pr...	10/10/2024
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	CoC 2024 Competit...	08/30/2024
3A-1a. Housing Leveraging Commitments	No	TN504 Housing Lev...	10/22/2024
3A-2a. Healthcare Formal Agreements	No	TN504 Healthcare ...	10/22/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: Housing First Rubric and Provider Housing First Monitoring Section

Attachment Details

Document Description: TN504 Competition Scoring Tool

Attachment Details

Document Description: TN504 Scored Project

Attachment Details

Document Description: Project Ranking Notification Email

Attachment Details

Document Description: Project Ranking Notification Posting

Attachment Details

Document Description: Final 2024 CoC Project Ranking

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Approving Ranking Notification Email

Attachment Details

Document Description: CoC 2024 Competition Report TN-504

Attachment Details

Document Description: TN504 Housing Leverage Commitments

Attachment Details

Document Description: TN504 Healthcare Leverage Letters

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/04/2024
1B. Inclusive Structure	10/23/2024
1C. Coordination and Engagement	10/23/2024
1D. Coordination and Engagement Cont'd	10/24/2024
1E. Project Review/Ranking	10/24/2024
2A. HMIS Implementation	10/24/2024
2B. Point-in-Time (PIT) Count	10/24/2024
2C. System Performance	10/24/2024
3A. Coordination with Housing and Healthcare	10/24/2024
3B. Rehabilitation/New Construction Costs	09/13/2024
3C. Serving Homeless Under Other Federal Statutes	09/13/2024

4A. DV Bonus Project Applicants	10/24/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

EXTENSION TWO OF
MEMORANDUM OF UNDERSTANDING
BETWEEN METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
BY AND THROUGH THE OFFICE OF HOMELESS SERVICES (FORMERLY KNOWN AS METROPOLITAN HOMELESS IMPACT DIVISION)
AND THE METROPOLITAN DEVELOPMENT AND HOUSING AGENCY

This Extension Two ("Extension Two") is hereby made and entered into this 27th day of July, 2023, by and between the Office of Homeless Services ("OHS") and the Metropolitan Development and Housing Agency ("MDHA").

WITNESSETH

WHEREAS, MDHA and MHID ("the Parties") entered into a Memorandum of Understanding ("MOU") dated August 11, 2021, in which MDHA collaborated with the MHID on a Program ("Program") by prioritizing a limited number of housing choice vouchers ("Vouchers") for Section 8 housing for the most vulnerable homeless individuals and families in Nashville through the Built for Zero Campaign; and

WHEREAS, said MOU expires on June 30, 2023, and Section 4 of the MOU provides that it may be extended yearly for up to three (3) additional terms of twelve (12) months each term; and

WHEREAS, the Parties desire to extend the MOU for an additional term, effective July 1, 2023, through June 30, 2024; and

THEREFORE, the Parties agree as follows:

1. All reference in the MOU to "Metropolitan Homeless Impact Division" or "MHID" are deleted entirely and replaced with "Office of Homeless Services" and "OHS", as applicable.

2. Extension of Agreement: The term of Extension Two shall be from the 1st day of July, 2023, to the 30th day of June, 2024.

3. Entire Agreement: This Extension Two, together with the Agreement, constitutes the final, complete and exclusive statement of the agreement between the parties.

4. Agreement Continuance: All other terms and conditions of the Agreement shall remain unchanged and continue during the term of Extension Two as set forth herein.

IN WITNESS WHEREOF, the undersigned have executed this Agreement.

OFFICE OF HOMELESS SERVICES

April Calvin, Director
Office of Homeless Services

Date: 7/26/23

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY

Dr. Troy D. White, Executive Director

Date: 7/28/2023

APPROVED AS TO LEGALITY AND FORM:

Attorney for MDHA

Attorney for MHC

Memorandum of Understanding
Emergency Housing Voucher (EHV) Program

This Memorandum of Understanding (MOU) entered into this 29th day of July 2021 by and between:

Metropolitan Development and Housing Agency (PHA)

701 South Sixth Street

Nashville, TN 37206

And

Nashville-Davidson County Continuum of Care (CoC)

800 2nd Avenue North

Nashville, TN 37201

I. Introduction and Goals

This MOU is entered into between MDHA and the Nashville-Davidson County CoC to establish a partnership for the administration of the Emergency Housing Voucher (EHV) program. The guiding principles that both parties agree to are as follows:

a. MDHA and the Nashville-Davidson County CoC are committed to administering the EHVs in accordance with all program requirements.

b. MDHA and the Nashville-Davidson County CoC are committed to administering the EHV in alignment with equity principles and local goals, including racial equity, disability equity, and other local priorities.

c. The goals and standards of success in administering the program include providing rental assistance and services to the most vulnerable homeless individuals and families resulting in housing stability, and implementing a continuous quality improvement process to make necessary shifts over time. The continuous quality improvement process will include monitoring the distribution of EHVs for equity and will incorporate the voices of persons with lived experience of homelessness.

d. MDHA and the Nashville-Davidson County CoC are committed to equitably serving clients in the diverse geography that the CoC covers.

e. MDHA and the Nashville-Davidson County CoC will intentionally outreach to organizations that have experience with providing culturally responsive supportive services for families and individuals served with the EHVs.

f. MDHA and the Nashville-Davidson County CoC are committed to collaboratively collect sufficient data to analyze how EHVs are allocated, to whom with the ability to analyze for equity, and retention of the vouchers over time.

g. The following staff will serve as the lead EHV liaisons.
MDHA Lead EHV Liaison:

Name TBD – Section 8 Eligibility Specialist
The Section 8 Eligibility Specialist will receive all referrals, determine eligibility, issue voucher and brief eligible individuals and families on how the program works and their obligations under the program. They will collaborate with the Nashville-Davidson County CoC in the coordination of any needed services, maintain data and prepare updates and reports as needed.

Nashville-Davidson County CoC Lead EHV Liaison

Sally Lott

Coordinated Entry Manager

The Coordinated Entry Manager will determine the level of vulnerability via the Coordinated Entry process that uses a tool that effectively assesses and prioritizes persons with the greatest need and highest vulnerability to continued instability, review and submit eligible referrals directly to MDHA and collaborate with MDHA in the coordination of services to individuals and families as necessary.

II. Define the populations eligible for EHV assistance to be referred by CoC.

In order to be eligible for an EHV, an individual or family must meet one of four eligibility categories:
- Homeless
- At risk of homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability.

Individuals and families experiencing literal homelessness as defined by the Department of Housing and Urban Development (HUD) will be prioritized based on the Coordinated Entry policies and procedures.

III. Services to be provided to eligible EHV individuals and families

The following services will be available to eligible EHV individuals and families:

1. Partnering service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance; while aiding households in addressing housing barriers.

2. Partnering service providers will support MDHA in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with the MDHA.

3. MDHA will establish windows of time for EHV applicants to complete intake interviews for EHV.

4. Partnering service providers will provide culturally relevant housing search assistance for eligible individuals and families.

5. Partnering service providers will provide counseling on compliance with rental lease requirements.

6. Partnering service providers will ensure people who need assistance with security deposits, utility hook-up fees, utility deposits, etc. are connected to relevant resources.

7. Partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

8. Partnering service providers will ensure services are culturally relevant and tailored to individual household needs.

IV. MDHA Roles and Responsibilities

1. MDHA will coordinate and consult with the CoC in developing the services and assistance to be offered under the EHV services fee. MDHA will make funds available for security deposits, application fees, utility deposits and implement a landlord incentive program that encourages new landlords and landlords with units in areas of low-poverty. If deemed necessary through continuous quality improvement evaluation, MDHA will provide available EHV funding assistance to increase capacity for partnering services provide culturally relevant housing search assistance.

2. MDHA will accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.

3. MDHA will commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.

4. MDHA will commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.

5. MDHA will designate a staff to serve as the lead EHV liaison.
6. MDHA will identify a process to ensure equity is a primary focus of EHV efforts and continuous improvement processes are built in that ensure frequent monitoring of data and outcomes against local equity priorities.
7. MDHA will work with the CoC to engage regional leadership to incorporate an equitable distribution of EHVs within the diverse geography of the CoC.
8. MDHA will collaborate with the CoC to ensure sufficient data collection to analyze how EHVs are allocated, including the ability to disaggregate data by race, ethnicity, disabling condition, age, household type, and other intersections of individual and household identity the community sets as a priority to be able to analyze for equity.
9. MDHA will comply with the provisions of this MOU.

V. CoC Roles and Responsibilities

1. The CoC will designate and maintain a lead EHV liaison to communicate with MDHA.

2. The CoC will facilitate a community-based process to evaluate the Coordinated Entry prioritization process that will:
    - Identify a working group that is inclusive of people experiencing homelessness as well as Black, Brown and Indigenous people.
    - Determine opportunities for utilization of housing resources, including EHV, that will further racial and other equity goals.
    - Analyze any existing assessment tools or processes for prioritization the CoCs plans to use for housing resource, including EHV, prioritization.
    - Utilize both qualitative and quantitative data in all analyses.

3. The CoC will refer eligible individuals and families to MDHA using the community's coordinated entry system. Individuals and families experiencing literal homelessness as defined by HUD will be prioritized based on the Coordinated Entry policies and procedures.

4. Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the PHA (i.e. self-certifications, birth certificate, social security card, etc.).

5. The CoC will attend EHV participant briefings when needed.

6. The CoC will assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.

7. The CoC will identify and assist in the coordination of supportive services to EHV families. (While EHV participants are not required to participate in services, MDHA

and the CoC should assure that services are available, accessible, and culturally relevant.)

8. The CoC will ensure continuous improvement process is built into the EHV effort, including quantitative data and human experience data to be analyzed regularly and inform process and policy shifts in alignment with local priorities.

9. The CoC will collaborate with MDHA to ensure sufficient data collection in HMIS to analyze how EHVs are allocated, including the ability to disaggregate data by race, ethnicity, disabling condition, age, household type, and other intersections of individual and household identity the community sets as a priority to be able to analyze for equity.

10. The CoC will comply with the provisions of this MOU.

VI. Third Party Entity Roles Responsibilities

1. With approval from both the Nashville-Davidson County CoC and MDHA, a State, local, philanthropic, faith-based organization, Victim Service Provider or CoC recipient it designates may be added to this MOU. Any third-party added to this MOU will be required to:

    a. Outline resource and/or service being provided in support of the community's EHV Program. Commit a sufficient number of staff and necessary resources to ensure that the application, certification and voucher issuance processes are completed in a timely manner.

    b. Comply with the provisions of this MOU.

VII. Program Evaluation

MDHA and the Nashville-Davidson County CoC (or designated CoC recipient) agree to establish a local EHV evaluation plan with clear metrics, including an analysis of outcomes broken down demographically (ex: race, ethnicity, gender, region/zip code).

MDHA and the Nashville-Davidson County CoC commit to incorporating qualitative data into the program evaluation process, including the voices of persons with lived experience and minoritized communities. The qualitative data will be used to frame and understand the quantitative data analysis.

MDHA and the Nashville-Davidson County CoC or designated CoC recipient agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

Signed by:

Saul Solomon, MDHA Interim Executive Director

7-30-2021

Date

Laura Bermudez, Chair, CoC Homeless Planning Council

7/29/21

Date

October 10, 2024

To HUD SNAPS Staff,

We, the undersigned, are individuals with lived experience of homelessness, who are active in the Continuum of Care and have contributed to processes and decision-making related to Nashville's CoC. We possess current knowledge of the Nashville homeless crisis response system, as outlined in the CoC's Strategic Plan, and have obtained this knowledge through both lived expertise of homelessness and professional understanding gained through our meaningful involvement in the local CoC.

We support the work of the CoC and the local priorities of Permanent Supportive Housing and Rapid Rehousing, combined with supportive services, for individuals and families experiencing homelessness with severe service needs in Nashville. We also support the TN-504 CoC Collaborative Application, alongside the ranking of projects that will provide much-needed housing and services to our unhoused population.

We feel strongly that additional resources through the local CoC will assist us in our shared goal of ending homelessness in Nashville. Thank you for your consideration of our application.

Signature:	**Print name:**	**Committee:**
	Brittany Morris	YAB, CAB
	Robert Knight	CAB, CE
	Ashley Graham	CAB.CoC
	Russell Cook	C.A.B.
	Quentin Thomas	C.A.B

October 10, 2024

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Signature:	**Print name:**	**Committee:**
Charles Rison	Charles Rison	CAB
Lorrie Wallace	LORRIE Wallace	CAB
Angela McGinness	Angela McGinness	CAB
	Johnny Chisam	CAB
Matthew Weir	Matthew weir	Cab

October 10, 2024

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Signature:	Print name:	Committee:
	Curtis	CAB.
Jessicabristow	Jessica	CAB
Elizabeth Mell	Elizabeth	CAB
JUnderhill	JUnderhill	CAC
	Joseph Thornton	CAB

October 10, 2024

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Signature:	**Print name:**	**Committee:**
April Burns-Norris	April Burns-Norris	CAB
Demetrios Yannos	DEMETRIOS YANNOS	CAB
Aquaries Heidelberg		CaB
1 Latonya Patton	2 Dominique Patton	3 Willie Thomas
Eric Lawrence	Laurence Eni	

October 10, 2024

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Signature:	**Print name:**	**Committee:**
	KENNETH Patterson	HPC Chair, CAB Chair
	Bradley Boyle	CAB

PROPOSED HOUSING FIRST SCORING RUBRIC (13 points)

Does your project enroll program participants who have the following barriers? (3.5 pts)

- 0.25 points for each "Yes" box checked (factoring in any reasonable justifications provided)

Will your project terminate program participants for the following reasons? (1.5 pts)

- 0.5 points for each "No" box checked (factoring in any reasonable justifications provided)

What reasonable accommodations does this program provide for participants with disabilities? (1pt)

- The program offers little to no accommodations for people with disabilities – 0 points
- The program will provide reasonable accommodations when requested – 0.5 points
- The program makes an effort to create a disability inclusive environment, anticipates accommodation needs, and has a clear process for requesting accommodations – 1 point

Does this program have rules? What happens if a participant breaks a rule? (1pt)

- Program rules are clearly outlined, communicated to clients, and supports are in place to help participants understand and follow the rules – add 0.5 points
- The consequences for breaking rules are fair, consistent, and appropriately scaled to the severity of the infractions – add 0.5 points

In what circumstances would a staff-initiated exit of a participant occur? (1 pt)

- The program has clear and specific criteria for when a staff-initiated exit is necessary – add 0.5 points
- The process for staff-initiated exits is fair, transparent, and includes opportunities for participants to address the issues leading to the exit – add 0.5 points

Do all clients receive written standards including program rules, grievance procedure, termination process, written notice of termination, and appeals process? (1 pt)

- Yes, and uploaded – 1 point
- No – 0 points

Do program participants receive a notice of rights document? (0.5 pt)

- Yes, and uploaded – 1 point
- No – 0 points

DRAFT

Are agency staff trained on issues around confidentiality (0.5 pt)

- Yes – 0.5 points
- No – 0 points

How does this program ensure that participants enter housing quickly? (1 pt)

- Assessed based on whether the program has strategic initiatives, partnership, and supportive services that facilitate quick entry into housing, such as assistance with transportation, gathering documents, housing navigation, employment, etc.

What strategies for retention does this program use and how does the program prevent participant returns to homelessness? (1 pt)

- The program offers resources and education to help participants prepare to move into permanent housing (e.g. tenant rights, life skills, financial literacy) - add 0.5 points
- The program offers interventions to avoid returns to homelessness (e.g. peer support, crisis intervention, ongoing case management) – add 0.5 points

What follow-up services does your agency offer to participants after they have exited the program? (1 pt)

- If the program offers follow-up services – 0.5 points
- If the program offers a wide-range of follow-up services and has intentional plans to check in with former participants on a recurring basis – 1 point

DRAFT

1. Housing First Fidelity Criteria
    a. low barrier at entry
    b. review exits are for good cause
    c. ask about the efforts made to avoid eviction/bad exit once problems are identified
    d. mediation?
    e. Extra supportive services?
    f. Reasonable accommodations explored if applicable?
    g. What sort of processes in place to ensure reasonable accommodations are available to all participants with disabilities and properly identified and resolved when they're made?

Oasis Center- YHDP Youth Services Provider

We use a Housing First approach. For clients, the only requirements are that they are aged 18-24 and that they are experiencing homelessness. We do not verify homelessness; our clients self-certify. Many of our clients have not yet been in shelter and are self-certifying for Domestic Violence. All of our referrals come from Coordinated Entry. For other programming, clients are required to be within the age range and at risk of experiencing homelessness.

Programs are led by the client. If they're interested in working with housing, we will do that; if they have other priorities, we will work on those first. For clients in RRH, they have a housing stability plan that is updated quarterly. We give clients all the options of the support that we can provide them through our programming and checking in frequently to keep track of their needs. Case Managers meet clients in the community. It is a requirement of the program that clients are in contact with us in some way every 30 days. We try multiple modes of communication to reach clients. We see lots of the Rapid Rehousing clients at the center for drop-in services.

From:	Cantway, Allison L (Office of Homeless Services)
To:	Calvin, April (Office of Homeless Services)
Bcc:	ClenDening, William J (Office of Homeless Services); De La Huerga, Raquel (Office of Homeless Services); Stolmie; "Karri Gornick"; "David Langgle-Martin"; Paul Spivey; "operations@safehaven.org"; "jreason@safehaven.org"; Will Connelly; merrill@maryparrish.org; Yashika Smith; Terry Terrell; kpooler@cctenn.org; rclasuer@gmail.com; "sandra.guillory@depaulusa.org"; Maria Aboubaker; thomas.gooch.mfhn@gmail.com; Allie Wallace (allie@opentablenashville.org); "info@rescue1global.org"
Subject:	CoC Local Competition - PEC Draft Ranking
Date:	Friday, September 20, 2024 5:22:00 PM
Attachments:	image001.png 2024 PEC draft ranking.xlsx CoC 2024 APPEALS Application.docx CoC 2024 APPEALS PROCESS.docx
Importance:	High

Hello CoC Applicants,

On September 18, the Performance Evaluation Committee (PEC) met to discuss and create a draft ranking of project applications submitted in the CoC Local Competition. This draft ranking will be recommended to the Homelessness Planning Council (HPC) for vote. The final Priority Listing will be submitted to HUD as part of the Consolidated Application by October 30, 2024. The draft ranking created by the PEC is attached to this email.

Each CoC must score and rank all renewal and new projects each year, which offers flexibility to adjust in rank order to implement local funding priorities and ensure that they are ranked appropriately according to community needs. As in years past, the PEC ranked all Renewal Applications above all New Applications as a strategy to maximize funding from HUD. HUD recommends that certain projects (those related to the HMIS and CE leads that provide infrastructure to the entire CoC) be ranked at the top; some projects (the CoC Planning Grant and Youth Homelessness Demonstration Program projects) are non-competitive.

HUD outlines the amount of funding each CoC can apply for in its CoC Program NOFO each year. The amounts vary based on how much Congress appropriates and any additional requirements Congress applies in that appropriation. The primary factor in determining how much a CoC can apply for is its Annual Renewal Demand (ARD). The ARD is based on the total amount of each project in the CoC that is currently receiving CoC Program funding and is eligible to apply for funding again in the upcoming competition. HUD's intent is to continue to fund projects that are currently serving people to avoid having them experience homelessness again. HUD's CoC Program Interim Rule outlines the Preliminary Pro Rata Need (PPRN) formula that takes the national-level PPRN amount and assigns a need amount to each geographic area in the United States. The amount for each geographic area is based on the population, poverty, housing overcrowding, and age of housing in each area. Through this process, HUD informs each community of the maximum funding that they may be allowed to apply for. *For this reason, the six projects at the bottom of the ranking will not receive CoC funding in the upcoming grant cycle.*

If any applicant would like to appeal their ranking, they must notify Allison Cantway via email (allison.cantway@nashville.gov) by 5 PM on Wednesday, September 25, 2024. This notification must include the appeal paperwork attached to this email.

The local Appeals Panel, comprised of three individuals that do not work for agencies that have

applied for CoC funding, will meet on October 3, 2024 to review any appeals submitted before the deadline and make decisions about each appeal.

The CoC must review each project application submitted for inclusion on the FY 2024 CoC Priority Listing as part of the CoC Consolidated Application and either approve and rank or reject project application submissions. All project applications approved by the HPC must be listed on the CoC Priority Listing in rank order. CoCs should consider the policy priorities established in the CoC Competition NOFO in conjunction with local priorities to determine the ranking of new and renewal project application requests. See section I.A.4 of the NOFO for more information on HUD's homelessness policy priorities and program highlights.

Higher ranked projects will be assigned to Tier 1 and lower ranked projects will be assigned to Tier 2 as described in sections I.B.3.h.(1) and (2) of this NOFO. This two-tiered approach for CoCs notifies HUD which projects are prioritized for funding based on local needs and gaps.

Thanks!

Allison

Allison Cantway
she/her/hers
Assistant Director of Planning and Research
Metro Nashville Office of Homeless Services
Phone: (615) 880-2350
Email: Allison.Cantway@nashville.gov

OFFICE OF
HOMELESS SERVICES

From:	Cantway, Allison L (Office of Homeless Services)
To:	Calvin, April (Office of Homeless Services)
Bcc:	ClenDening, William J (Office of Homeless Services); De La Huerga, Raquel (Office of Homeless Services); Stolmie; "Karri Gornick"; "David Langgle-Martin"; Paul Spivey; "operations@safehaven.org"; "jreason@safehaven.org"; Will Connelly; merrill@maryparrish.org; Yashika Smith; Terry Terrell; kpooler@cctenn.org; rclasuer@gmail.com; "sandra.guillory@depaulusa.org"; Maria Aboubaker; thomas.gooch.mfhn@gmail.com; Allie Wallace (allie@opentablenashville.org); "info@rescue1global.org"
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Importance:	High

Hello CoC Applicants,

On September 18, the Performance Evaluation Committee (PEC) met to discuss and create a draft ranking of project applications submitted in the CoC Local Competition. This draft ranking will be recommended to the Homelessness Planning Council (HPC) for vote. The final Priority Listing will be submitted to HUD as part of the Consolidated Application by October 30, 2024. The draft ranking created by the PEC is attached to this email.

Each CoC must score and rank all renewal and new projects each year, which offers flexibility to adjust in rank order to implement local funding priorities and ensure that they are ranked appropriately according to community needs. As in years past, the PEC ranked all Renewal Applications above all New Applications as a strategy to maximize funding from HUD. HUD recommends that certain projects (those related to the HMIS and CE leads that provide infrastructure to the entire CoC) be ranked at the top; some projects (the CoC Planning Grant and Youth Homelessness Demonstration Program projects) are non-competitive.

HUD outlines the amount of funding each CoC can apply for in its CoC Program NOFO each year. The amounts vary based on how much Congress appropriates and any additional requirements Congress applies in that appropriation. The primary factor in determining how much a CoC can apply for is its Annual Renewal Demand (ARD). The ARD is based on the total amount of each project in the CoC that is currently receiving CoC Program funding and is eligible to apply for funding again in the upcoming competition. HUD's intent is to continue to fund projects that are currently serving people to avoid having them experience homelessness again. HUD's CoC Program Interim Rule outlines the Preliminary Pro Rata Need (PPRN) formula that takes the national-level PPRN amount and assigns a need amount to each geographic area in the United States. The amount for each geographic area is based on the population, poverty, housing overcrowding, and age of housing in each area. Through this process, HUD informs each community of the maximum funding that they may be allowed to apply for. *For this reason, the six projects at the bottom of the ranking will not receive CoC funding in the upcoming grant cycle.*

If any applicant would like to appeal their ranking, they must notify Allison Cantway via email (allison.cantway@nashville.gov) by 5 PM on Wednesday, September 25, 2024. This notification must include the appeal paperwork attached to this email.

The local Appeals Panel, comprised of three individuals that do not work for agencies that have

applied for CoC funding, will meet on October 3, 2024 to review any appeals submitted before the deadline and make decisions about each appeal.

The CoC must review each project application submitted for inclusion on the FY 2024 CoC Priority Listing as part of the CoC Consolidated Application and either approve and rank or reject project application submissions. All project applications approved by the HPC must be listed on the CoC Priority Listing in rank order. CoCs should consider the policy priorities established in the CoC Competition NOFO in conjunction with local priorities to determine the ranking of new and renewal project application requests. See section I.A.4 of the NOFO for more information on HUD's homelessness policy priorities and program highlights.

Higher ranked projects will be assigned to Tier 1 and lower ranked projects will be assigned to Tier 2 as described in sections I.B.3.h.(1) and (2) of this NOFO. This two-tiered approach for CoCs notifies HUD which projects are prioritized for funding based on local needs and gaps.

Thanks!

Allison

Allison Cantway
she/her/hers
Assistant Director of Planning and Research
Metro Nashville Office of Homeless Services
Phone: (615) 880-2350
Email: Allison.Cantway@nashville.gov

OFFICE OF
HOMELESS SERVICES

FINAL CoC FY 24-25 Project Ranking

Ranking	Project	Total Budget FY	Cumulative	NEW OR RENEWAL?	Score				
A	Oasis Center YHDP Rapid Rehousing	$1,286,725	$1,286,725	NOT RANKED	N/A	Per HUD's guidance, YHDP is non-competitive and non-ranked in this NOFO			
B	YHDP SSO Diversion for Youth and Young Adults	$639,000	$1,925,725	NOT RANKED	N/A				
1*	OHS HMIS	$141,508	$2,067,233	RENEWAL	N/A				
2*	OHS Coordinated Entry	$128,000	$2,195,233	RENEWAL	N/A				
3*	Mary Parrish Center SSO-CE	$103,120	$2,298,353	RENEWAL	N/A				
4	Safe Haven Family Shelter: RRH	$279,324	$2,577,677	RENEWAL	97.51				
5	Mary Parrish Center: Joint TH/RRH	$240,748	$2,818,425	RENEWAL	95.47				
6	Mary Parrish Center: TH	$23,688	$2,842,113	RENEWAL	93.48				
7	RITI: PSH: Omega	$51,097	$2,893,210	RENEWAL	91.49				
8	Mary Parrish Center: RRH	$101,094	$2,994,304	RENEWAL	90.30				
9	The Contributor COVER Dedicated Plus PSH	$205,195	$3,199,499	RENEWAL	76.68				
10	Park Center Nashville Housing First Collective	$128,552	$3,328,051	RENEWAL	79.31				
11	Salvation Army: Joint TH/RRH	$236,132	$3,564,183	RENEWAL	80.60				
12	Salvation Army RRH LifNav	$66,445	$3,630,628	RENEWAL	80.47				
13	Salvation Army LifNav Early Choice TBRA	363,290	$3,993,918	RENEWAL	73.70				
14	MDHA: PSH: Shelter Plus Care Consolidated	$2,539,048	$6,532,966	RENEWAL	68.59				
15	Safe Haven DV Bonus	$759,861	$7,292,827	RENEWAL	57.31				
16	Salvation Army DV RUTH 2	$540,032	$7,832,859	RENEWAL	72.63				
17	Salvation Army DV RUTH	$444,214	$8,277,073	RENEWAL	69.69				
18	UHS: PSH: Homeless Recovery Program/Expansion	$1,036,942	$9,314,015	RENEWAL	51.09	$6,649,461	**Tier 1**	UHS Tier 1	$298,113
19	Park Center: Nashville Housing First Collective Expansion	$504,959	$9,818,974	NEW	82.52			UHS Tier 2	$738,829
20	The Contributor COVER Dedicated Plus PSH Expansion	$142,460	$9,961,434	NEW	85.44				
21	Mary Parrish Center & CCF Joint TH/RRH DV Bonus 2024	$922,240	$10,883,674	NEW DV Bonus	76.96				
22	Open Table of Nashville PSH	$187,537	$11,071,211	NEW	75.89				
23	DePaul USA: Strobel House	$287,151	$11,358,362	NEW	75.54	$11,358,362	**Tier 2**	DePaul Tier 2	$287,151
	TOTAL PROJECT REQUESTS RANKED	**$11,358,362**						NOT FUNDED	$175,813
	OHS/MDHA: CoC Planning Grant - HUD says do not rank (does not compete w projects above for funding)	$465,701		considered new each year and not ranked					
	TOTAL ALL PROJECTS	**$11,824,063**							

NOT FUNDED	DePaul USA: Strobel House (UNFUNDED)	$175,813
	My Father's House Nashville: Support Services & Housing	$395,132
	The Fellowship House PSH Program (CCF)	$395,847
	Catholic Charities: CoC Family Rapid Rehousing	$100,000
	Rescue 1 Global: Empowering Voices	$518,188
	H.O.P.E. Housing & Wrap-Around-Support	$2,207,440
	Safe Haven DV Bonus Expansion 2024	$926,665
	TOTAL UNFUNDED	**$ 4,719,085**

HUD assigns our CoC the following numbers:

Annual Renewal Demand	$9,314,015
CoC Bonus	$1,117,682
DV Bonus	$926,665
CoC Planning	$465,701
Tier 1	$6,649,461

October 21, 2024
Amanda Bracht
Chief Executive Officer
Park Center, Inc.
1935 21st Ave South
Nashville, TN 37212

Re: Reference Letter for Park Center's CoC Program Application

Dear Ms. Bracht:

It is my pleasure to be a reference for Park Center's application for CoC Program funding to expand and enhance its permanent supportive housing (PSH) program. The partnership with AGB Real Estate augments both organizations' capacity to bring new PSH units to the community and offer high-quality Housing First support to their occupants. AGB Real Estate and Park Center have been building a collaborative partnership for over a year now, and for this funding opportunity, AGB Real Estate will provide PSH housing units to Park Center members who will in turn provide Housing First supportive services to help them retain their housing. AGB Real Estate commits to contribute $50,000 for supportive services provided by Park Center as part of the Nashville Housing First Collective Expansion project. Should AGB be awarded funds from the Barnes Housing Trust Fund, AGB will have the capacity to contribute an additional $25,000.

Park Center continues to lead our community in providing low-barrier housing to members who have extremely high barriers to housing stability. AGB Real Estate looks forward to partnering with Park Center and other community stakeholders to help members exit homelessness as quickly as possible and to maintain their lease agreements.

Thank you for the opportunity to describe our ongoing partnership and support your proposal. We fully support the efforts of Park Center as they seek external funding to support the creation

of more low-barrier housing options and supportive services for people with very low incomes. Please contact me with any questions at ryan@agbrealestate.co.

Sincerely,

Ryan Samuel // AGB Real Estate
// C 202-487-4528 USA // E. ryan@agbrealestate.com //

Park Center
Recovery From Mental Illness

www.parkcenternashville.org

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Amanda Bracht, CEO

Agency Phone 615.242.3576

Park Center
1935 21st Ave. S.
Nashville, TN 37212
Administration
Addiction Recovery Services
Residential Services
Supported Employment

Park Center East
948 Woodland Street
Nashville, TN 37206
Emerging Adults Services
Homeless Outreach
Psychiatric Rehabilitation
Operations

October 14, 2024

Performance Evaluation Committee
Nashville-Davidson County Continuum of Care

Dear Committee Members:

I am pleased to write a letter of commitment to serve participants in this joint effort of Park Center and Safe Haven Family Shelter (SHFS). This project meets a critical need for deeply-affordable housing paired with long-term supportive services for the most vulnerable individuals in Nashville. Through this proposal, Park Center's Permanent Supportive Housing (PSH) program will serve residents in 30 units, and SHFS will serve 5 households comprising approximately 12 individuals. Through an MOU, Park Center will offer streamlined access to services for all eligible individuals served by SHFS. Our team is dedicated to providing member-led care and honoring member choice above program goals.

Park Center offers a continuum of integrated services that program participants can easily access including the evidence-based Individual Placement and Support (IPS) model of Supported Employment, Intensive Outpatient (IOP) addiction treatment, SSI/SSDI Outreach, Access, and Recovery (SOAR), Psychosocial Rehabilitation, and Peer Wellness. These services are funded by a combination of state and local grants and charitable donations. **The estimated value of the non-CoC services Park Center has committed to this project is $184,212 for 42 individuals ($4,386 per person), funded by TN Office of Vocational Rehabilitation and United Way of Greater Nashville.**

Please contact me with any questions.

Sincerely,

David Langgle-Martin, MSW, CPRP
Chief Housing Officer

Division of TennCare

TO: David Langgle-Martin, Chief Housing Officer
Park Center
1935 21st Avenue South
Nashville, TN 37212

FROM: Caitlin Wright, Director, Behavioral Health Services

DATE: October 22, 2024

SUBJECT: Healthcare Leverage Commitment to the CoC Nashville Housing First Collective Expansion

Dear Mr. Langgle-Martin:

The Division of TennCare commits to reimburse for medically necessary healthcare services to tenants who are members of the TennCare program at the Nashville Housing First Collective Expansion program proposed by Park Center, seeking HUD Continuum of Care (CoC) funding. Although of course the value is predicated on available funding at the State level, we anticipate that medical, dental and pharmacy services should be available & provided to participants during the initial one-year term beginning July 1, 2025- June 30, 2026. Based on prior year's utilization at similar Permanent Supportive Housing programs in Nashville, it is expected that the health care services will be valued at approximately $496,615.

Project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by TennCare or the health care service providers.

Sincerely,

Caitlin Wright, MSW, LAPSW
Director, Behavioral Health Services

October 17, 2024

Amanda Bracht
Chief Executive Officer
Park Center, Inc.
1935 21st Ave South
Nashville, TN 37212

Re: Reference Letter for Park Center's CoC Program Application

Dear Ms. Bracht (Amanda):

It is my pleasure to be a reference for Park Center's proposal being submitted for CoC Program funding to expand and enhance its permanent supportive housing (PSH) program. The partnership with Safe Haven Family Shelter augments Park Center's capacity to bring new PSH units to the community and offer high-quality Housing First support to their occupants. Neighborhood Health and Park Center have been collaborative partners for many years, including being in several contracts to provide care alongside each other. For this funding opportunity, Neighborhood Health will provide medical care through our brick-and-mortar clinic locations and through Street Medicine program to Park Center members who are supported by this new work. Relying on publicly available federal Uniform Data Set (UDS) data, the cost per typical health center patient per year was $862 in 2023. Adjusted for health care inflation, the average costs for 42 health center patients would be $43,014 for 2025.

Park Center continues to lead our community in providing low-barrier housing to members who have extremely high barriers to housing stability. Neighborhood Health looks forward to coordinating care with Park Center and other community stakeholders to help members exit homelessness as quickly as possible and to maintain their lease agreements.

Thank you for the opportunity to describe our ongoing partnership and support your proposal. We fully support the efforts of Park Center as they seek external funding to support the creation of more low-barrier housing options for people with very low incomes. Please contact me with any questions at bhaile@neighborhoodhealthtn.org or (615) 944-4404.

Sincerely,

Brian Haile

Brian Haile
Patient & Chief Executive Officer

Park Center
Recovery From Mental Illness

www.parkcenternashville.org

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Amanda Bracht, CEO

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October 14, 2024

Performance Evaluation Committee
Nashville-Davidson County Continuum of Care

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Please contact me with any questions.

Sincerely,

David Langgle-Martin, MSW, CPRP
Chief Housing Officer

Division of TennCare

TO: David Langgle-Martin, Chief Housing Officer
Park Center
1935 21st Avenue South
Nashville, TN 37212

FROM: Caitlin Wright, Director, Behavioral Health Services

DATE: October 22, 2024

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Project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by TennCare or the health care service providers.

Sincerely,

Caitlin Wright, MSW, LAPSW
Director, Behavioral Health Services