Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC’s project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 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.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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1A-1. CoC Name and Number:  TN-509 - Appalachian Regional CoC

1A-2. Collaborative Applicant Name: Appalachian Regional Coalition on Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Appalachian Regional Coalition on Homelessness
1B. Continuum of Care (CoC) Engagement

Instructions:
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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.
For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC’s coordinated entry system.

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
<th>Participates in Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Applicant: Appalachian Regional Coalition on Homelessness
Project: TN-509 CoC Registration FY2019

09/28/2019
### 1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)

(1) ARCH (CoC) Collaborative Applicant (CA) leads the CoC in developing a Crisis Response System that includes all organizations – homeless service providers, jails, hospitals, educators – and considers opinions primarily via email and ARCH website. Additionally, the CA performs phone solicitation and outreach to homeless service providers. Invitations are disseminated via email announcing bi-monthly meetings with published agenda to review funding opportunities; trainings regarding NOFAs; applications processes; and new partnership and collaboration possibilities. All interested parties are contacted to solicit opinions with consideration given to feedback, resulting in formation of committees composed of experienced knowledgeable persons dedicated to ending homelessness. The committees, representing a broad array of stakeholders such as domestic violence service providers, youth providers and behavioral mental health providers, identify service gaps and determine proactive solutions to close gaps to end homelessness. (2) ARCH CoC
communicates and solicits information during bi-monthly CoC meeting; email membership list serve; NPR; and hosts various annual events, i.e. Housing First Symposium; Mayors Challenge; Landlord Symposium; Ending Veteran Homelessness; TN Affordable Housing Coalition Meetings; and Rural Homelessness Conference. (3) ARCH considers feedback gathered from meetings via post event surveys and records and consolidates breakout session information that provide suggestions for improvements to current CE system, delivery of services, and housing; ARCH provides quarterly training to the entire CoC including Critical Time Intervention; Motivational Interviewing; and Trauma Informed Care with post tests to measure performance (4) ARCH CA HMIS screening tool and VI-SPDAT are performed in person to address individuals with disabilities and posts communication in PDF format to website and via email.

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new members;
3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

(1) ARCH CA transparently provides invitations to all interested parties to attend bi-monthly CoC meetings, posted monthly to website. Meetings are announced publically via email, ARCH website, social media, NPR, and individuals are encouraged to join ARCH throughout the entire year. Each meeting includes relevant organizations or individuals who are invited to speak about their mission in detail and the services they provide. Formerly homeless person(s) are invited to be on the Board of Directors. (2) ARCH Outreach Director solicits new members while conducting agency outreach. The CoC solicits new members via social media, website utilization, networking, NPR, and via mass email. ARCH CA attends focus groups, interagency workgroups, case conferencing, Community Action Board (CAB) meetings, Military Affair Council meetings and invites new members to CoC and HMIS participation. (3) ARCH ensures effective communication with individuals with disabilities by delivering invitations in verbal format (NPR); written email and website posting PDF format; social media; and newspaper. (4) The CoC solicits members on a daily basis while networking with partner agencies and performing CoC planning activities. ARCH was awarded FY18-19 AmeriCorps Rural Intermediary grant to contract with Host Agencies (participating members) for CoC placement of AmeriCorps members to perform Screening Intake and VI-SPDAT at host/access sites. (5) ARCH hosts the Mayors Challenge, Landlord Summit, Housing First Summit, VA Stand down, CoC Planning meetings, Martin Luther King Day of Service, Serving Those Who Have Served, transitional housing programs and other events to encourage participation of homeless and formerly homeless individuals.
1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding. (limit 2,000 characters)

(1) ARCH CA notifies the public it is accepting project applications proposals via public announcement posted to website, social media; NPR and email list-serve. ARCH CoC facilitates CoC Application Planning meeting yearly and issues a Request for Proposal, widely circulated to homeless and social service agencies, CoC members, and other community groups. Mainstream organizations interested in enhancing knowledge and determining project feasibility were invited to participate in training regarding HUD priorities and regulations, project eligibility, review criteria, deadlines, and One CPD Resources. ARCH CA offers all applicants, especially new organizations, assistance in navigating E-Snaps, obtaining DUNS and SAM number, determining project component and budget formation. (2) ARCH CoC Steering & Ranking Committee determines whether the project application will be included in the FY19 CoC process. Careful review of the applications and verbal presentation of each individual proposal enabled the Committee to consider all applications aligned with CoC goals and acceptable for submission. (3) ARCH publically posted the request for proposals and notified the public of acceptance and consideration of proposals from organizations not previously funded via mass E-mail, NPR, Social Media and posted to ARCH website on 7/25/2019. CoC NOFA Planning Workshop was held on 7/30/2019. 2019 NOFA was posted on 7/27/2019. NOFA power point presentation; project review criteria application due date, ranking, posting, and appeals deadlines were posted on 8/5/2019. (4) ARCH ensures effective communication with individuals with disabilities by posting in PDF format on website and social media, attached to mass email, and verbal announcement via phone conference, NPR, CoC meeting and community focus group meetings. (5) NA. As a result of open invitation, two (2) never previously funded organizations – Frontier Health and CHIPS, applied for DV Bonus this year.
1C. Continuum of Care (CoC) Coordination

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at:

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.

(limit 2,000 characters)

(1) CoC/ESG recipients serve on the Planning Committee and meet bi-monthly to discuss needs, gaps in service and update performance standards and outcomes. CoC representatives attend City Advisory Council meetings to present annual ESG applications (and CDBG) for set-aside selection. PIT and HIC data are evaluated and strategies formulated at bi-monthly CoC meetings that include representation from private and public sectors. CoC/ESG Written Standards were written by ARCH and adopted by the CoC in October 2014 and revised in July 2017. (2) Tennessee Housing Development Agency (THDA), ESG state pass-through agency, provides surveys to CoC Collaborative Applicant (CA) to determine applicant participation in CoC when funding competitive ESG applications and ARCH consolidates quarterly ESG reports to evaluate performance. (3) CoC CA provides input to the Participating Jurisdiction for Annual Action Plan and 5-year Consolidated Plan. ARCH CoC attends PJ public hearing and offers feedback and will facilitate CoC Planning Committee Meeting for presentation of draft Consolidated Plan for input from the CoC. ARCH CoC advocates for the development of affordable housing on behalf of high barrier low-income clients; educates housing providers, local officials and citizens about fair housing, and determines strategies to meet the unmet housing/service needs of our homeless populations. ARCH meets with local Community Development Offices on a quarterly basis to discuss ending homeless strategies, which are incorporated into the NE TN Home Consortium Consolidated Plan.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan

Yes
Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:
1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.

(limit 2,000 characters)

(1) ARCH provides evidence-based practice training regularly including Trauma Informed Care, human trafficking, Motivational Interviewing, & victim centered training that places the victim’s priorities, needs and interests first. ARCH CA provided Critical Time Intervention training in September 2019 for CoC-wide implementation, particularly DV providers. Survivors referred via Coordinated Entry (CE) have equal access to housing options & related supportive services. ARCH has incorporated an Emergency Transfer Plan in its Written Standards. Safe Passage, DV provider, has staff member located at Family Justice Center to prioritize survivors’ safety needs, accommodate their unique circumstances & maximize choice. ARCH trains members & staff on the dynamics of DV, privacy, confidentiality, & safety planning, including how to handle emergency situations at Access Sites. ARCH CE Policies & Procedures require households at risk of harm at assessment to be referred to DV provider. (2) ARCH was awarded DV SSO Coordinated Entry grant in 2018 and began to implement a CE system tailored to DV survivors in July 2019, which entails monthly case conferencing with DV providers, ensuring safe referrals to identified DV provider, either with a warm hand-off including phone call and transportation by ARCH or DV provider. ARCH, centrally located in Johnson City, offers CoC-funded Abuse Alternatives in Bristol (East) and DV RRH providers CHIPS (ESG-RRH) (South) and Safe Harbor Home (CoC-RRH) (Southwest), a safe, private, locked meeting space for intake/referral/assessment/hand-off. ARCH emails DV providers monthly for availability of rental assistance; if DV RRH-PH Providers do not have available slots, ARCH will contact other RRH or PH provider to ensure victims have access to full range of housing & trauma-informed service intervention options, including prevention & other housing and mainstream services.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.

(limit 2,000 characters)
(1) ARCH DV Committee members plan for presentation/annual training at bimonthly CoC meetings and annual Housing/Homeless Symposium. ARCH CA provides Housing First evidence-based practice training to CoC membership, including Coordinated Entry staff and all AmeriCorps members in Trauma Informed Care; Seeking Safety; Critical Time Intervention; Recognizing Human Trafficking; Motivational Interviewing; Harm Reduction; and victim-centered practices. Adverse Childhood Experience surveys were presented and approved by the CoC to include with 2019 PIT survey. (2) ARCH DV CE staff, Homeless Programs Director, Outreach Director, and ED, address safety and best practices – Trauma Informed Care, Motivational Interviewing, Critical Time Intervention, Seeking Safety, Human Trafficking - and ensure all staff and AmeriCorps members performing Intakes at DV Host sites and ARCH are properly trained in safety and planning protocol per ARCH Written Standards. Monthly case conferencing at ARCH office and/or conference call reinforces safety protocols.

**1C-3b. Domestic Violence—Community Need Data.**

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

ARCH collaborates with local DV service providers to provide sufficient data to evaluate community needs in compliance with VAWA 2005. ARCH does not require identifiable data of persons served by the local DV service provider. DV providers submit quarterly ESG reports to ARCH HMIS Lead agency and upload de-identified, aggregate demographic information from DV provider software (Apricot) for annual CAPER. Gap analysis is performed at bi-monthly DV Committee meetings and report provided to HMIS Administrator. ARCH uses unduplicated total number of individuals and/or families served, the average length of stay in shelter, and reasons for re-entry to assess each community’s need for housing services for DV, dating violence, sexual assault, and stalking survivors. This data is used by the DV Committee for decision making and community planning processes.

**1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson City Housing Authority</td>
<td>38.00%</td>
<td>Yes-Both</td>
<td>No</td>
</tr>
<tr>
<td>Kingsport Housing Authority</td>
<td>15.00%</td>
<td>Yes-Both</td>
<td>No</td>
</tr>
</tbody>
</table>
1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

The Regional Housing Facilitator routinely visits PHAs to encourage those without homeless admission preference in their written policy to incorporate a homeless admission preference. ARCH is following the CoC and PHA Collaboration Guidebook recommendations and encourages PHAs to follow PIH Notice 2013-15 at bimonthly planning meetings. ARCH Outreach, AmeriCorps Program Director and Regional Housing Facilitator will continue to speak to each PHA that has no preference and help them connect the dots between Point-In-Time (PIT) count, Homeless Management Information Systems (HMIS) data, the community’s strategic Plan to End Homelessness, the Consolidated Plan, and the PHA Plan process to adopt a homeless admission preference.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

ARCH collaborated with Bristol (VA) Redevelopment and Housing Authority for submission of HUD Mainstream Voucher application targeting clients currently experiencing homelessness; previously experienced homelessness; at risk of experiencing homelessness; and currently in a permanent supportive housing or rapid rehousing project. The city of Bristol is divided by the TN and VA State line and clients in both states access BRHA. ARCH CA support letter is attached to Exhibit 1.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)

ARCH has Written Standards that follow 24 CFR 576.407 (a-b) & HUD’s “Equal Access to Housing in HUD programs, Regardless of Sexual Orientation or
Gender Identity” final rule, published on Sept. 21, 2016. ARCH has trained CoC participants who interact directly with potential clients and refers to CPD Notice 15-02 for guidance. Anti-discrimination Equal Access annual training was implemented at CoC bi-monthly meeting held in June 11, 2019. ARCH implemented HUD’s Equal Access Rule in its Written Standards, found at www.appalachianhomeless.org pg. 10, paragraph 14. A copy of the Power Point training and Written Standards were provided to all participants.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

| Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source? | Yes |
| Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act? | Yes |
| Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing? | Yes |

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area.

| Engaged/educated local policymakers: | X |
| Engaged/educated law enforcement: | X |
| Engaged/educated local business leaders: | X |
| Implemented communitywide plans: | X |
| No strategies have been implemented: |   |

6. Other:(limit 50 characters)

1C-7. Centralized or Coordinated Assessment System. Attachment Required.
Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner.

(1) ARCH CE System has been implemented in phases, first concentrating on the 3 largest cities in the area, Johnson City, Kingsport and Bristol, by establishing access sites in each City at ARCH satellite offices. Phase Two involves establishing access sites in the rural, outlying counties, which is more challenging. In both the Cities and Counties, ARCH, AmeriCorps Rural Intermediary Grantee, has begun to place AmeriCorps members at Host sites to perform screening intake and VI-SPDAT, which determines placement on priority list, and make subsequent “smart referrals” (through HMIS CE module) to appropriate, available RR/PSH/TH/ES providers. The AmeriCorps program is especially suitable for our largely rural service area as host sites provide a no wrong door approach and members, largely BSW interns, are provided Housing First evidence-based training while giving back to the community. (2) In addition to performing intakes, AmeriCorps members perform outreach to reach those populations who are least likely to apply for homelessness assistance. ARCH Outreach Team involves weekly forays to known encampments, rotating geographically, to identify, engage and educate; assessments are done in the field. ARCH Outreach Team maintains the By-Name List and ARCH Homeless Programs Director is SOAR (SSI/SSDI, Outreach Access and Recovery) certified, submitting medical summaries to local SSA for rapid approval of SSI/SSDI for homeless populations with no income, and is an integral part of ARCH Outreach effort. (3) ARCH follows a triage assessment process. Length of Homelessness and chronicity are determined using CoC-wide Standardized Screening Assessment Tool, then Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT), which assigns a score based on acuity. Clients scoring 9 or higher are placed on the Priority List & referred to appropriate available service provider RR/ES/TH/PSH. Disposition is confirmed within 48 hours of referral.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>Foster Care:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Care:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Correctional Facilities:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>X</td>
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<th>None:</th>
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1E. Local CoC Competition

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition; Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline; Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline. Yes


Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served); Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served. Yes

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

(1) CoC prioritized reallocation projects (10 pts) and renewal projects that targeted participants from at-risk populations including Veterans, youth, DV, chronic illness, HIV, alcohol & drug abuse, and families with children (10 pts). Housing First principles and low barriers to entry earned combined max 20 pts. Max 10 pts was awarded for greater than 79% of participants who exited to other permanent housing locations (to free up assistance for new clients); reduction from 20 pts in 2018 to 10 pts for percentage of beds greater than 30% dedicated to chronically homeless due to 87% non-chronic HH per 2019 PIT. Bonus projects priority: A) Reallocation of PSH grants to RRH; B) New projects for DV – Joint TH-PH-RR and C) New RRH bonus projects. Projects received max pts that demonstrated supportive services will ensure successful retention in or help to obtain housing; coordination & integration of services with other mainstream benefits; assistance to obtain and remain in PH that fits client needs; and for Joint-TH-RRH, ensuring provision of enough RRH to transition from TH to PH when needed, demonstrated by budget. (2) Account was given outside the point system, as scoring each proposal with rubric did not significantly separate the value or ranking of each program. With one exception, all scores were very close and the one exceptional score was simply a matter of shorter program duration (1st yr). Applicants presented proposals in person to S&R Committee affording them the opportunity to ask questions to better understand each project’s provision of supportive services. Greater value was given to projects that demonstrated assistance with transitioning to other permanent housing to make PSH available for new clients, i.e. assist clients with subsidized housing applications for placement on wait list immediately upon entrance to PH programs; providing transportation to mainstream and wraparound services; and case management that incorporates moving on strategy.


Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.
1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 10%


Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated. (limit 2,000 characters)

(1) Reallocation Policy: All renewal projects are reviewed by the Project Planning, Steering & Ranking Committee to determine how the project performed and determine if a project should be considered for reallocation. The CoC monitors all programs through review of quarterly reports and comprehensive assessment of agency capacity and ability to implement performance measure goals and objectives. (2) CoC approved the 2019 Reallocation Policy on 8/5/2019. (3) Reallocation Policy was presented to applicants at CoC Planning Meeting. (4) CoC identified projects for which there was less need (PSH) based on PIT count which demonstrated only 13% chronically homeless, indicating need for RRH for the 87% ineligible for PSH. (5) ARCH voluntarily reallocated its PSH 1 SRO project due to chronic homeless (CH) requirement and SRO/group home setting, which does not meet
many clients' housing choice. ARCH considered it in the best interest of the CoC to reallocate PSH 1 to RRH as Legacy Program provider and other PSH providers were unwilling.
DV Bonus

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH
2. Joint TH/RRH
3. SSO Coordinated Entry

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

<table>
<thead>
<tr>
<th>Need Housing or Services</th>
<th>227.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>the CoC is Currently Serving</td>
<td>107.00</td>
</tr>
</tbody>
</table>

Applicant: Appalachian Regional Coalition on Homelessness
Project: TN-509 CoC Registration FY2019
FY2019 CoC Application Page 19 09/28/2019
1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).

(limit 500 characters)

(1) ARCH CA meets with DV Committee monthly since DV CE Project began July 2019 to discuss needs assessment for DV population. ESG quarterly reports submitted to CA revealed limited RR resources available to DV clients and minimal PH assistance. (2) Data sources include PH and HCV wait list >2 years. Only 1 DV provider has <$100,000 ESG RRH available to relocate or permanently house DV survivors in safe housing. Other data source include de-identified data uploaded to HMIS from Apricot.

1F-3. SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

<table>
<thead>
<tr>
<th>DUNS Number</th>
<th>145086521</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
<td>Appalachian Regional Coalition on Homelessness</td>
</tr>
</tbody>
</table>

1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:
1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and
2. the proposed project addresses inadequacies identified in 1. above.

(limit 2,000 characters)

(1) Housing is an obstacle for DV survivors; 40% or more have housing backgrounds that disqualify them from most income-based housing options. Due to immense size of our rural service area - 2897 sq miles in the Appalachian Mountains of Tennessee - effective implementation of CE system for DV providers has been difficult. Non-CoC-funded shelters do not report in HMIS or participate in CE, especially small, rural providers, who have no connection with or knowledge of other service providers in their area. Domestic violence shelters are especially isolated due to VAWA prohibition of entering client-level data into HMIS, which leaves them no mechanism for referral to housing and service programs. ARCH applied and was awarded DV SSO-CE and an AmeriCorps Housing First grant in 2018 and has established additional CE access sites to connect DV victims to appropriate services using AmeriCorps members to perform intake and outreach and SOAR assessments. (2) ARCH CE SSO DV project is establishing protocol for safely referring DV clients to service providers while maintaining client confidentiality. ARCH Safety Transfer Plan ensures trainings are provided by experts in the field of DV, dating violence, sexual assault, and human trafficking. CTI training was provided on 9/17-18/2019 and Trauma Informed care in November 2019. CE Policies & Procedures include protocol for DV CE staff to refer households at risk of harm at time of assessment to DV provider using referral criteria based
on system design, capacity, resource limitations and placement with geographic considerations. The CE process safely refers the HH to identified DV provider, either with warm hand-off including phone call or transportation to ARCH, centrally located between Bristol (East) and CHIPS and Safe Harbor (West, Southwest), who offers secure meeting space. ARCH CE process ensures DV victims have access to intervention options available, including HP, RR, and other mainstream services within the CoC.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>DUNS Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse Alternatives</td>
<td>949779805</td>
</tr>
<tr>
<td>A Safe Harbor Home</td>
<td>828933882</td>
</tr>
<tr>
<td>Kingsport Housing...</td>
<td>088819396</td>
</tr>
<tr>
<td>Frontier Health</td>
<td>081198830</td>
</tr>
<tr>
<td>Fairview Housing ...</td>
<td>847834561</td>
</tr>
<tr>
<td>Change is Possible</td>
<td>969658162</td>
</tr>
</tbody>
</table>
1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

| DUNS Number: | 949779805 |
| Applicant Name: | Abuse Alternatives |
| Rate of Housing Placement of DV Survivors–Percentage: | 38.00% |
| Rate of Housing Retention of DV Survivors–Percentage: | 100.00% |

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

(1) Abuse Alternatives is a DV Shelter. Rate of Housing Placement of DV Survivors Percentage: 38% (this is a lower % because of the total number of clients Abuse Alternatives serves through the shelter, some choose to return home, stay with friend/family, leave the area, etc.) Rate of Housing Retention of DV Survivors Percentage: 100% of the clients that Abuse Alternatives have remained in contact with have retained their housing. (2) Data source is EmpowerDB software.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

Clients are assessed individually after entering into the shelter and staff begins case management on a daily basis if needed, otherwise weekly. Services offered include but not limited to counseling, securing and coordinating services, evaluating progress, information & referrals, risk assessment & safety planning. Referrals are made to mental health and outpatient health services for clients needing long term treatment. Referrals are also made to Legal Aid. Housing is the largest obstacle for DV survivors. Approximately 40% or more have criminal or housing backgrounds (evictions, owe money, etc.) that keep them from being eligible for most income based housing. They are referred to Appalachian Regional Coalition on Homelessness (ARCH) to apply for RRH or Permanent Supportive Housing. The decision of which housing they are eligible is determined by ARCH Coordinated Entry and the client seeking services. Transportation is provided for all clients who do not have transportation, which is the majority. Transportation is provided to all necessary appointments including housing, medical, employment, job interviews & training. Although, ARCH’s office is 59.8 miles round trip, transportation is provided so clients can apply for RRH or PH.
1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
   (limit 2,000 characters)

1(a) All agency have 40 hours training initially when hired and minimum 20 hours training yearly after 1st year. Safety planning is included in the initial training with new staff and reviewed yearly by supervisors and any updates discussed with staff. Each client’s safety plan is developed with their individual situation in mind and altered when circumstances change. (b) All staff have private offices to conduct client intake. At the administrative office there is a “counseling room” where advocates meet with ‘walk in’ clients in privacy. (c) We do not conduct interviews/intakes with couples. (d) During case management & goal planning clients are asked to identify what type of housing would make them feel safest. (e) Client Assistant Specialist conducts daily facility checks to ensure all lights are working in the bedrooms, hallways and commons area. He also checks for any other repairs to the shelter facility that needs to be conducted in order to keep clients safe. If repairs, i.e. HVC are required, it is reported to the Shelter Director, who in turn reports to the ED for approval to call a professional repairman to repair. (f) The location of the emergency shelter is a confidential location. Staff are all required when hired, to sign a confidentiality form stating the address of the location is never to be given out to the public. Repairmen, volunteers, etc., are required to also sign a confidentiality statement they will not disclose the location. Clients entering the emergency shelter facility are all required to sign a confidentiality statement that they are not to disclose the location of the facility. Disclosure of location is one of four reasons clients can be terminated from the shelter facility. (2) #1 Measure is enforcement of confidentiality statement. Other measures are security system with cameras; entrance door can also be seen on the security monitor which is inside the facility. All doors and windows are kept locked at all times.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.

(1) Abuse Alternatives began utilizing a trauma-informed, victim-centered approach 6 years ago to meet the needs of survivors. Before incorporating trauma-informed, victim-centered approach, Shelter Director and ED received extensive training geared toward Training the Trainers so they could train staff. Trainings were then held with all staff on TIC and how to incorporate into the agency. All staff had extensive training either by attending trainings or being trained before incorporating. The agency is a member of the Tennessee State Domestic Violence Coalition, and Staff were also trained by a staff member of the Coalition who specialized in Trauma-Informed, victim-centered services.

(2) If funded, the agency will continue to utilize trauma-informed, victim centered approach as in the past. The agency receives funding from the Tennessee Office of Criminal Justice Program, which mandates use of trauma informed, victim centered services. Also, as a member of the State Coalition to End Sexual and Domestic Violence, the Coalition prepared a manual, “Tennessee Domestic Violence Shelter Best Practices Manual” which the agency follows in providing services.

(a) All clients who request housing as a goal for them are immediately referred to ARCH to apply for housing and also to area public housing. Although, public housing in the area is limited, if it is their desire to apply, the agency will give the client information. Most clients prefer to be put in contact with ARCH to apply for their housing needs. (b) All clients are given information during intake and case management regarding services staff can provide to them and/or assist them with by making a referral to another agency. Clients are not required to participate in any agency service in order to continue to reside in the emergency shelter facility or to receive any service from the agency.

(c) Staff are provided with multiple training opportunities either by webinar or attending conferences/trainings conducted by other partner agencies. (d) Assessment of services provided by the agency is measured by asking shelter facility residents to complete a survey after they have resided at the facility for a period of time to evaluate the services they have received from staff. They rate services on a scale ranging from very unsatisfied to very satisfied and are given an opportunity to list services requested that have not been met. The surveys are sealed by clients completing, and given to the Shelter Director. Shelter Director and ED review the surveys periodically. Clients are asked to complete an exit survey when leaving facility. They rate services they received using the same scale. The surveys completed by clients are sealed in an envelope and given to the Shelter Director to be reviewed by
the ED. (e) ARCH CA conducts annual Fair Housing Training; Anti-Discrimination Training on Equal Access and Gender Identity Final Rule; Racial Disparity Survey; and Adverse Childhood Experiences (ACES) Survey. (f) Clients are informed during case management about support groups scheduled, client classes and topics of classes, which are based on request from clients. Weekly schedule of classes and groups is also posted on a bulletin board which is accessible to all clients. Staff will make referral to the client in order to meet their need. (g) Agency employs a Children’s Program Coordinator which is housed at the shelter facility. The Children’s Program Coordinator sees that the needs of the children who are residing at the facility are met. She also conducts case management with age appropriate children to prepare a safety plan and then conducts case management with the parent to review the child’s safety plan. If the child is not old enough to understand the safety plan, she will prepare the safety plan with the parent. The Children’s Program Coordinator also assists the parent with child care and/or arranging child care.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

During case management, clients who state their goal is to seek safe housing, free of their abuser, are referred to ARCH and to area public housing to apply for housing. Once clients are referred to ARCH to apply for housing, ARCH discusses with clients their best option for housing based on the clients income or lack of. Also, during case management, referrals will be made to clients who need legal assistance whether for child custody and/or other reasons. Most clients are referred to Legal Aid Services due to not having the resources to hire a private attorney. No matter the service requested by clients, staff will make an immediate referral, if required, for the client to receive the needed service. The agency also provides transportation to clients to attend appointments at ARCH, public housing, job training, employment interviews, employment, and all other appointments needed to reach their goals.

1F-4. PH-RRH and Joint TH and PH-RRH Project
Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>828933882</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>A Safe Harbor Home</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

(1) A Safe Harbor Home is not a shelter. Above data is based on number of referrals received and number of clients placed. Housing retention is based on 6-month period. A Safe Harbor Home a PH-RRH provider and is currently serving 2 DV victims in CoC-funded RRH program. (2) Data source is Apricot.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

A Safe Harbor Home Inc. is CoC-RRH provider and houses clients and acts as a liaison to multiple service providers to offer money management, social security benefits, food stamps, utility assistance, transportation assistance, and behavioral health services. Clients assistance time tables range from six months to no longer than twenty-four months. The CoC Domestic Violence Committee met and strategically planned a collaborative effort aimed at strengthening the scope of DV services spanning across the eight upper northeast counties of Tennessee. The partnership between CHIPS, Frontier Health Safe Houses, and A Safe Harbor Home, Inc. will establish in conjunction with the coordinated entry system of our CoC (ARCH), a more effective method of providing emergency shelter placement and medium-term housing assistance. CHIPS, and Frontier Health Safe Houses are domestic violence shelters who will be providing the transitional housing element and A Safe Harbor Home, Inc., once the victims exits the shelter, will be providing the rapid re-housing element. A Safe Harbor Home, Inc. will continue assisting extremely low-income participants. Case Management will be available full-time to assist in finding affordable housing, landlord referrals, job search, and referrals to other mainstream services. A Safe Harbor Home, Inc. will be assisting the participants with a voucher of up to 70% of the Fair Market Value if the participant has a job or income from any source. 100% rent will be paid for the participant if no income source is available at the onset. This voucher will be available for the participants until they are able to sustain. A Safe Harbor Home, Inc. will be working to make sure that each participant reaches the expectation.
of self-sustainability before they are exited from the PH-RRH program.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

(1a) ARCH CA provides CoC-wide Trauma Informed Care; Critical Time Intervention; Recognizing Victims of Sex Trafficking; and Seeking Safety. (b) A Safe Harbor Home is an RRH provider and performs intakes at DV Shelters. In addition, ARCH offers private meeting space at its office in Johnson City, which is centrally located to A Safe Harbor Home. (c) Not applicable; (d) A Safe Harbor Home RRH case manager assists DV survivors to help them identify safe affordable housing, primarily scattered site. (e) Not applicable. A Safe Harbor Home is not a shelter. (f) Not applicable. (2) A Safe Harbor Home uses Apricot Software.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and 
(g) offering support for parenting, e.g., parenting classes, childcare.

(limit 4,000 characters)

(1) ARCH CA provides annual Trauma-Informed Care training. (2a) A Safe Harbor Home, Inc. follows the Housing First Model. A Safe Harbor Home, Inc. will be working with Community Agencies, Non-Profit Organizations, Businesses, Churches, and any possible unforeseen opportunity to provide employment. Through a partnership with organizations, effective use of Individual Placement and Support will remove existing barriers and facilitate the acquisition and maintenance of employment for those participants who have victims of abuse or participants who lack the appropriate education to be able to successfully obtain employment. Behavioral Health Organizations will assist the participants with therapy and/or medication management so the participant can reach their potential to be able to live independently. In the most challenging financial situation where the participant has a fixed income, households will learn how to assess and prioritize what is dispensable through monetary budgeting classes. Volunteering opportunities will be endorsed and encouraged to those participants so that they can remain part of a community of productive members. ARCH DV Coordinated Entry provides low barrier, rapid rehousing and stabilization in permanent housing consistent with participant preference. A Safe Harbor Home participates in monthly case conferencing with ARCH CA to ensure victims are prioritized for housing based on severity of need and length of homelessness. DV victims are connected with RRH and PH providers who work with client to find housing that is suitable and aligns with client preference. (b) Not applicable. (c) ARCH CA provides CoC-wide Trauma Informed Care; Critical Time Intervention; Recognizing Victims of Sex Trafficking; and Seeking Safety. (d) Case Manager meets with client to formulate Individual Service Plan. (e) ARCH CA conducts annual Fair Housing Training; Anti-Discrimination Training on Equal Access and Gender Identity Final Rule; Racial Disparity Survey; and Adverse Childhood Experiences (ACES) Survey. (f) Not applicable. (g) Not applicable.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)
A Safe Harbor Home, Inc. follows the Housing First Model. A Safe Harbor Home, Inc. will be working with Community Agencies, Non-Profit Organizations, Businesses, Churches, and any possible unforeseen opportunity to provide employment. Through a partnership with organizations, effective use of Individual Placement and Support will remove existing barriers and facilitate the acquisition and maintenance of employment for those participants who have victims of abuse or participants who lack the appropriate education to be able to successfully obtain employment. Behavioral Health Organizations will assist the participants with therapy and/or medication management so the participant can reach their potential to be able to live independently. In the most challenging financial situation where the participant has a fixed income, households will learn how to assess and prioritize what is dispensable through monetary budgeting classes. Volunteering opportunities will be endorsed and encouraged to those participants so that they can remain part of a community of productive members.

1F-4. PH-RRH and Joint TH and PH-RRH Project

**Applicant Capacity**

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>088819396</th>
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</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Kingsport Housing &amp; Redevelopment Authority</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>95.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

(1) KHRA is a PSH, Section 8, RRH provider, and serves all clients - DV or otherwise - as eligibility and wait list allows. Rate of Housing Placement - data was calculated based on number of DV survivors referred divided by number of DV survivors placed. Housing Retention Percentage was calculated by dividing total number of DV survivors who retained housing by total number of DV survivors housed. (2) Data was pulled from wait list and HMIS.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

KHRA already operates grant programs for the chronically homeless and is
familiar with the various needs and issues that this population faces. KHRA’s supportive housing staff is able to meet clients at their locations, or at a safe location. KHRA supportive housing programs do not disqualify individuals or families due to criminal history, or a lack of income. KHRA waives minimum rent for those without income. KHRA staff is able to provide assistance and referrals to service providers. In the supportive housing programs KHRA operates, the return to homeless rate is less than 5% and a majority of clients either maintain or gain increases in their income. KHRA has staff in place and would not require any start-up costs or time. KHRA proposes to serve 12 individual families and 20 total family members who are domestic violence victims and meet the definition of domestic violence and homeless under HUD or other federal statutes

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
   (limit 2,000 characters)

(1a) KHRA conducts annual training and safety is a part of this training. Staff are advised to use their best judgement if they feel they are in a unsafe position. (b) KHRA staff meets clients at a location that is most convenient and safe for the client. (c) KHRA interviews and conducts intakes as appropriate with victims to include individual meetings. (d) KHRA works closely with case managers, landlords, and any other persons including victim advocates to ensure that the client identifies a safe place. KHRA staff has resources to allow clients to relocate quickly if circumstances dictate. (e) Not applicable. KHRA is not a shelter; KHRA utilizes tenant based rental assistance. (f) Not applicable; KHRA is not a shelter. (2) KHRA utilizes TBRA.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual
respect, e.g., the project does not use punitive interventions, ensures
program participant staff interactions are based on equality and minimize
power differentials;
(c) providing program participants access to information on trauma, e.g.,
training staff on providing program participant with information on
trauma;
(d) placing emphasis on the participant’s strengths, strength-based
coaching, questionnaires and assessment tools include strength-based
measures, case plans include assessments of program participants
strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on
equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g.,
groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.

(limit 4,000 characters)

(1) ARCH CA provides annual Trauma-Informed Care training; Motivational
Interviewing; CTI; and recognizing Human Trafficking. (2a) ARCH DV
Coordinated Entry provides low barrier, rapid rehousing and stabilization in
permanent housing consistent with participant preference. (b) KHRA staff treats
all individuals with respect and dignity, there are no punitive actions undertaken.
Clients are terminated only as the last resort. (c) ARCH CA provides CoC-wide
Trauma Informed Care; Critical Time Intervention; Recognizing Victims of Sex
Trafficking; and Seeking Safety. (d) KHRA staff works with clients individually to
establish housing plans. Clients work with case managers to identify treatment
needs and options. Referrals are made to appropriate service providers as
needed. (e) ARCH CA conducts annual Fair Housing Training; Anti-
Discrimination Training on Equal Access and Gender Identity Final Rule; Racial
Disparity Survey; and Adverse Childhood Experiences (ACES) Survey. KHRA
staff participate in multiple training throughout the year including Trauma
informed care and fair housing. (f) KHRA works with client to identify client’s
needs, and provide referrals to the various service providers in the area. (g)
Clients are encouraged to improve skills and support systems as needed. Staff
assists the clients with locating and establishing these connections.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs
and ensured DV survivors experiencing homelessness were assisted to
quickly move into permanent housing while addressing their safety
needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

• Child Custody - Clients are referred to legal service providers as needed. KHRA will provide information as authorized to help clients re-establish custody.
• Legal Services - Clients are referred to Legal Aid, or free legal clinics in the area as appropriate.
• Criminal History - KHRA does not deny clients based on criminal history except as provided by HUD mandatory disqualifiers (lifetime Sex offender registry, and Methamphetamine production/distribution).
• Bad Credit History - KHRA does not run credit checks and refers clients to Legal Aid as needed.
• Education - KHRA will provide referrals and assists clients who desire to complete educational services.
• Job Training - KHRA refer clients to Vocational Rehabilitation and other job training programs.
• Employment - KHRA refer clients to Vocational Rehabilitation and other job training programs.
• Physical/Mental Healthcare - KHRA works closely with service providers to assist clients with obtaining necessary care by utilizing community resources.
• Drug and Alcohol Treatment - KHRA makes referrals and assists clients with appropriate referrals for treatment options.
• Childcare - KHRA works with clients who have children with identifying childcare options that are no cost or low cost.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

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<td>Rate of Housing Placement of DV Survivors—Percentage:</td>
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<tr>
<td>Rate of Housing Retention of DV Survivors—Percentage:</td>
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1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

(1) Frontier Health maintains an Internal Computer Database designed by Frontier Health IT, which generates reports that determined Rate of housing placement and Housing retention of DV survivors in all programs. Ratios derived from number in shelter placed in housing divided by total number in shelter in last twelve months and retention derived from client contact. (2) Data
1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

The Continuum of Care Domestic Violence Committee met and strategically planned a collaborative partnership aimed to strengthen the scope of DV services throughout Northeast Tennessee. The partnership will establish referral system in conjunction with the CoC coordinated entry, assisting with shelter placement and rapid rehousing. Since 1957, Frontier Health has served as the leading behavioral and mental health service provider in the eight county region. Frontier Health operates two domestic violence shelters, serving males and females, maintaining a 28-bed capacity. Frontier Health plans to allocate monies to purchase a van, provide child care assistance, and food. Enhancing client and case management accessibility, through communication with the CoC via coordinated entry, Frontier Health will assist clients to safety. Frontier Health plans to utilize the additional vehicle in transporting clients to a safe shelter, assisting victims to court appointments, transporting victim's children to school appointments, and other services as needed. Frontier Health has operated domestic violence shelters for over twenty years recognizing the barrier child care presents to unemployed individuals. Acting to remove this barrier, Frontier Health will utilize allocated monies to provide child care vouchers to victims of domestic violence. Frontier Health will also use monies to purchase food and provide meals to clients. Frontier Health, CHIPS, and A Safe Harbor Home historically have collaborated and will continue working diligently to protect, house, and assist victims of domestic violence

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served. (limit 2,000 characters)

1(a) Staff is required to complete 40 hours on-site training upon employment, and yearly, 20 hours on-site, classroom, or domestic violence continuing education. Safety planning is an integral component of new hire training. Frontier Health prioritizes safety and safety planning. Case managers perform
an individual assessment and acclimate safety plans based on individual
criteria. (b) Client assessments are conducted in closed, private quarters. (c)
We do not conduct interviews/ intakes with couples. (d) During case
management assessments, case managers review clients’ housing goals. (e)
Case Manager Technicians conduct daily facility checklists, ensuring
functionality of lights, HVC, doors, and windows. Frontier Health Maintenance
Department corrects all repairs upon approval of department head. (f) The
location of the emergency shelter is considered confidential information. Upon
employment, all staff signs a required confidentiality form prohibiting the
disclosure of the shelter location or names of clients. Clients entering the
emergency shelter facility are all required to sign a confidentiality statement.
(2) #1 Measure is enforcement of confidentiality statement, installation of
security system, cameras, secured entrance door, and security monitor focused
on parking lot and door. All doors and windows are kept locked at all times.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-
centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered
approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in
permanent housing consistent with participants’ preferences;
(b) establishing and maintaining an environment of agency and mutual
respect, e.g., the project does not use punitive interventions, ensures
program participant staff interactions are based on equality and minimize
power differentials;
(c) providing program participants access to information on trauma, e.g.,
training staff on providing program participant with information on
trauma;
(d) placing emphasis on the participant’s strengths, strength-based
coaching, questionnaires and assessment tools include strength-based
measures, case plans include assessments of program participants
strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on
equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g.,
groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.

(1) Frontier Health utilizes Trauma-Informed care, a victim centered approach
mandated 6 years ago to meet the needs of survivors. The agency is a member
of the Tennessee State Domestic Violence Coalition. All staff participated and
completed training by Trauma Informed Care Train the Trainers. Future staff will
complete this requirement. (2) Frontier Health will continue to utilize Trauma
Informed Care. Frontier Health receives monies from the Tennessee Office of
Criminal Justice Program, mandating the use of trauma informed care. The
State Coalition to End Sexual and Domestic Violence prepared a manual,
Frontier Health. (a) The Transitional Housing Coordinator, an allocated full-time
position within Frontier Health, serves individual clients by assessing housing
needs and goals. Referrals are made to ARCH regarding housing placements. (b) During the intake process, clients receive program and services information. Staff can provide to them and/or assist them with by making a referral to another agency, if necessary. Clients are not required to participate in any agency service in order to continue to reside in the emergency shelter facility or to receive any service from the agency. (c) Staff is provided with multiple training opportunities, webinars, attend conferences, and other trainings conducted by partner agencies. (d) Assessment of services provided by the agency is measured by requesting shelter facility residents complete a survey, evaluating the services received. They rate services on a scale ranging from very unsatisfied to very satisfied and are given an opportunity to list unoffered services or unmet needs. The surveys are sealed by participating clients and given to the Shelter Director. The Program Director reviews the surveys periodically. Clients are asked to complete an exit survey upon exiting the facility. Clients rate services received using the same scale. The surveys completed by clients are sealed in an envelope and given to the Shelter Director to be reviewed by the Program Director. (e) ARCH CA conducts annual Fair Housing Training; Anti-Discrimination Training on Equal Access and Gender Identity Final Rule; Racial Disparity Survey; and Adverse Childhood Experiences (ACES) Survey. (f) Clients may optionally participate in group therapy sessions. Frontier Health provides services from a licensed practical clinician upon request. Weekly schedules of classes and group sessions are posted on a bulletin board accessible to all clients. (g) Case managers conduct case management with age appropriate children to prepare a safety plan, reviewing the safety plan with parents. Frontier Health provides referrals to clients for child care services and if awarded DV Bonus grant, will fund day care expenditures.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

During case management, clients seeking safe and affordable, housing are referred to ARCH and subsequently are public housing authorities. Upon referral, ARCH discusses housing options with clients assessing options based on income or lack of. During case management, referrals will be made to clients who need legal assistance for child custody and/or other reasons. Most
clients are referred to Legal Aid Services due to not having the resources to hire a private attorney. Regardless of required services, staff will make immediate referrals requesting necessary services. The agency provides transportation to clients aiding in attendance to appointments at ARCH, public housing authorities, job training, employment interviews, employment, and all other appointments needed to reach self-sufficiency. Frontier Health provides referrals to clients for child care services and if awarded DV Bonus grant, will fund day care expenditures.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

| DUNS Number: | 847834561 |
| Applicant Name: | Fairview Housing Management Corporation |
| Rate of Housing Placement of DV Survivors–Percentage: | 100.00% |
| Rate of Housing Retention of DV Survivors–Percentage: | 100.00% |

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

(1) FHMC is a PSH/RRH provider proposing to implement a PH-RRH Program, and is not a DV shelter/TH provider. Rate of Housing Placement of DV Survivors was calculated by number of DV survivors placed in housing/number of DV referrals. Rate of Housing Retention of DV Survivors was calculated by dividing the number of DV Survivors who retained housing for six months/total number of DV survivors housed. (2) Data source used was HMIS.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

Fairview Housing will provide Rapid Re-housing for persons who are fleeing or attempting to flee from domestic violence. FHMC will rely on and participate in the CoC’s Coordinated Entry Process. PH-Rapid Re-housing funding will be used to provide medium-term tenant-based rental assistance to extremely low-income families or individual and will be accompanied by supportive services, including full-time Case Management who will assist the participants to quickly obtain housing and the benefits of mainstream health, social, and employment programs. This project will include all eight (8) counties of NE Tennessee that are represented in the Continuum of Care. This funding will provide participants
with the necessary assistance to overcome their current situation and be able to maintain and achieve permanent housing. The proposed project will be for one (1) year and will provide rental assistance to individuals and or families. Participants will not be required to participate in treatment or services to receive assistance; have low-barriers to entry; incorporate client-choice by helping participants find permanent housing based on their unique strengths, needs, preferences, and financial resources; provide or connect participants to resources that help them improve their safety and well-being and achieve their goals. FHMC includes domestic violence in its list of preferences for housing assistance, and works with victims of domestic violence to ensure they are safely housed as quickly as possible through the Appalachian Family Housing PSH program.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
   (limit 2,000 characters)

(1) ARCH provides Trauma-Informed Care training and Written Standards that include CoC safety plan. (a) FHMC has extensive experience in improving safety for DV survivors. First, we create a safety plan, then work with the client to determine the circle of friends and family they can utilize in times of need. Staff ensures survivors have all the contacts and resources necessary to continue to be safe. Emergency numbers and safety plans are given to clients and staff working with client. FHMC works with partner agencies that identify and locate survivors. (b) Not applicable, FHMC is not a shelter. (c) Not applicable, FHMC is not a shelter. (d) Not applicable, FHMC is not a shelter. (e) Not applicable, FHMC is not a shelter. (f) Not applicable, FHMC is not a shelter. (2) FHMC provides training for staff on human trafficking and domestic violence on a regular and ongoing basis. Some examples of safety protocol are Case Managers only meet with clients in a discreet, confidential and safe location. FHMC transports their clients in unmarked vehicles to maintain confidentiality, Company phone systems are private and unlisted. All mailings and notices are hand delivered; FHMC provides all clients with a PO Box as an address. No referrals are made on behalf of the client using client names to ensure continued safety.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and

2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   (g) offering support for parenting, e.g., parenting classes, childcare.

   (limit 4,000 characters)

(1) FHMC has been trained in Trauma-Informed Care and follows ARCH Written Standards safety plan. (2) ARCH DV Coordinated Entry provides low barrier, rapid rehousing and stabilization in permanent housing consistent with participant preference. (a) FHMC utilizes Rapid Re-Housing(RRH). With the survivor in the lead and in consultation with DV experts, constructs and frequently updates an individual safety plan that includes strategizing around the possibility of abuser sabotage and/or around how to have contact– if the survivor elects it –without endangering their housing by employing scattered site models, located in various geographic locations to allow survivors’ choice. FHMC used THDA ESG funding in previous years to rapidly re-house DV clients. 9 clients referred from emergency shelter were permanently housed with 6 being referred back due to lack of funding. FHMC hopes to house 8 additional clients with upcoming HUD bonus funding. (b) Not applicable, FHMC is nto a shelter. (c) FHMC is a trauma informed organization. We work closely with ETSU diversity program, TRI- Pride Foundation, and ensure all staff has been trained on cultural competency. FHMC partners closely with the DA’s office (victim witness program), Chips, Safe Passage as well as FHMC outreach program for human trafficking on coordination of services and education on victim rights. FHMC also works closely with child welfare services through the Dept. of Social Services and local school systems. (d) FHMC offers wrap-around services that this particularly vulnerable population needs. FHMC has a Individual Service Plan and assessment in place. FHMC is a trauma informed care agency and provides training for staff on human trafficking and domestic violence on a regular and ongoing basis. Throughout the organization, people we serve, whether children or adults, are physically and psychologically safe. Promotion of a sense of safety defined by those served is a high priority. All DV client information is collected and submitted by using aggregate data in a CAPER to ESG on a quarterly basis. (e) FHMC participates in all ARCH CA-conducted annual Fair Housing Training; Anti-Discrimination Training on Equal Access and Gender Identity Final Rule; Racial Disparity; ACES and HUD
webinar trainings. (f) Not applicable. (g) Effective service delivery to this population requires specialized culturally-specific efforts & cross-agency collaboration, both of which FHMC offers. Services will include intensive case management, 24-hour staffing to ensure the safety of all residents, transportation, medical care, family/child reunification, substance abuse counseling, life skills training, educational services, access to mainstream benefits, legal aid, mental health counseling, & any other service that might be appropriate to address the physical, emotional or mental needs of the survivor.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

FHMC Program allows access to flexible financial assistance to pay down debt, clear utilities arrears, and other financial barriers. Linking survivors to credit repair services, individual development accounts (IDAs), and other means to address damage to their financial standing resultant from the abuser's actions. FHMC works with Landlords who guarantees to limit financial risk if the survivor must break the lease for safety reasons.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

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<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
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<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
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1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

(1) The percentage of housing placement of DV survivors was calculated from the number of clients in shelter compared to those that transitioned into permanent housing with CHIPS ESG RR assistance. Rate of Housing Retention of DV Survivors Percentage was derived from followup contact. (2) CHIPS uses Apricot to compile data and statistical information.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

CHIPS is committed to providing Trauma Informed supportive services to victims of domestic violence and their children that will enable them to begin and maintain a life free of violence. All clients are provided with case management to gauge what services are most needed during the intake process. Victims of domestic violence are typically isolated by the perpetrator as means to control the victim. This leaves the victim with few to no resources such as employment, access to financial aid and transportation. Staff works with survivors to rebuild their lives by providing individual counseling, information and referral, safety planning, rapid re-housing and transportation. CHIPS has been an annual ESG recipient since 2014 and has provided RRH to DV clients exiting its shelter in accordance with Housing First. In addition to CHIPS in-house resources, clients are also referred to Appalachian Regional Coalition on Homelessness (ARCH) for coordinated entry to connect other DV shelter clients to RRH-PH.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

(1a) All CHIPS’ staff receive 20+ hours training on working with domestic violence victims. These training include victim’s rights, Trauma Informed Care, naloxone administration, and safety planning. Victim confidentiality is discussed
in great detail. Staff are trained to “think outside the box” when it comes to client safety and privacy. (b) 4 years ago, CHIPS renovated to include additional private office space. In addition, ARCH offers private meeting space at its office in Johnson City, which is centrally located to CHIPS. (c) Not applicable. (d) The Rapid Re-Housing coordinator safety plans with the victims on how to be safe within their homes. Clients are also provided emergency numbers within their residential area. (e) CHIPS has 24-hour staff that all work together to ensure the CHIPS' shelter is maintained and that everything is working safely and efficiently. Law enforcement patrol the area regularly as well as outdoor video surveillance around the perimeter. (f) CHIPS assists the victims in applying for the Safe at Home program which allows the victim’s address to remain confidential and all mail goes through a secure address and then is forwarded to the victim. (2) CHIPS measures its ability to ensure safety of DV survivors served by using satisfaction surveys.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   (g) offering support for parenting, e.g., parenting classes, childcare.

(1) CHIPS staff are trained thoroughly on Trauma Informed Care services. We understand the importance of meeting a victim where they are at that moment. All case-managers meet with victims within 24 hours of shelter entry. During that first initial meeting, the victim will inform the case manager of all needs and the plan of action that the victim wants to take will be discussed. Staff will provide resources to the victim to aid in their success of obtaining needs and reaching goals. Transportation is provided to any appointments that the victims schedules that works toward the completion of their goals. (2a) ARCH DV Coordinated Entry provides low barrier, rapid rehousing and stabilization in permanent housing consistent with participant preference. CHIPS participates
in monthly case conferencing with ARCH CA to ensure victims are prioritized for housing based on severity of need and length of homelessness. DV victims are connected with CHIPS ESG RRH and CoC PH providers who work with client to find housing that is suitable and aligns with client preference. (b) All services are voluntary at the free will of the victim. All victims within the CHIPS’ program have access to the same services and opportunities. CHIPS does not discriminate on the basis of sex, race, religion, sexual orientation, color, national origin, disability, age or marital status. (c) ARCH CA provides CoC-wide Trauma Informed Care; Critical Time Intervention; Recognizing Victims of Sex Trafficking; and Seeking Safety. All staff are required to complete 20+ hours of training regarding Trauma Informed Care and working with victims of domestic violence. (d) Case management meets with all clients to develop Individual Service Plan and include assessment of client strengths; client-determined goals are formulated and included in Individual Service Plan. (e) ARCH CA conducts annual Fair Housing Training; Anti-Discrimination Training on Equal Access and Gender Identity Final Rule; Racial Disparity Survey; and Adverse Childhood Experiences (ACES) Survey. All staff receive training on CHIPS’ non-discrimination policy which states that CHIPS’ does not do not discriminate on the basis of sex, race, religion, sexual orientation, color, national origin, disability, age or marital status. (f) All shelter residents are provided transportation to additional services with other providers as requested by the client. (g) CHIPS partners with third-party organization such as University of Tennessee Extension Service to provide victims with parenting classes, cooking classes, etc. CHIPS does not provide child care but will look for resources for the client that will best serve their needs.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

• Child Custody - CHIPS advocates for the victim during the custody and shared parenting process. CHIPS then safety plans with the client on how to be safe during child exchange. • Legal Services - CHIPS refers victims who are in need of legal services to Legal Aid of East Tennessee. • Criminal History. The RRH
Case Manager discusses the victim’s criminal history with the victim in a non-judgmental environment so that proper landlords and housing opportunities are sought. •Bad Credit History - The RRH Coordinator completes budget workshops with client and discusses ways to save money and pay off debt. •Education - CHIPS will provide appropriate resources for the victim so they have the tools they need to achieve their educational goals. •Job Training - All shelter residents have the opportunity to volunteer at CHIPS’ Thrift Store where job training can be learned. •Employment - CHIPS assists the victim in building a resume, looking for employment, applying for employment, and transportation to and from interviews as well as work. CHIPS also assists the victim in obtaining proper work attire. •Physical/Mental Healthcare - CHIPS refers any victims who express the need for mental health services to Frontier Health. CHIPS assist the victim in applying for insurance if none is in place, as well as, finding resources that provide low-cost physical healthcare and prescriptions. •Drug and Alcohol Treatment - CHIPS provides the resources for any local drug and alcohol treatment facilities as well as transportation to those facilities. •Childcare - CHIPS does not provide child care; but does assist the client in applying for Families First which can help financially with day care costs.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2A-1. HMIS Vendor Identification. CaseWorthy

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Number of Beds in 2019 HIC</th>
<th>Total Beds Dedicated for DV in 2019 HIC</th>
<th>Total Number of 2019 HIC Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>348</td>
<td>76</td>
<td>142</td>
<td>52.21%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>111</td>
<td>0</td>
<td>18</td>
<td>16.22%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>147</td>
<td>20</td>
<td>127</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>466</td>
<td>0</td>
<td>279</td>
<td>59.87%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2, applicants must describe:
1. steps the 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 the CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

(1) Many of the shelter beds within our 8-county, 2489-square mile region, are rural faith-based ES who have no interest in participating in HMIS reporting since they do not receive HUD funding. Of the 111 Transitional Housing beds, 18 are Veteran Affairs Grant Per Diem; the rest are small, non-profit, faith-based TH programs who also do not receive HUD funding and do not report in HMIS. Of the 466 total PSH beds, 175 are HUD-Veterans Affairs Supportive Housing (VASH) PSH beds, which are not reported in HMIS; the VA Homeless Program reports bed data in Department of Veterans Affairs HOMES nationwide database. In our CoC, which includes the City of Bristol, which straddles two states, we are not able to determine the services homeless clients who walk across the street from the Virginia to the Tennessee side have received due to two CoCs in two different states who use two different HMIS systems. ARCH CoC intends to increase this percentage by continuing to engage with non-CoC funded providers to promote the benefit of utilizing the Coordinated Entry/HMIS system to report their available beds and access other service provider beds for referral purposes. (2) ARCH was awarded HMIS Capacity Building Grant to implement Community Engagement/Participation. HMIS Director will focus on HMIS and CoC participation as a whole. ED and HMIS Director will develop and implement an HMIS outreach, engagement and participation plan for non-funded homeless service projects; offer HMIS services to map workflows and reporting to meet the needs of non-HUD funded agencies/programs; present community-wide benefits of HMIS; and demonstrate how participation contributes to funding and more services for shared populations, and better outcomes for clients. There is a need for increasing engagement in decision making. ED will make CoC aware of HMIS requirements and system functionality at the leadership level and create an HMIS strategic plan to use as a process for community engagement.


Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

*2A-4. HIC HDX Submission Date.

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 04/30/2019
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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2B-1. PIT Count Date. 01/23/2019
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s sheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)
Not Applicable

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.
Applicants must select whether the CoC added or removed emergency shelter, No
transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s unsheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
   (limit 2,000 characters)
   Not Applicable

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:
Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
   (limit 2,000 characters)

(1) Homes for Youth (H4Y), now operating as part of Keystone Development Inc., was created to help Johnson City youth, ages 18 through 25, who have no permanent residence and few resources. To locate the youth, who are often an invisible population, the JCHA networks with organizations such as Holston Home for Children, Youth Villages and Frontier Health, who work with children who have been placed under state custody and could become homeless after age 18. Once found, the young adults are given transitional housing and provided case management through Youth Villages. A team of up to 12 mentors offer counseling and support and teaching participants basic life skills. Each youth is asked to sign a contract outlining limitations and expectations. The H4Y committee includes JCHA Executive Director; ARCH Executive Director; Youth Villages Case Management; Schools Homeless Coordinator (17 cities and counties); Department of Child Services, Housing Authority staff, and Frontier Health, who meet monthly to discuss placement of unaccompanied youth transitioning from Foster Care and PIT planning. (2) ARCH CoC worked with
H4Y and school systems McKinney-Vento Homeless Education Liaisons to determine where youth experiencing homelessness are most likely to be identified. DCS refers youth aging out of Foster Care to Youth Villages who provides the H4Y Committee a list of homeless youth. (3) The McKinney-Vento Homeless Education Liaisons enlisted homeless student volunteers to participate in 2019 PIT count.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness;
2. families with children experiencing homelessness; and
3. Veterans experiencing homelessness.
(limit 2,000 characters)

(1) ARCH meets in October to plan for and train volunteers, students, service providers and CoC agencies to better identify and strategically count all populations experiencing homelessness. (2) The Homeless Education Liaisons include questionnaires regarding housing status in the first month of the first semester and again in the first month of the second semester to better assess housing status changes throughout the year and earmark at-risk students for day of count. (3) ARCH Outreach Team includes VAMC staff. Outreach Team performs weekly forays into encampments and maintains a by-name list of homeless Veterans and compares the list with survey results to ensure accurate count of both chronic and non-chronic Veterans. VAMC staff are contacted when Veteran is encountered to make immediate contact to engage in VA services.

Applicant: Appalachian Regional Coalition on Homelessness
Project: TN-509 CoC Registration FY2019

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3A. Continuum of Care (CoC) System Performance

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX. | 1,114


Applicants must:
1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy 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 the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

(1) ARCH CoC identifies risk factors for persons becoming homeless the first time through CE screening tool, VI-SPDAT, SAMHSA Center for Substance Abuse Tool (CSAT) SUD Screening tool & conversation with clients. (2) ARCH CoC strategies address individuals and families at risk of becoming homeless by providing housing search/case management, landlord-tenant mediation, follow-up services, money management & financial assistance. ARCH has advertised the CE (CARE) hotline through outreach efforts, public service announcements, and posting of literature in prominent public places. VI-SPDAT scores clients' vulnerability for homelessness on presentation. Assessment Specialists refer to available resources including ESG HP once risk is identified.
ARCH strategically uses a wide array of prevention resources to help intervene at the point where persons may potentially become homeless. These efforts link people with resources like healthcare, criminal justice, and youth programs to develop discharge planning strategies for people who would otherwise exit institutional settings and become homeless as a result. (3) ARCH HMIS Administrator is responsible for overseeing the CoC’s strategies by monitoring systems performance measures and data quality reports to analyze expediency of rapidly rehousing first-time homeless and to ensure a fully implemented selection process that connects housing resources according to priority, eligibility, and client choice and to perform shelter diversion to end or reduce number of episodes of first-time homelessness. ARCH was awarded HMIS Capacity Building Grant which will provide 2-year funding for additional staff to assist with overseeing CoC strategy.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
</tr>
</tbody>
</table>


Applicants must:
1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the 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 the CoC’s strategy to reduce the length of time individuals and families remain homeless. (limit 2,000 characters)

(1) ARCH CoC strategies to reduce length of time individuals and persons in families remain homeless include Outreach Team identifying homeless risk factors at engagement and place client on the by-name list followed by monthly case conferencing with area shelters and housing providers. Additionally, the CoC CE reduces the length of homelessness by rapidly rehousing with SSVF and ESG RRH, and advertisement of the CE (CARE) hotline through outreach methodology, public service announcements, and posting of literature in prominent places provides easy access to services. (2) ARCH CoC identifies and houses individuals and persons in families with the longest lengths of time homeless using VI-SPDAT scores, which measures client vulnerability and prioritizes according to length of homelessness and severity of need. Assessment specialists refer to RR/PSH available services in accordance with Housing First. (3) ARCH HMIS Administrator compiles quarterly reports to measure CoC performance in reducing the length of time individuals and families remain homeless. HMIS Sub-Committee meets quarterly and reports are reviewed and strategies formulated to reduce length of time homeless,
*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.</td>
</tr>
<tr>
<td>2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.</td>
</tr>
</tbody>
</table>

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:

1. describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(1) ARCH CoCs Coordinated Entry system ensures smart referrals are made, reducing client fatigue and promoting exits to permanent housing destinations for those in Emergency Shelters. VI-SPDAT determines client vulnerabilities, ensures shelter diversion, rapidly rehousing to permanent housing with minimal barriers in accordance with Housing First. ARCH CoC Coordinated Entry encompasses 8 counties and is incorporated into HMIS which includes Landlord Bank, with dashboard of available units easily accessed by Intake Coordinators at client presentation. (2) ARCH Executive Director is responsible for planning and overseeing the COC’s strategies. (3) ARCH CoC and supportive service agencies co-function to provide wraparound services and connect to mainstream benefits to sustain permanent housing and prevent homelessness from recurring. Additionally, educational classes, employment supports, budgeting classes, peer support, mental health, substance abuse treatment, anger management, relationship building, wellness plans, life skills, etc. are offered by ARCH and various agencies promoting enrichment and self-sustainability. ARCH AmeriCorps program is a holistic housing program, which measures output as the number of homeless clients receiving housing services including the development of affordable housing using AmeriCorps members to leverage services provided by Host Sites, i.e. Eastern Eight Community Development Corporation; Appalachian Federal Credit Union; First TN
Development District; Jonesborough Community Chest, local governments under United Way umbrella, and Family Promise. (4) ARCH Executive Director is responsible for planning and overseeing the COC’s strategies to increase the rate at which individuals and persons in families in PH projects, other than RRH, retain their PH or exit to PSH destinations.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.</td>
</tr>
<tr>
<td>2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.</td>
</tr>
</tbody>
</table>

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness. (limit 2,000 characters)

(1) Strategies implemented by the CoC to identify individuals and persons in families who return to homelessness include VI-SPDAT and Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Tool, required to assess SMI, SUD and CODs for ARCH Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant. Furthermore, ARCH implemented Adverse Childhood Experiences (ACE) in 2019 PIT. ACE surveys were performed at ARCH, Abuse Alternatives, and East Tennessee State University Downtown Day Center Clinic to analyze correlation with childhood trauma and homelessness. (2) The CoC uses RRH to increase rate of moves to PH and PSH and retain PH, thereby reducing the rate of returns to homelessness. Coordinated Entry processes clients, identifies and routes clients to the best resource to meet their situation, including PSH and RRH. Resource guidebooks are available at all CE Access Points informing individuals and family of available community services to prevent returns to homelessness. ARCH conducts housing counseling, life skills, budgeting, etc. to reduce returns to homelessness and uses HMIS to measure the effectiveness of strategies. (3) ARCH HMIS Administrator is responsible for compiling quarterly reports to measure CoC performance in reducing the rate of individuals and persons and families returning to homelessness. Quarterly HMIS Sub-Committee meetings are held where reports are reviewed and strategies are formulated to reduce the rate of individuals and persons in families returning to homelessness. Once reviewed, data quality reports are submitted to Steering & Ranking Committee. ARCH was awarded HMIS
Capacity Building grant which will provide additional staff to assist with HMIS data report review.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
</tr>
</tbody>
</table>

2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
</tr>
</tbody>
</table>


Applicants must:

1. describe the CoC's strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment. (limit 2,000 characters)

(1) ARCH CoC assists homeless Veterans gain employment by connecting to Mountain Home VAMC, CWT, IT, Voc. Rehab, HVRP, Training, Education Programs, and VA Employment Outreach Coordinator to increase income. For Non Veterans, partnerships with State and local agencies help homeless individuals attain jobs/training through TN Career Center, Voc Rehab, Workforce Development, and connect individuals with employers via job fairs to increase employment income. (2) ARCH CoC works with Local Veterans' Employment Representatives (LVERs) who provide assistance to Veterans by supervising the provision of all services to Veterans furnished by employment providers, including counseling, testing, and identifying training and employment opportunities; monitoring job listings from Federal contractors to see that eligible Veterans get priority in referrals to these jobs; monitoring Federal department and agency vacancies listed at local state employment service offices; promoting and monitoring the participation of Veterans in Federally-funded employment and training programs; and contacting community leaders, employers, unions, training programs and Veterans' Service Organizations so eligible Veterans get services to which they are entitled. Non-Veterans are referred to Behavioral Mental Health Providers for development of Individual Placement and Support, which helps people living with behavioral health conditions work at regular jobs of their choosing; and connection with Workforce and Development; Alliance for Business and Training; Youth Build; and Job Corps for 18-24-year olds. (3) ARCH ED attends monthly Workforce and Development Interagency Council meetings that provide opportunity to collaborate with other State and Local employment agencies to carry out
Governor of TN priority to maximize employment, particularly ex-offenders and opiate addicted. (4) ARCH Outreach Director is responsible for overseeing CoC strategies to increase job and income growth.


Applicants must:
1. describe the CoC’s strategy to increase non-employment cash income;
2. describe the CoC’s strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase non-employment cash income.

(1) ARCH CoC assistance with attainment of non-employment cash income is facilitated by ARCH Certified SOAR Assessor who provides SOAR (SSI/SSDI, Outreach, Access and Recovery), rapid access to SSDI/SSI and VA Disability Benefits. Once approved for SSI/SSDI, clients are approved for Medicaid and Medicare with a 6-month retroactive billing period. ARCH refers to free dental and primary, mental and substance abuse health services; counseling, therapy and peer support. These services stabilize clients so they can focus on employment. ARCH is AmeriCorps Intermediary and recruits AmeriCorps members from the CoC to place at host sites in positions to perform intakes, housing navigation and outreach. Members receive a minimal cash stipend ($13,992/yr. for full-time and $6265/yr. for half-time) that is taxed, however is not considered employment. The stipend does not affect subsidized housing and other assistance when recertifying and is under the threshold for maximum amount allowable for those on SSDI/SSI/SSA. ARCH draws down member stipends through the AmeriCorps Grant and provides Workmen’s Compensation and employer taxes as cash match generated from host fees. Additionally, Members with children are eligible for childcare and FT members are eligible for healthcare, paid by AmeriCorps grant and ARCH cash match. (2) ARCH AmeriCorps members perform SOAR intakes at ARCH and host sites to facilitate the process for rapid attainment of SSI/SSDI and referral to non-employment cash sources, i.e. TANF, Compensated Work Therapy, Veterans Affairs Intensive Training (Homeless Veteran Supported Employment Program. (3) ARCH ED is responsible for overseeing CoC strategy to increase non-employment cash income.


Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.

(1) ARCH promotes access to employment opportunities with private employers
and organizations by holding job fairs, i.e. Annual Stand Down Event hosted by ARCH, VA, Volunteers of America (VOA) Homeless Veteran Reintegration Program (HVRP) Grantee, and collaborates with VOA/VA Employment Coordinators on weekly basis to facilitate employment. Non-Veterans job fairs are hosted at ETSU; NE State Community College; Milligan College; and Tusculum College. ARCH provides transportation to these events and individual interviews and potential job opportunities. (2) ARCH ED sits on Workforce & Dev. Interagency Council Review Team for Title V and One Stop Operator proposal and provided input when reviewing RFP Outreach requirements; ARCH and ETSU are access points for WFD Outreach Team to engage the homeless. ARCH actively recruits AmeriCorps members from the CoC for intake, navigation and outreach positions. ARCH has enlisted a PSH 2 resident as AmeriCorps member to perform intakes; this provides the Member Resident a stipend without affecting PSH 2 housing assistance; provides on-the-job training; gives the Member Resident a sense of purpose and hope, and serves as an example for other clients. We see vast improvement in this client’s outlook and mental status. ARCH is in process of recruiting an additional PSH 2 resident as AmeriCorps Member for Outreach position. This particular client is a formerly homeless Veteran, graduate of GPD Transitional Housing Program, and serves as CoC Board Homeless Representative. He attends weekly Peer Support and Group Therapy and will serve as an example of success to his peers while furthering his own recovery and well-being, and is attaining skills that may lead to full employment once AmeriCorps term has ended (limited to 4 terms). ARCH will pursue VISTA (Volunteers in Service to America) application for Volunteer Coordinator position in January. AmeriCorps Grant Agreement is attached.


Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.
5. The CoC works with organizations to create volunteer opportunities for program participants.
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).
7. Provider organizations within the CoC have incentives for employment.
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.

3A-6. System Performance Measures Data–HDX Submission Date

Applicants must enter the date the CoCs
submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
- The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)  
2. Number of previous homeless episodes
3. Unsheltered homelessness
4. Criminal History
5. Bad credit or rental history
6. Head of Household with Mental/Physical Disability

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once
assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless. (limit 2,000 characters)

(1) ARCH strategy to rapidly rehouse every household within 30 days of becoming homeless is successful utilization of Coordinated Entry, which provides for referral to PSH, SSVF, CABHI, ESG, HOPWA, RR, and SHP. Families meeting requirements for qualifying programs are provided utility, rent and deposit assistance through the community’s safety net providers. Participants in SSVF and ESG Programs are rapidly rehoused within 30 days per ARCH CoC ESG written Standards. Veterans are referred from the VA Domiciliary and are rapidly rehoused with accompanying VASH vouchers or SSVF within 30 days. Non-veteran families are assisted with ESG RR funding with 30 day requirement as outlined in attached ARCH CoC ESG Written Standards. (2) Eastern Eight Community Development Corporation provides homeownership classes; Appalachian Community Federal Credit Union, Community Development Financial Institution (CDFI) provides budgeting and healthy credit classes; ARCH provides peer support; Smart Recovery; group therapy; nutrition; child/parent relationship classes; VITA tax assistance; food pantry; clothes closet; and ongoing case management to ensure housing sustainability. (3) ARCH CoC Director is responsible for overseeing the CoC’s strategy to rapidly rehouse families within 30 days of becoming homeless by communicating with school homeless coordinators; performing local gap analyses and educational training to service providers to include trauma-informed care; Critical Time Intervention; Adverse Childhood Experience assessments, and other family-centered evidence-based practices.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics. X

2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics. 

3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. X

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance. 

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing
Needs.

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

<table>
<thead>
<tr>
<th>Needs</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unsheltered homelessness</td>
<td></td>
</tr>
<tr>
<td>2. Human trafficking and other forms of exploitation</td>
<td></td>
</tr>
<tr>
<td>3. LGBT youth homelessness</td>
<td></td>
</tr>
<tr>
<td>4. Exits from foster care into homelessness</td>
<td></td>
</tr>
<tr>
<td>5. Family reunification and community engagement</td>
<td></td>
</tr>
<tr>
<td>6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

<table>
<thead>
<tr>
<th>Needs</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td>2. Number of Previous Homeless Episodes</td>
<td></td>
</tr>
<tr>
<td>3. Unsheltered Homelessness</td>
<td></td>
</tr>
<tr>
<td>4. Criminal History</td>
<td></td>
</tr>
<tr>
<td>5. Bad Credit or Rental History</td>
<td></td>
</tr>
</tbody>
</table>

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.

(limit 3,000 characters)

(1) Strategies to increase housing and services for all youth experiencing homelessness implemented this year include using HMIS data to identify youth and local needs, measurable performance goals, and develop/improve prioritization and placement strategies; and outreach to known homeless youth
locations (JC Day Center, Shades of Grace). Johnson City Housing Authority completed Phase II of Baker St. PSH Project (targeting 10 to homeless youth) and Frontier Health RHY program provides two beds targeted to RHY. ARCH has expanded access to 6 PSH beds for LGBTQ youth in its 2019 PSH II. Link House (runaway youth facility) provides 3 group homes for runaway troubled youth. (2) ARCH Coordinated Entry System is creating a by-name list in HMIS of all unsheltered homeless youth within the CoC area, with input from the Homes For Youth (H4Y) Committee. H4Y Committee case conferences youth aging out of Foster Care with Youth Villages and Department of Children Services, Johnson City Housing Authority, Frontier Health, McKinney-Vento Education Liaison, and ARCH CoC Director. H4Y, now operating as part of Keystone Development Inc., was created to help Johnson City youth, ages 18 through 25, who have no permanent residence and few resources. To locate the youth, who are often an invisible population, the JCHA networks with organizations such as Holston Home, Youth Villages and Frontier Health that work with children who have been placed under state custody and could become homeless after age 18. Once found, the young adults are given transitional housing and provided with case management through Youth Villages. A team of up to 12 mentors is provided to offer counseling and support and for teaching participants basic life skills. Each youth is asked to sign a contract outlining limitations and expectations.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

(1) ARCH CE will begin using the Transition Aged Youth - Service Prioritization Decision Assistance Tool (TAY) as an evidence-based strategy. This strategy is measurable and outcome data will be used to provide training to Coordinated Entry and youth providers throughout the CoC. (2) After full implementation of the TAY across CE Access Points, a Youth By-Name housing prioritization list will be developed and the number of youth housed will be reported quarterly by ARCH at the bi-monthly CoC meetings. Through the Homes for Youth Committee, youth providers strategize to create a list of the best housing interventions for youth. (3) ARCH understands that including youth in discussion of needs and strategizing homeless intervention through a youth point of view will result in the ability to serve more. ARCH also knows that the TAY, diversion, and a youth By Name Lists are effective tools as TAY is comparable to VI-SPDAT and by By Name List are both effective for adults. ARCH trains youth providers, shares best practices on the ARCH website and ARCH case managers attends local and national conferences on youth and family homelessness to connect with youth providers about best practices emerging on a national level.
3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.

(limit 2,000 characters)

(1a-c) Homeless Liaisons are formal members of CoC and attend bi-monthly CoC meetings and participate in PIT. ARCH ED has reached out to Homeless Liaisons to establish formal MOU to host AmeriCorps members to assist with homeless outreach within schools. Currently no formal MOUs exist with over 50 County and City schools within ARCH CoC. (2a) ARCH CoC collaborates with 8 counties and 9 city youth education providers, with PIT and provision of referrals through CE. (2b) The McKinney-Vento Homeless Liaisons identify all homeless children and unaccompanied youth, coordinating services provided by CoC agencies to locate housing and other service resources. Liaisons play a critical role in stabilizing students and promoting academic achievement at the individual, school, and district level. (2c) ARCH effectively collaborates with school districts and service providers to ensure that homeless children in that district receive needed services. The CoC member agencies partner with the LEA to ensure children maintain school attendance, while addressing barriers, such as transportation, school fees, etc. The member agencies partner with LEA staff to identify homeless children meeting the criteria for program placement in early childhood development programs. School liaisons identify and refer homeless families to CARE access points. List of Homeless Liaison Contacts is posted on ARCH website for easy access of intake coordinators.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.

(limit 2,000 characters)

ARCH Written Standards requires all CoC funded agencies to inform homeless individuals and families of their eligibility for education services. The regional McKinney-Vento liaisons provides posters and brochures on the educational rights of children and youth experiencing homelessness to schools, shelters, community agencies, runaway youth providers, businesses, churches, and service clubs/organizations. ARCH CoC and the McKinney-Vento school liaisons, collaborate to share best practices and to ensure policies and procedures are followed. A contact list for McKinney-Vento liaisons is shared via the ARCH website, as well as a Tennessee Department of Education website link with a cache of additional information. The HMIS Lead Agency, ARCH, incorporates educational status questions of children and youth into the
HMIS intake. With parent/guardian/unaccompanied youth authorization/signature, this information can be shared confidentially with McKinney-Vento school liaisons allow children or youth to be enrolled, expediting identification and access to McKinney-Vento services by the schools.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

**Applicant must indicate whether the CoC has an MOU/ MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.**

<table>
<thead>
<tr>
<th>Early Childhood Providers</th>
<th>MOU/MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Tribal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3B-2. Active List of Veterans Experiencing Homelessness.

**Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.**

3B-2a. VA Coordination–Ending Veterans Homelessness.

**Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.**

3B-2b. Housing First for Veterans.

**Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.**

Applicants must:
1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People of different races or ethnicities are more likely to receive homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>2. People of different races or ethnicities are less likely to receive homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.</td>
<td></td>
</tr>
<tr>
<td>6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.</td>
<td>X</td>
</tr>
<tr>
<td>7. The CoC did not conduct a racial disparity assessment.</td>
<td></td>
</tr>
</tbody>
</table>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.</td>
<td>X</td>
</tr>
<tr>
<td>2. The CoC has identified the cause(s) of racial disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>3. The CoC has identified strategies to reduce disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>4. The CoC has implemented strategies to reduce disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>5. The CoC has identified resources available to reduce disparities in their homeless system.</td>
<td>X</td>
</tr>
<tr>
<td>6. The CoC did not conduct a racial disparity assessment.</td>
<td></td>
</tr>
</tbody>
</table>
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in...
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.

(limit 2,000 characters)

(1) ARCH CoC keeps program staff up-to-date regarding mainstream resources by inviting mainstream providers to present program resources at bi-monthly CoC meetings and annual Housing Service Symposium. (2) ARCH updates area resource guide every three months, which is available in HMIS CE module. (3) ARCH CoC collaborates with Johnson City Community Health Clinic, Dispensary of Hope, DHS, Frontier Health (TennCare), ETSU Downtown Day Center, and Project Access to assist individuals and families with applications and enrollment in affordable health insurance plans through the Health Insurance Marketplace; PATH, CABHI, and TennCare. These agencies coordinate health insurance and care within our service area and act as referral partners within the local CARE Coordinated Entry system. (4) The CoC has a strong Coordinated Entry focused on improving the access of homeless households to mainstream services. This structure enables communication and collaboration to create a coordinated community response focused on improving the access of homeless households to Medicaid and mainstream services. This enables communication and collaboration to create a coordinated community response to effective utilization of benefits. (5) ARCH CoC Director is responsible for overseeing the CoC’s strategy for mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.

2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.

Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.

100%


Applicants must:

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

(limit 2,000 characters)
(1) Outreach is performed on two levels, community and client, and covers 100% of the geographic area. Community outreach requires planning to create a network of contacts and resources. By building these community partnerships clients are given a comprehensive offering of services that they may have lacked prior to engagement. On the client level, outreach is the “front door” to the CE. Street client engagement is networking to identify clients and meeting them where they are and on their terms; finding people, assessing their needs, and connecting them with services through the CE. Clients list is maintained on By-Name list and case conferencing performed monthly. (2) ARCH CoC Street Outreach Team covers 100% of the CoC 8-county geographic area. (3) The Outreach Director conducts outreach on a daily basis while the Outreach Team conducts outreach every Friday to encampments, trails, and the streets to identify and engage homeless clients. (4) ARCH Outreach Team provides client incentives such as clothes, meals, snacks, and hygiene products to engage those least likely to request assistance. ARCH hosts seasonal monthly cookouts for the homeless to incentivize hard-to-reach populations, and has developed a Pocket Resource Manual with map of location of homeless services, i.e. soup kitchens, mental health provider, showers/laundry, ARCH, Day Center etc., to assist chronically homeless in accessing services who are less likely to request assistance. The City of Kingsport is forming a HOT Team (Homeless Outreach Team) composed of City Police Staff, EMS, and volunteers, and is considering hosting an AmeriCorps member supervised by ARCH Outreach Director.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2018</th>
<th>2019</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>107</td>
<td>147</td>
<td>40</td>
</tr>
</tbody>
</table>

4A-5. Rehabilitation/Construction Costs–New Projects. No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with

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children or youth defined as homeless under other federal statutes.
## 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: [https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource](https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners’ Preference.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C-4. PHA Administrative Plan Homeless Preference.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C-7. Centralized or Coordinated Assessment System.</td>
<td>Yes</td>
<td>ARCH CARE Coordin...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.</td>
<td>Yes</td>
<td>CoC Application A...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.</td>
<td>Yes</td>
<td>Notification of P...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–30-Day Local Competition Deadline.</td>
<td>Yes</td>
<td>2019 Local Compet...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–Local Competition Announcement.</td>
<td>Yes</td>
<td>2019 Local Compet...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>1E-4.Public Posting–CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A. Written Agreement with Local Education or Training Organization.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A. Written Agreement with State or Local Workforce Development Board.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4A-7a. Project List-Homeless under Other Federal Statutes.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td>AmeriCorps Contra...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td>Support Letter fo...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Appalachian Regional Coalition on Homelessness

Project: TN-509 CoC Registration FY2019

COC_REG_2019_170563
Attachment Details

Document Description: ARCH 2019 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: ARCH CARE Coordinated Entry Policies & Procedures

Attachment Details

Document Description: CoC Application Acceptance Notification
Document Description: Notification of Projects Rejected or Reduced

Attachment Details

Document Description: 2019 Local Competition Deadline

Attachment Details

Document Description: 2019 Local Competition Announcement

Attachment Details

Document Description:

Attachment Details

Document Description:
Document Description: ARCH 2019 Racial Disparity Study

Attachment Details

Document Description:

Attachment Details

Document Description: AmeriCorps Contract for Employment

Attachment Details

Document Description: Support Letter for BRHA Mainstream Voucher Application

Attachment Details

Document Description:
Submission Summary

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1B. Engagement</td>
<td>09/28/2019</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>09/28/2019</td>
</tr>
<tr>
<td>1D. Discharge Planning</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1E. Local CoC Competition</td>
<td>09/28/2019</td>
</tr>
<tr>
<td>1F. DV Bonus</td>
<td>09/28/2019</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>2B. PIT Count</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>3A. System Performance</td>
<td>09/28/2019</td>
</tr>
<tr>
<td>3B. Performance and Strategic Planning</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>4A. Mainstream Benefits and Additional Policies</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>4B. Attachments</td>
<td>Please Complete</td>
</tr>
</tbody>
</table>
Submission Summary

No Input Required
### Total Population PIT Count Data

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>448</td>
<td>450</td>
<td>360</td>
<td>405</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>221</td>
<td>231</td>
<td>191</td>
<td>180</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>78</td>
<td>74</td>
<td>59</td>
<td>76</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>299</td>
<td>305</td>
<td>250</td>
<td>256</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>149</td>
<td>145</td>
<td>110</td>
<td>149</td>
</tr>
</tbody>
</table>

### Chronically Homeless PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>117</td>
<td>73</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>56</td>
<td>24</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>61</td>
<td>49</td>
<td>21</td>
<td>35</td>
</tr>
</tbody>
</table>
### Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>28</td>
<td>35</td>
<td>22</td>
<td>29</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>28</td>
<td>27</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

### Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>69</td>
<td>56</td>
<td>43</td>
<td>37</td>
<td>40</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>63</td>
<td>40</td>
<td>34</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>6</td>
<td>16</td>
<td>9</td>
<td>16</td>
<td>12</td>
</tr>
</tbody>
</table>
# HMIS Bed Coverage Rate

## Project Type

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2019 HIC</th>
<th>Total Beds in 2019 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>353</td>
<td>76</td>
<td>142</td>
<td>51.26%</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>111</td>
<td>0</td>
<td>18</td>
<td>16.22%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>147</td>
<td>20</td>
<td>127</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>466</td>
<td>0</td>
<td>279</td>
<td>59.87%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Total Beds</td>
<td>1,077</td>
<td>96</td>
<td>566</td>
<td>57.70%</td>
</tr>
</tbody>
</table>
### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>172</td>
<td>193</td>
<td>202</td>
<td>220</td>
</tr>
</tbody>
</table>

### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>6</td>
<td>4</td>
<td>22</td>
<td>25</td>
</tr>
</tbody>
</table>

### Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>66</td>
<td>54</td>
<td>107</td>
<td>147</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October 1, 2012.

**Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.**

**Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.**

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>1159</td>
<td>1159</td>
<td>25</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>1206</td>
<td>1178</td>
<td>41</td>
</tr>
</tbody>
</table>

b. This measure is based on data element 3.17.

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
### FY2018 - Performance Measurement Module (Sys PM)

<table>
<thead>
<tr>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Persons in ES, SH, and PH (prior to &quot;housing move in&quot;)</td>
<td>1326</td>
<td>1239</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, TH, and PH (prior to &quot;housing move in&quot;)</td>
<td>1368</td>
<td>1258</td>
</tr>
</tbody>
</table>
Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit was from SO</th>
<th>Exit was from ES</th>
<th>Exit was from TH</th>
<th>Exit was from SH</th>
<th>Exit was from PH</th>
<th>TOTAL Returns to Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit was from SO</td>
<td>Exit was from ES</td>
<td>Exit was from TH</td>
<td>Exit was from SH</td>
<td>Exit was from PH</td>
<td>TOTAL Returns to Homelessness</td>
</tr>
<tr>
<td>Total # of Persons who Exit to a Permanent Housing Destination (2 Years Prior)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Returns to Homelessness in Less than 6 Months</td>
<td>Returns to Homelessness from 6 to 12 Months</td>
<td>Returns to Homelessness from 13 to 24 Months</td>
<td>Number of Returns in 2 Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY 2018</td>
<td>% of Returns</td>
<td>FY 2018</td>
<td>% of Returns</td>
<td>FY 2018</td>
<td>% of Returns</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td>Exit was from ES</td>
<td>Exit was from TH</td>
<td>Exit was from SH</td>
<td>Exit was from PH</td>
<td>TOTAL Returns to Homelessness</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>213</td>
<td>15</td>
<td>7%</td>
<td>11</td>
<td>5%</td>
<td>12</td>
</tr>
<tr>
<td>61</td>
<td>6</td>
<td>10%</td>
<td>6</td>
<td>10%</td>
<td>3</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>376</td>
<td>13</td>
<td>3%</td>
<td>10</td>
<td>3%</td>
<td>30</td>
</tr>
<tr>
<td>650</td>
<td>34</td>
<td>5%</td>
<td>27</td>
<td>4%</td>
<td>45</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th></th>
<th>January 2017 PIT Count</th>
<th>January 2018 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>450</td>
<td>360</td>
<td>-90</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>231</td>
<td>191</td>
<td>-40</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>74</td>
<td>59</td>
<td>-15</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>305</td>
<td>250</td>
<td>-55</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>145</td>
<td>110</td>
<td>-35</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>1206</td>
<td>1178</td>
<td>-28</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>1159</td>
<td>1159</td>
<td>0</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>72</td>
<td>74</td>
<td>2</td>
</tr>
</tbody>
</table>
Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>114</td>
<td>117</td>
<td>3</td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>2</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>2%</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>114</td>
<td>117</td>
<td>3</td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>29</td>
<td>40</td>
<td>11</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>25%</td>
<td>34%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Metric 4.3 – Change in total income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>114</td>
<td>117</td>
<td>3</td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>31</td>
<td>45</td>
<td>14</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>27%</td>
<td>38%</td>
<td>11%</td>
</tr>
</tbody>
</table>
## 2019 HDX Competition Report
### FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>42</td>
<td>39</td>
<td>-3</td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>7</td>
<td>5</td>
<td>-2</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>17%</td>
<td>13%</td>
<td>-4%</td>
</tr>
</tbody>
</table>

Metric 4.5 – Change in non-employment cash income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>42</td>
<td>39</td>
<td>-3</td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>16</td>
<td>4</td>
<td>-12</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>38%</td>
<td>10%</td>
<td>-28%</td>
</tr>
</tbody>
</table>

Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>42</td>
<td>39</td>
<td>-3</td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>23</td>
<td>9</td>
<td>-14</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>55%</td>
<td>23%</td>
<td>-32%</td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td>1132</td>
<td>1108</td>
<td>-24</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>246</td>
<td>291</td>
<td>45</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td>886</td>
<td>817</td>
<td>-69</td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td>1405</td>
<td>1455</td>
<td>50</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>299</td>
<td>341</td>
<td>42</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td>1106</td>
<td>1114</td>
<td>8</td>
</tr>
</tbody>
</table>
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
### Metric 7b.2 – Change in exit to or retention of permanent housing

<table>
<thead>
<tr>
<th>Metric 7b.2 – Change in exit to or retention of permanent housing</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td>245</td>
<td>251</td>
<td>6</td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>232</td>
<td>238</td>
<td>6</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>95%</td>
<td>95%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric 7b.2 – Change in exit to or retention of permanent housing</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing</td>
<td>1178</td>
<td>1234</td>
<td>56</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>337</td>
<td>480</td>
<td>143</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>29%</td>
<td>39%</td>
<td>10%</td>
</tr>
</tbody>
</table>
This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
## 2019 HDX Competition Report
### FY2018 - SysPM Data Quality

<table>
<thead>
<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of non-DV Beds on HIC</td>
<td>308</td>
<td>291</td>
<td>353</td>
<td>331</td>
<td>474</td>
</tr>
<tr>
<td>2. Number of HMIS Beds</td>
<td>125</td>
<td>124</td>
<td>141</td>
<td>142</td>
<td>317</td>
</tr>
<tr>
<td>3. HMIS Participation Rate from HIC (%)</td>
<td>40.58</td>
<td>42.61</td>
<td>39.94</td>
<td>42.90</td>
<td>66.88</td>
</tr>
<tr>
<td>4. Unduplicated Persons Served (HMIS)</td>
<td>1271</td>
<td>1337</td>
<td>1334</td>
<td>1227</td>
<td>206</td>
</tr>
<tr>
<td>5. Total Leavers (HMIS)</td>
<td>1247</td>
<td>1295</td>
<td>1094</td>
<td>1126</td>
<td>95</td>
</tr>
<tr>
<td>6. Destination of Don't Know, Refused, or Missing (HMIS)</td>
<td>117</td>
<td>142</td>
<td>43</td>
<td>24</td>
<td>8</td>
</tr>
<tr>
<td>7. Destination Error Rate (%)</td>
<td>9.38</td>
<td>10.97</td>
<td>3.93</td>
<td>2.13</td>
<td>6.06</td>
</tr>
</tbody>
</table>
2019 HDX Competition Report
Submission and Count Dates for TN-509 - Appalachian Regional CoC

Date of PIT Count

| Date CoC Conducted 2019 PIT Count | 1/23/2019 |

Report Submission Date in HDX

<table>
<thead>
<tr>
<th>Submitted On</th>
<th>Met Deadline</th>
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</thead>
<tbody>
<tr>
<td>2019 PIT Count Submittal Date</td>
<td>4/30/2019</td>
</tr>
<tr>
<td>2019 HIC Count Submittal Date</td>
<td>4/30/2019</td>
</tr>
<tr>
<td>2018 System PM Submittal Date</td>
<td>5/29/2019</td>
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Policy Authority: This policy is adopted under the authority of the local Continuum of Care (CoC) located in Washington County, TN, commonly referred to as Appalachian Regional Coalition on Homelessness (ARCH).

Purpose: Grant recipients and sub recipients under the Continuum of Care (CoC) Program and the Emergency Solutions Grant (ESG) Program must use the coordinated intake and assessment system Coordinated Appalachian Resource Extension (otherwise known as “CARE”) established by the local CoC lead agency (ARCH), in accordance with requirements established by HUD, to ensure the screening, assessment and referral of program participants is consistent with the written standards established.

Standard: ARCH, in consultation with the CoC Program and ESG Program recipients and sub recipients, is responsible for determining how to allocate the CoC and ESG funds; for developing the performance standards and evaluating the outcomes of the local coordinated intake and assessment system and projects assisted by the CoC and ESG Program funds; and coordination and integration, to the maximum extent feasible, with other mainstream resources and programs targeted to homeless people in the area covered by the Continuum of Care to provide a strategic, community-wide system that will prevent and end homelessness for that area.

Scope: ARCH, which is the CoC Collaborative Applicant and HMIS Lead and the recipients and sub recipients of CoC and ESG Program funds.

Authority For Code: Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act Code of Federal Regulation (CFR) for the CoC Program 24 CFR Part 578.7 and Part 578.23(c), the ESG Program Part 576.400, and Homeless Definitions 24 CFR Part 91.5, Part 582.5 and Part 583.5.

Responsibilities:

1. DEFINITIONS

1.1 Assessment Specialist is defined to mean any job description that performs assessment duties, as outlined by this policy. The Assessment Specialist may include housing specialist, outreach worker, and/or case management positions with Homeless Provider Agencies identified in this policy.
1.2 **Collaborative Applicant** is defined to mean an instrumentality of state or local government, local government, nonprofit, state, or public housing authority that has been designated by the Continuum of Care to collect the required Continuum governance planning activities, data and information from all projects within the geographic area of the Continuum to prepare for and submit the Exhibit 1.

1.3 **Coordinated Appalachian Resource Extension “CARE”** is the name given to the coordinated intake and assessment system for the Continuum of Care Jurisdiction of Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington counties of upper east Tennessee.

1.4 **Homeless Provider Agency (HPA)** is defined as CoC Program and ESG Program recipients and sub recipients, and other homeless prevention and assistance programs that provide housing and/or services to the homeless and those who are at risk.

1.5 **Service Access Points** are defined to mean an agency that performs screening and assessment of imminent risk or homeless individuals using the written standards and tools adopted in this policy. The ARCH CoC has identified several Service Access Point agencies that target specific populations.

**Non-Emergency:** Rental or Utility Assistance or access to Mainstream Benefits
a) **Upper East Tennessee Human Development Agency (UETHDA) in Kingsport** - Social service agency operating low-income, elderly, homeless, disability, and related programs in the eight-county service area.
b) **Upper East Tennessee Human Development Agency (UETHDA) in Bristol** - Social service agency operating low-income, elderly, homeless, disability, and related programs in the eight-county service area.

**Emergency:** Immediate Need (Outside or Unsafe conditions)
c) **Johnson City Downtown Day Center (JC DDC) “PATH Outreach”** – literally homeless adult individuals experiencing a severe mental health crisis; e.g. hospitalized, referred by the Mental Health Crisis Team, etc.
d) **The Salvation Army of Bristol** - for those individuals and families with temporal needs, family service programs help families and needy individuals with emergency shelter, food, housing, and utility assistance.
e) **The Salvation Army of Kingsport** - for those individuals and families with temporal needs, family service programs help families and needy individuals with emergency shelter, food, housing, and utility assistance.

1.6 **Recipient** is defined to mean an applicant that signs a grant agreement with the U.S. Department of Housing and Urban Development (HUD), as defined in Section 424 of the McKinney-Vento Act.
TN-509 CoC Appalachian Regional Coalition on Homelessness, Tennessee

“CARE” Coordinated Appalachian Resource Extension
Coordinated Intake and Assessment System

1.7 **Sub recipient** is defined to mean a private nonprofit organization, State or local government, or instrumentality of a State or local government that receives a sub grant from the recipient to operate a project. The definition of “sub recipient” is consistent with the definition of “project sponsor” found in Section 401 of the McKinney-Vento Act.

1.8 **Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT)** The HEARTH Act and federal regulations require communities to develop a mechanism for common assessment and coordinated access. The Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) is a first-of-its-kind tool designed to fill this particular need.

- “The Vulnerability Index (VI), developed by **Community Solutions**, is a street outreach tool currently in use in more than 100 communities. Rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals.”
- “The Service Prioritization Decision Assistance Tool (SPDAT), developed by **Org Code Consulting**, is an intake and case management tool in use in more than 70 communities. Based on a wide body of social science research and extensive field testing, the tool helps service providers allocate resources in a logical, targeted way.”

2. **COORDINATED APPALACHIAN RESOURCE EXTENSION**
A coordinated intake and assessment system, hereafter called CARE, is a process designed to provide people at imminent risk of homelessness or experiencing homelessness with coordinated access points and a coordinated intake, assessment and process for referral to housing and services. CARE operating standards are established in this policy, to include evaluation of CARE performance by the ARCH CoC.

*CARE* will:

2.1 Cover the geographic area of Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington counties of Tennessee.

2.2 Be easy to access by individuals and families through the ARCH office, a nonprofit agency selected by the CoC to operate as the communitywide hub for the coordinated intake and assessment system.

2.3 Service Access Points are the screening and assessment sites that will operate in compliance with the written standards identified in this policy to ensure equity for people receiving screening, assessment and referral to community resources whether people enter the coordinated assessment system through the CARE hotline or they present at one of the authorized Service Access Points.
Non-Emergency:

a) **Upper East Tennessee Human Development Agency (UETHDA) in Kingsport** – Upon completion of the screening and assessment, the Assessment Specialist will review the assessment score and determine housing referral/placement.

b) **Upper East Tennessee Human Development Agency (UETHDA) in Bristol** – Upon completion of the screening and assessment, the Assessment Specialist will review the assessment score and determine housing referral/placement.

Emergency:

c) **JC DDC** – Upon completion of the screening and assessment, the Assessment Specialist will review the assessment score and determine housing referral/placement.

d) **The Salvation Army of Bristol** – Upon completion of the screening and assessment, the Assessment Specialist will review the assessment score and determine housing referral/placement.

e) **The Salvation Army of Kingsport** - Upon completion of the screening and assessment, the Assessment Specialist will review the assessment score and determine housing referral/placement.

2.4 Use comprehensive and standard assessment tools with written standards to evaluate the eligibility of individuals and families for assistance, and make appropriate housing placement referrals.

2.5 Be well advertised to the public.

2.6 Be data driven using HMIS, and as available, other data sources to compliment planning and evaluation activities of the CoC.

2.7 At a minimum will include CoC Program and ESG funded projects and activities, and coordinate with mainstream resources and other programs serving homeless.

2.8 Be culturally sensitive and provide bi-lingual services, to the extent possible.

3. **ALIGNMENT WITH HOUSING AND SERVICES**

*CARE* will align with prevention and homeless assistance programs targeted to serve the homeless, to include:

3.1 All CoC Program projects funded under 24 CFR Part 578.23(c) (9).

3.2 All Emergency Solution Grant projects and activities funded under 24 CFR Part 576.400(a).

3.3 Coordination, and to the extent possible system alignment, with other targeted homeless services:

a) HUD-VASH or Veteran Affairs Supportive Housing

b) Education for Homeless Children and Youth Grants (title VII-B of the McKinney-Vento Act);
“CARE” Coordinated Appalachian Resource Extension
Coordinated Intake and Assessment System

c) Programs for Runaway and Homeless Youth (Runaway and Homeless Youth Act);
d) Projects for Assistance in Transition from Homelessness (Part C of title V
of the Public Health Service Act);
e) Services in Supportive Housing Grants (Section 520A of the Public Health
Service Act);
f) Emergency Food and Shelter Program (title III of the McKinney-Vento Act);
g) Homeless Veterans Reintegration Program (section 5a1 of the Homeless
Veterans Comprehensive Assistance Act);
h) Domiciliary Care for Homeless Veterans Program (38 U.S.C. 2043)
i) Veteran Affairs Homeless Providers Grant and Per Diem Program (38 CFR Part 61);
j) Health Care for Homeless Veterans program (38 U.S.C. 2031);
k) Homeless Veterans Dental program (38 U.S.C. 2062);
l) SSVF or Supportive Services for Veteran Families Program (38 CFR Part 62); and

3.4 Coordination and integration with other program resources:
  a) Public housing programs (Section 9)
  b) Housing programs receiving tenant-based or project-based assistance (Section 8);
  c) Supportive Housing for Persons with Disabilities (Section 811);
  d) HOME Investment Partnerships Program;
  e) Temporary Assistance to Needy Families;
  f) Health Center programs;
  g) State Children’s Health Insurance Program;
  h) Head Start;
  i) Mental Health and Substance Abuse Block Grants;
  j) Serviced funded under the Workforce Investment Act; and
  k) McKinney-Vento School District Liaisons in all eight counties.

4. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
4.1 The Continuum’s HMIS will operate as a semi-open system and comply with data
privacy and security standards (24 CFR 580.35) to support the screening,
assessment and referral activities of the system.

  a) Compliance with the adopted ARCH Governance Charter; and
  b) HMIS Data Sharing Addendum to the Agency Participation Agreement
     (see Appendix 10.1).

4.2 To protect the privacy of the homeless participant, the homeless provider agency
(HPA) may apply confidentiality filters to the client record in the HMIS system
upon intake and enrollment into the HPA’s program, if prior authorization by the
Director of HMIS has been granted.

4.3 Appalachian Regional Coalition on Homelessness is the lead agency to develop and
maintain the Screening and Assessment tools in HMIS, as approved by the CoC.
“CARE” Coordinated Appalachian Resource Extension

Coordinated Intake and Assessment System

ARCH will ensure fidelity to the system standards through:

a) Training provided to Screening and Assessment positions on use of policy and procedures; and
b) Training provided to all HMIS Users who will perform Screening and Assessment in HMIS.

4.4 Appalachian Regional Coalition on Homelessness is the HMIS Lead Agency, and will ensure fidelity to the system standards through:

a) Technical assistance provided to all assessment sites, as necessary;
b) Implementation and monitoring of HMIS CoC Participation Agreements;
c) Prepare and provide daily housing inventory availability reports to all assessment sites;
d) Implementation of reporting in support of the system performance measurements, and training to all users and the CoC Collaborative Applicant on use of the HMIS reporting tools; and
e) Monitoring of HMIS data quality.

5. OUTREACH AND MARKETING PROCESS

CARE is a publicly marketed system that aligns with the communitywide outreach activities targeted to serve unaccompanied youth, adults and families with children experiencing homelessness and those at imminent risk of homelessness.

5.1 Outreach activities and marketing aligned with the system include:

a) CARE Intake Line administered by ARCH.
b) Emergency Solutions Grant (ESG), Supportive Services for Veteran Families (SSVF) and other outreach programs.
c) ARCH listserv (the CoC email distribution that includes community stakeholders to include homeless/formerly homeless consumers, private citizens, and providers of housing, supportive services, mainstream resources, faith-based meal sites, health, education, and employment programs).
d) The ARCH website http://www.appalachianhomeless.org
e) 211info, a statewide resource and information referral agency.
f) Severe Weather (“White Flag”) Shelters.
g) Public safety officials; e.g. law enforcement, fire/EMS

5.2 A flowchart visualizes the flow of homeless individuals through the outreach, screening, assessment, and referral/housing placement process. (see Appendix 10.2)

6. SCREENING PROCESS

The screening process will determine at imminent risk of homelessness or homeless status of the individual or families seeking assistance, also referred to as a “household”. Households will be required to meet the federal homeless definition defined in 24 CFR Part 91.5 to be eligible for McKinney-Vento homeless programs that are aligned with the CARE process.

Eligibility of homelessness for people with developmental disability will be in
“CARE” Coordinated Appalachian Resource Extension

Coordinated Intake and Assessment System

compliance with 24 CFR Part 582.5 and Part 583.5. Households meeting the State
definition (doubled-up or shared-housing) are eligible for non-HUD funded program
resources, as available.

To access the CARE system:

6.1 Call: 1-877-974-CARE (2273)
   a) Phone access and walk-ins will be accepted daily Monday through Friday, from
     8:00 am to 5:00 pm, by ARCH (for Referral Only).
   b) ARCH will make a referral to the appropriate Service Access Point (based on
      geographic location), to have the Assessment Specialist at that location
      complete a screening over the phone to determine homeless eligibility using
      the written standards identified in the Screening Tool (see Appendix 10.3).
   c) Households actively fleeing domestic violence, dating violence, sexual assault,
      and stalking will receive information on domestic violence resources at:
      Domestic Violence Crisis Line: 1-800-799-SAFE (7233) toll free
   d) Households identifying as HIV/AIDS positive will receive information for the
      coordinated intake from the HOPWA Service Coordinator at ARCH at 1-877-974-2273.
   e) Veteran individuals and families will receive information for services at
      ARCH: Supportive Services for Veteran Families (SSVF)
      Phone contact: 1-877-754-VETS

6.2 Determination – Eligible for Homeless Assistance
   a) A household that meets the homeless definition will receive information and
      referral to emergency assistance resources, to include prevention, diversion and
      emergency shelter serving youth or families, to the extent these resources are
      available; and
   b) Households not going into shelter will be scheduled to meet with a CARE
      Assessment Specialist at the appropriate geographic Service Access Point. The
      meeting will be scheduled within 5 business days from the initial screening
      defined in this section, with the household receiving information on the date,
      time and location of the Assessment Specialist meeting.
   c) Veterans meeting the HUD homeless definition will be referred directly
      to the SSVF hotline.
   d) Data collected during the screening interview is entered into HMIS, and will be
      used for assessment purposes and system performance evaluation.

6.3 Determination - Not Eligible for Homeless Assistance
   a) A household that does not meet the homeless definition will receive information
      and referral to available community resources, to include 211info, mainstream
      resources serving people in poverty, and systems of care as defined in the CARE
      Directory (see Appendix 10.4).
   b) Data collected during the screening interview will be entered into HMIS, and will be
      used for tracking demographics on populations contacting the CARE system.

7. ASSESSMENT PROCESS
   A meeting with the Assessment Specialist and the household will determine the
needs of people seeking homeless assistance, and effectively match each household with the most appropriate resources available to address that household’s particular needs.

_**CoC Program funded Permanent Supportive Housing programs are only to accept referrals through a single prioritized waiting list that is created through the CARE Coordinated Assessment Process. Recipients of CoC Program funds for PSH may maintain their own waiting lists, but all households are to be referred to each of those project-level waiting lists based on where they fall on the prioritized list and not on the date in which they first applied for housing assistance.**_

**7.1 Sheltered Households – Assessment Process**

Households in the emergency shelters within the eight county region, will be assessed by the Assessment Specialist, to include:

a) Completed assessment of housing and service needs using the HMIS Assessment Tool (see Appendix 10.5);

b) With the exception of the domestic violence providers, the shelter staff will enter household data in HMIS, and upload supporting documentation for Verification of Homelessness and identification (include all that are applicable):
   1. ARCH CARE Resource Eligibility form (see Appendix 10.6)
   2. Self-Declaration of Housing Status form (see Appendix 10.7)
   3. Staff Affidavit form (see Appendix 10.8)
   4. Photocopy of Identification; e.g. Driver License, Social

c) The domestic violence providers will maintain data in the HMIS comparable database for victim of domestic violence data. The domestic violence providers will compile hardcopies of the following documents:
   1. ARCH CARE Resource Eligibility form (see Appendix 10.6)
   2. Self-Declaration of Housing Status form (see Appendix 10.7)
   3. Staff Affidavit form (see Appendix 10.8)
   4. Informed Consent Form

d) The Assessment Specialists at the shelter facilities will complete the Scoring Criteria in preparation for the referral/housing placement process outlined in Section 7.3.

**7.2 Non-sheltered Households – Assessment Process**

a) The household will meet with the CARE Assessment Specialist(s).

b) With the homeless household, the Assessment Specialist will complete the housing and service needs using the HMIS Assessment Tool (see Appendix 10.5);

c) In HMIS, upload household supporting documentation for Verification of Homelessness and identification (include all that are applicable):
   1. ARCH CARE Resource Eligibility form (see Appendix 10.6)
   2. Self-Declaration of Housing Status form (see Appendix 10.7)
   3. Staff Affidavit form (see Appendix 10.8)
   4. Photocopy of Identification; e.g. Driver License, Social

**7.3 The Assessment Tools (VI-SPDAT) and Scoring Process For All Households**
**“CARE” Coordinated Appalachian Resource Extension**

**Coordinated Intake and Assessment System**

The Assessment Specialist(s) will determine the appropriate housing and service program using the HMIS Assessment Tool (VI-SPDAT) to identify the household needs and strengths. *The entire CoC must utilize the standardized Assessment Tool.*

- **a)** Six categories of the Assessment Tool align with an Assessment Scoring Guide that applies points based on low, medium and high housing barriers and household service needs, and prioritizes which eligible households will receive transitional, rapid rehousing and permanent supportive housing assistance (see Appendix 10.9).
- **b)** The Assessment tool will apply points in each category of the assessment based on the client response, up to a total of 138 points.
  1. Monthly Income and Benefits – 10 points
  2. Housing History – 12 points
  3. Employment – 12 points
  4. Financial Status/Debts – 10 points
  5. Criminal History – 36 points
  6. Health – 40 points

**8. REFERRAL AND HOUSING PLACEMENT PROCESS**

The Assessment and Scoring process determines the household referral by Program Type to the appropriate Project.

<table>
<thead>
<tr>
<th>Assessment Score</th>
<th>Program Type</th>
<th>Project Title</th>
</tr>
</thead>
</table>
| Literally Homeless – Eligible regardless of points | Emergency Shelter | 1. Bristol Salvation Army  
2. JC Salvation Army  
3. Kingsport Salvation Army  
4. Haven of Mercy, JC  
5. Family Promise of Greater City  
6. Interfaith Hospitality Network of Greater Kingsport - Shelter  
7. Haven Home for Women  
8. Haven Men’s Rescue Mission  
9. Hope Haven Ministries Men’s  
10. Hope Haven Ministries Women Children Shelter  
11. (VADOM) VA Domiciliary  
12. Opportunity House of Greene County |
| LOW = 0 to 34 points | Prevention/Rapid Rehousing 0 to 3 months | 1. SSVF – Operation SAVE  
2. ESG HPRR Recipients  
3. UETHDA  
4. PATH |
| MEDIUM = 35 to 74 points | Transitional Housing 3 to 24 months | 1. Friends and Neighbors, Inc.  
2. JCHA Homeless Youths  
3. Haven Grace Home for Women  
4. Haven Lighthouse for Men  
5. Crossover Annex - Salvation Johnson City  
6. The Salvation Army Veteran Grant Per Diem(s) (JC & Kit) |
9. **Notice: CPD-16-11 Issued: July 25, 2016**

**Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.**

Recipients of CoC Program funds are required to follow the written standards for prioritizing assistance established by the CoC (see 24 CFR 578.23(c)(10)); therefore, if the CoC adopts these recommended orders of priority for their PSH, all recipients of CoC Program-funded PSH will be required to follow them as required by their grant agreement. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Lastly, where a CoC has chosen to not adopt HUD’s recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC’s written standards. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

(a) **First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) **Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households...
(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

10. Determining Housing Placement

a) The Assessment Specialist will enter the household Assessment Score, Housing Status and Household Type into the Program Eligibility Tool (see Appendix 10.10). The Program Eligibility Tool will identify the appropriate Project and Homeless Provider Agency (HPA) that align with the household need and eligibility.

b) Using the HPA Project(s) identified in the Program Eligibility Tool, the Assessment Specialist will view available bed/unit data for the specific project(s) in either HMIS or a comparable database. The bed/unit availability data as maintained in HMIS by each Project agency, and published daily by the HMIS Lead Agency.

c) For bed/unit data not maintained in HMIS, the Assessment Specialist will contact the HPA for available bed/unit information.

d) The Assessment Specialist will advise the homeless household of the available program options.

e) The Assessment Specialist will contact the HPA via phone to advise a referral is in process, and confirm the availability of the bed/unit either in HMIS or via phone/ email. A confirmation email will be sent referencing the unique client I.D. number in HMIS where the results of the screening, assessment and the uploaded Verification of Homelessness and I.D. documentation is stored.

f) The household will be responsible for scheduling an intake briefing with the HPA once the referral has been made by CARE.

g) The Assessment Specialist will complete entry/exit data in HMIS, and ensure all documentation is scanned and uploaded in HMIS within 24 hours of the screening assessment.
11. Intake and Disposition of Referral/Housing Placement
   h) The HPA will schedule an Intake Briefing with the household referred by CARE.
   i) The HPA will meet with the household and have access to the screening, assessment and related documentation uploaded into HMIS, to include the Verification of Homelessness and Personal Identification.
   j) The HPA enrolls the new program participant into the program within 24 hours of receiving the referral; OR
   k) The HPA determines the household is not eligible for the program as a result of an inappropriate referral; also within 24 hours of receiving the referral.
   1. The HPA will contact the Assessment Specialist who made the initial referral and follow-up with an email documenting the reasons for not accepting the household referral; e.g. sending a non-chronic homeless individual to a program that can only serve persons who meet the federal definition of chronically homeless.
   2. The household is then referred back to the CARE Assessment Specialist.

12. Rapid Rehousing Rent Subsidy Determination
Rapid Rehousing (RRH) is a community-based permanent housing model funded by the CoC Program, SSVF and the ESG Program. The following outlines the standards adopted for the ESG-RRH program in consultation with the ESG Written Standards (see Appendix 10.11).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. HUD Homeless Definition Populations¹</td>
<td>Category 1, 2 and 4 • Literally Homeless • At Imminent Risk (within 14 days) • Fleeing Domestic Violence</td>
<td>Category 1 and 4 • Literally Homeless • Fleeing Domestic Violence</td>
<td>Category 2 and 3 • Literally Homeless • Will be housed within 90 days • Exited unsuitable housing within the previous 90 days</td>
</tr>
<tr>
<td>Housing Standard</td>
<td>Units must meet HUD Housing Quality Standards (HQS)</td>
<td>Units must pass HUD Habitability Standards</td>
<td>Units must pass HUD Habitability Standards</td>
</tr>
<tr>
<td>Percentage (%) of rent to be paid by program participant, with utility allowance</td>
<td>The greater of: 30% of the adjusted gross income, OR 10 percent of the monthly income</td>
<td>*According to each recipients’/sub-recipients’ policies and procedures. Recipients’ and sub-recipients’ Rental Assistance Policy will establish, if any, caps and conditions.</td>
<td>• $0 - $200 -------- 40% • $201 - $600 ------ 35% • $601 - $1000 ---- 30% • $1,001 - $1,200 – 27%</td>
</tr>
</tbody>
</table>
1 Refer to eligible populations defined in the HUD NOFA. Additional resource, HUD Guidance released 3/12/2013 regarding Imminent Risk for CoC-RRH. https://www.onecpd.info/resource/2889/rapid-rehousing-egr-vs-coc/

### Rent Reasonableness Standard

<table>
<thead>
<tr>
<th>Move-in Standards</th>
<th>Units in a structure must comply with HUD Rent Reasonableness Standard</th>
<th>Units must comply with HUD Rent Reasonableness Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security deposit</td>
<td>Security deposit not to exceed two (2) months rent</td>
<td>Rent in Arrears</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Security deposit</td>
</tr>
<tr>
<td>Number (#) of months</td>
<td>0 to 24 Months</td>
<td>0 to 9 months; Extensions may be granted, but not to exceed 24 months</td>
</tr>
<tr>
<td>Number (#) of times participant can enroll in RRH</td>
<td>Two (2) episodes of homelessness in five years, but total amount of assistance cannot exceed 24 months</td>
<td>No limit, but total amount of assistance cannot exceed 24 months</td>
</tr>
<tr>
<td>Supportive Service Limitation</td>
<td>No longer than 6 months after rent assistance stops</td>
<td>No limit, but total amount of assistance cannot exceed 24 months</td>
</tr>
<tr>
<td>Re-evaluate participant self-sufficiency</td>
<td>At least annually,</td>
<td>At least every 3 months</td>
</tr>
<tr>
<td>Participant and Case Manager meet to review progress</td>
<td>At least monthly</td>
<td>At least monthly</td>
</tr>
</tbody>
</table>

### 13. PERFORMANCE MEASUREMENTS AND SYSTEM EVALUATION

ARCH will provide oversight to the CARE process to provide transparency for people working in the system and ensure consistency with how people access resources communitywide. ARCH will evaluate the system performance annually, at a minimum.

**13.1 ARCH will measure project and system performance outcomes based on seven criteria:**

- Reduction in the Mean Length of Homelessness
- Reduction in Recidivism
- Reduction in First-time Homelessness
- Reduction in unsheltered Homelessness
- Increase in Earned Income
- Increase in Mainstream Benefits
- Placement in Permanent Housing
- Other measures as published and applied as priority in the NOFA, i.e. targeting bed turn-over to chronically homeless, project leverage; etc.

*Under review and performance development.*
“CARE” Coordinated Appalachian Resource Extension

Coordinated Intake and Assessment System

13.2 Measurement period will be on a federal fiscal year, to align with Annual Homeless Assessment Report submitted to HUD.

13.3 ARCH will review the outcomes of the seven system performance measurements quarterly, at a minimum. Recipients/sub-recipients are required to submit quarterly progress reports by the 10th of the month following the end of each quarter (January 10th; April 10th; July 10th; October 10th) via HMIS.

13.4 Target goals for system performance will be measured annually beginning October 1, 2014, to include:

   t) Mean length of homelessness ≤20 days, or a reduction by at least 10 percent from the preceding federal fiscal year.
   u) Less than 5 percent recidivism within two year period, or homeless again within two years decreased by at least 20 percent from the preceding year.
   v) HMIS bed coverage rate is greater than 80 percent.
   w) Outreach plan is comprehensive in identifying and referring homeless individuals and families to CARE.

APPENDICES

10.1 HMIS Data Sharing Addendum to the Agency Participation Agreement (DRAFT)
10.2 CARE Screening and Intake Flow Chart
10.3 Screening Tool
10.4 CARE Directory (In Development)
10.5 Assessment Tool – VI-SPDAT
10.6 ARCH CARE Resource Eligibility Form
10.7 Self-Declaration of Housing Status Form
10.8 Staff Affidavit Form
10.9 Assessment Scoring Guide (In Development)
10.10 Program Referral Contact
10.11 Emergency Solutions Grant Written Standards
Donna:

On behalf of the entire Steering and Ranking Committee, I am happy to notify you that your projects listed below have been accepted into the 2019 CoC Competition:

Abuse Alternatives 2018 DV Bonus

You can find the final ranking results by visiting the ARCH website at www.appalachianhomeless.org and clicking on Continuum of Care. The final ranking document is the first listed under “2019 CoC Documents.”

Thank you for meeting with our committee and for submitting proposals that will serve the homeless in our area.

Wendy Peay
Executive Director
United Way of Greene County
115 Academy Street
Greeneville, TN 37743
423/639-9361
Fax 423/639-9340
wendy@unitedwayofgreenecounty.com
Anne:

On behalf of the entire Steering and Ranking Committee, I am happy to notify you that your projects listed below have been accepted into the 2019 CoC Competition:

- 2018 HMIS Consolidation Project
- 2018 DV Bonus Project
- 2019 New Project RRH Reallocation
- PSH 2 Renewal 2018

You can find the final ranking results by visiting the ARCH website at www.appalachianhomeless.org and clicking on Continuum of Care. The final ranking document is the first listed under “2019 CoC Documents.”

Thank you for meeting with our committee and for submitting proposals that will serve the homeless in our area.

Wendy Peay
Executive Director
United Way of Greene County
115 Academy Street
Greeneville, TN 37743
423/639-9361
Fax 423/639-9340
wendy@unitedwayofgreenecounty.com
Lilly and Daniel:

On behalf of the entire Steering and Ranking Committee, I am happy to notify you that your projects listed below have been accepted into the 2019 CoC Competition:

- CoC RRH Bonus Project (from 2018)
- New DV Bonus

You can find the final ranking results by visiting the ARCH website at www.appalachianhomeless.org and clicking on Continuum of Care. The final ranking document is the first listed under “2019 CoC Documents.”

Thank you for meeting with our committee and for submitting proposals that will serve the homeless in our area.

Wendy Peay
Executive Director
United Way of Greene County
115 Academy Street
Greeneville, TN 37743
423/639-9361
Fax 423/639-9340
wendy@unitedwayofgreenecounty.com
Carolyn:

On behalf of the entire Steering and Ranking Committee, I am happy to notify you that your projects listed below have been accepted into the 2019 CoC Competition:

   DV Bonus

You can find the final ranking results by visiting the ARCH website at www.appalachianhomeless.org and clicking on Continuum of Care. The final ranking document is the first listed under “2019 CoC Documents.”

Thank you for meeting with our committee and for submitting proposals that will serve domestic violence victims and homeless populations in our area.

Wendy Peay
Executive Director
United Way of Greene County
115 Academy Street
Greeneville, TN 37743
423/639-9361
Fax 423/639-9340
wendy@unitedwayofgreenecounty.com
Ms. Burrows:

On behalf of the entire Steering and Ranking Committee, I am happy to notify you that your projects listed below have been accepted into the 2019 CoC Competition:

- The Manna House Renewal 2018
- Appalachian Family Housing
- Fairview New 2019 PH-RRH
- 2019 Joint TH-PH-RRH
- DV Bonus

You can find the final ranking results by visiting the ARCH website at www.appalachianhomeless.org and clicking on Continuum of Care. The final ranking document is the first listed under “2019 CoC Documents.”

Thank you for meeting with our committee and for submitting proposals that will serve the homeless in our area.

Wendy Peay
Executive Director
United Way of Greene County
115 Academy Street
Greeneville, TN 37743
423/639-9361
Fax 423/639-9340
wendy@unitedwayofgreenecounty.com
Ms. Feather:

On behalf of the entire Steering and Ranking Committee, I am happy to notify you that your projects listed below have been accepted into the 2019 CoC Competition:

   Frontier Health DV Bonus

You can find the final ranking results by visiting the ARCH website at www.appalachianhomeless.org and clicking on Continuum of Care. The final ranking document is the first listed under “2019 CoC Documents.”

Thank you for meeting with our committee and for submitting proposals that will serve the homeless in our area.

Wendy Peay
Executive Director
United Way of Greene County
115 Academy Street
Greeneville, TN 37743
423/639-9361
Fax 423/639-9340
wendy@unitedwayofgreenecounty.com
Jeff:

On behalf of the entire Steering and Ranking Committee, I am happy to notify you that your projects listed below have been accepted into the 2019 CoC Competition:

- 2019 CoC Grant
- DV Bonus
- KHRA Bonus

You can find the final ranking results by visiting the ARCH website at [www.appalachianhomeless.org](http://www.appalachianhomeless.org) and clicking on Continuum of Care. The final ranking document is the first listed under “2019 CoC Documents.”

Thank you for meeting with our committee and for submitting proposals that will serve the homeless in our area.

Wendy Peay
Executive Director
United Way of Greene County
115 Academy Street
Greeneville, TN 37743
423/639-9361
Fax 423/639-9340
wendy@unitedwayofgreenecounty.com
POPULATION

American Community Survey indicates total population in ARCH CoC is 506,909, consisting of 95% white; 2% African American; 1% Asian; and 2% Other/Multiracial. Ethnicity data reveals 2% of the population are Hispanic and 98% Non-Hispanic. CoC Ethnicity data indicates Non-Hispanic populations fare better than Hispanic populations in terms of poverty. 95% of Non-Hispanic populations live in poverty, 3% less than the total Non-Hispanic population, while 5% of Hispanic population live in poverty, 3% higher than total Hispanic Population.

DISTRIBUTION OF RACE – ARCH TN-509
**POVERTY**

Poverty data indicates 95,985 or 19% of the total CoC population is living in poverty and is comprised of 92% white; 3% African American; less than 1% Asian; and 4% Other/Multiracial, closely correlating with total population indicators with slightly less (-3%) White total population living in poverty; slightly more (+1%) African American population living in poverty; less than 1% Asian population living in poverty; and 2% higher Other/Multiracial populations living in poverty. Asian persons fare better than any race in ARCH CoC, and a smaller percentage of White persons live in poverty than African American or Other/Multiracial population. When looking at poverty among families with children, 69,642 or 72% of total persons living in poverty are families with children, with race distribution mirroring that of populations living in poverty – 92% white; 3% African American; 0% Native American; 0% Asian; and 0% Other/Multiracial.
HOMELESSNESS

ARCH 2017 PIT data revealed total 450 homeless persons, consisting of 92% white persons; 6% African American; 0% Asian; and 4% Other/Multiracial, indicating equal distribution among total white persons, Asians and Other/Multiracial populations experiencing homelessness and living in poverty, and disparity among African American populations experiencing homelessness (6%) and living in poverty (3%). Although total homeless population surveyed in PIT is composed of primarily White persons, homelessness occurred in smaller percentage of total White families with children (92% versus 89%), in comparison to greater percentage of African American families with children (6% versus 9%).

### EXPERIENCING HOMELESSNESS (PIT)

<table>
<thead>
<tr>
<th>RACE</th>
<th>PERCENTAGE</th>
<th>RACE</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>92%</td>
<td>White</td>
<td>89%</td>
</tr>
<tr>
<td>African American</td>
<td>6%</td>
<td>African American</td>
<td>9%</td>
</tr>
<tr>
<td>Native American</td>
<td>0%</td>
<td>Native American</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>0%</td>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiracial</td>
<td>1%</td>
<td>Other/Multiracial</td>
<td>0%</td>
</tr>
</tbody>
</table>
Among homeless who were sheltered during the PIT, White persons comprised the majority, however, slightly less total White homeless populations experienced sheltered homelessness (92% versus 91%), and less White families with children experienced sheltered homelessness (89% versus 86%). A greater percentage of total African American homeless were sheltered during the PIT when comparing to total percentage of African American homeless (8% versus 6%), and a greater percentage of total African American families with children experiencing homelessness were sheltered when comparing to total African American homeless in families with children (12% versus 9%).

<table>
<thead>
<tr>
<th>RACE</th>
<th>ALL PERCENTAGE</th>
<th>IN FAMILIES WITH CHILDREN PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>91%</td>
<td>White</td>
</tr>
<tr>
<td>African American</td>
<td>8%</td>
<td>African American</td>
</tr>
<tr>
<td>Native American</td>
<td>0%</td>
<td>Native American</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>Asian</td>
</tr>
<tr>
<td>Other/Multiracial</td>
<td>1%</td>
<td>Other/Multiracial</td>
</tr>
</tbody>
</table>
Disparity among Whites and African Americans flips when looking at unsheltered homelessness category. Unsheltered White homeless exceeds all races including African American unsheltered homelessness in comparison to total number of homeless in both categories – All and In Families With children; notably, 25% of total homeless White families with children were unsheltered, meaning living on the streets, in cars, in encampments, compared to 0% of all other races.

<table>
<thead>
<tr>
<th>EXPERIENCING UNSHELTERED HOMELESSNESS (PIT)</th>
<th>EXPERIENCING SHELTERED HOMELESSNESS (PIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>IN FAMILIES WITH CHILDREN</td>
</tr>
<tr>
<td>RACE</td>
<td>PERCENTAGE</td>
</tr>
<tr>
<td>White</td>
<td>94%</td>
</tr>
<tr>
<td>African American</td>
<td>3%</td>
</tr>
<tr>
<td>Native American</td>
<td>1%</td>
</tr>
<tr>
<td>Asian</td>
<td>0%</td>
</tr>
<tr>
<td>Other/Multiracial</td>
<td>2%</td>
</tr>
</tbody>
</table>
HMIS DATA

The CoC implemented NAEH Racial Disparity Tool to perform a Racial Disparity study using data extracted from HMIS over a one-year period in contrast to Point-in-Time 24-hour timeframe. The following questions were raised and researched for July 1, 2018 through June 30, 2018 that focus on Systems Performance Measure data and gives a clearer picture of other housing options, in addition to shelter and unsheltered, in the CoC. Ethnicity data is consistent with very little variation for total Hispanic and Non-Hispanic populations (2% and 98% respectively) in every category with the exception of Permanent Housing and Transitional Housing.

1) Who experiences Homelessness? In comparison to PIT data, HMIS shows a greater percentage of African Americans experiencing homelessness (16% HMIS, 6% PIT) than total African American homeless population, and smaller percentage of White population experiencing homelessness (81% HMIS, 92% PIT). Additionally, the total population of African Americans in the CoC who were homeless (304) compared to total African American population of 11,896, equals less than 1%, while 1583 Whites in the COC were homeless out of total population of 479,516, which equals only .33%.

2) Who gets into Crisis Housing? HMIS data reveals 13% of the total persons entering Shelters were comprised of African American Population which closely corresponds with 12% per PIT. Transitional Housing reveals 20% of total population entering Transitional Housing were African Americans while 80% were White. Transitional Housing was the only category that demonstrated a lower percentage of homeless Hispanics in comparison to percentage of total homeless Hispanic population (0% in TH versus 2% Total).

3) Who gets into Permanent Housing? 18% of total exits to permanent supportive housing were experienced by African Americans while 78% of Whites exited to permanent housing. Permanent Housing was the only category that demonstrated a slightly greater percentage of homeless
Hispanics when comparing to percentage of total homeless Hispanic population (3% PH versus 2% Total).

4) Who returns to homelessness? Among White homeless populations, a greater percentage experienced returns to homelessness (83% versus 81%). Conversely, among African American homeless populations, a smaller percentage experienced returns to homelessness (13% versus 16%). Other homeless races and Hispanics experienced returns to homelessness consistent with total homeless populations.

### 1-Who Experiences Homelessness?

*Enter the unduplicated total number of people in HMIS for each racial and ethnic group below*

<table>
<thead>
<tr>
<th>White</th>
<th>African American</th>
<th>Native American</th>
<th>All Other Races</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1583</td>
<td>304</td>
<td>13</td>
<td>56</td>
<td>1956</td>
</tr>
<tr>
<td>81%</td>
<td>16%</td>
<td>1%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hispanic</th>
<th>Not Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>1909</td>
<td>1956</td>
</tr>
<tr>
<td>2%</td>
<td>98%</td>
<td></td>
</tr>
</tbody>
</table>

### 2-Who Gets into Crisis Housing?

*Enter the total number of each group entering Emergency Shelter*

<table>
<thead>
<tr>
<th>White</th>
<th>African American</th>
<th>Native American</th>
<th>All Other Races</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>872</td>
<td>132</td>
<td>11</td>
<td>39</td>
<td>1054</td>
</tr>
<tr>
<td>83%</td>
<td>13%</td>
<td>1%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hispanic</th>
<th>Not Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>1034</td>
<td>1054</td>
</tr>
<tr>
<td>2%</td>
<td>98%</td>
<td></td>
</tr>
</tbody>
</table>

*Enter the total number of each group entering Transitional Housing*

<table>
<thead>
<tr>
<th>White</th>
<th>African American</th>
<th>Native American</th>
<th>All Other Races</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>80%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hispanic</th>
<th>Not Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>0%</td>
<td>100%</td>
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</table>
3-Who Gets into Permanent Housing?

Enter the total number of exits to Permanent Housing from all project types by group

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>African American</th>
<th>Native American</th>
<th>All Other Races</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>485</td>
<td>111</td>
<td>1</td>
<td>22</td>
<td>619</td>
</tr>
<tr>
<td></td>
<td>78%</td>
<td>18%</td>
<td>0%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

Hispanic | Not Hispanic | Total
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>599</td>
<td>619</td>
</tr>
<tr>
<td>3%</td>
<td>97%</td>
<td></td>
</tr>
</tbody>
</table>

4-Who Returns to Homelessness?

Enter the total number of returns to homelessness by race below

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>African American</th>
<th>Native American</th>
<th>All Other Races</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>790</td>
<td>122</td>
<td>10</td>
<td>26</td>
<td>948</td>
</tr>
<tr>
<td></td>
<td>83%</td>
<td>13%</td>
<td>1%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

Hispanic | Not Hispanic | Total
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>931</td>
<td>948</td>
</tr>
<tr>
<td>2%</td>
<td>98%</td>
<td></td>
</tr>
</tbody>
</table>

CONCLUSION

Racial disparity may exist in ARCH CoC, however only slightly. The total population of the CoC is overwhelmingly White (92%) with only 2% African American and very low percentage of other races. When comparing with 92% White and 6% African American total homeless populations, there is a 4% difference in the ratio of total population of African Americans to African Americans experiencing homelessness. The percentage of sheltered African American families with children experiencing homelessness exceeds that of White families with children, and when considering the total number of homeless reported in HMIS among African Americans, a greater percentage transitioned to Transitional Housing and Permanent Housing than Crisis Housing. Conversely, a smaller percentage among White homeless populations transitioned to Transitional Housing and Permanent Housing than Crisis Housing. Furthermore, White homeless experienced significantly higher percentage of returns to homelessness than African American and all other races. This could suggest either greater racial disparity among homeless African American families when attempting to gain access to shelters or greater support systems among homeless African American families and faith-based organizations; and either less disparity for White homeless populations attempting to gain access to shelters and/or unwillingness of homeless White families with children to enter shelters, especially when considering
unsheltered White families with children exceeded all other races by 25%. Further research is necessary to reach a definite conclusion. ARCH CoC designed a Racial Disparity Survey to determine whether homeless populations perceived if they had experienced housing discrimination based on race, gender, gender identify, victims of Domestic Violence, and will incorporate with the Point-in-Time count in 2020.
GRANT AMENDMENT

<table>
<thead>
<tr>
<th>Agency Tracking #</th>
<th>Edison ID</th>
<th>Contract #</th>
<th>Amendment #</th>
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<tbody>
<tr>
<td>31701-11837</td>
<td>Delegated from 49325</td>
<td>31701-11807</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Contractor Legal Entity Name</th>
<th>Edison Vendor ID</th>
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<tbody>
<tr>
<td>Appalachian Regional Coalition on Homelessness</td>
<td>17807</td>
</tr>
</tbody>
</table>

Amendment Purpose & Effect(s)

Grant Contract Attachment 3B is deleted and replaced with the new Attachment 3B

Amendment Changes Contract End Date: □ YES X NO End Date: 12/31/2019

TOTAL Contract Amount INCREASE per this Amendment (zero if N/A): $0

<table>
<thead>
<tr>
<th>Funding —</th>
<th>State</th>
<th>Federal</th>
<th>Interdepartmental</th>
<th>Other</th>
<th>TOTAL Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td>$184,824</td>
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TOTAL: $217,440

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

CPO USE

Speed Chart (optional)   Account Code (optional)
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AMENDMENT 1
OF GRANT CONTRACT 31701-11807

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Volunteer Tennessee, hereinafter referred to as the "State" and Appalachian Regional Coalition on Homelessness, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract Attachment 3B is deleted and in its entirety and replaced with the new Attachment 3B attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective 9/1/2019. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

Appalachian Regional Coalition on Homelessness:

Anne M. Cooper 8/15/19
GRANTEE SIGNATURE DATE
Anne M. Cooper, Executive Director
PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION:

Stuart C. McWhorter, COMMISSIONER 9/3/19
Stuart C. McWhorter, COMMISSIONER
DATE
# 2018 Terms and Conditions for AMERICORPS STATE and NATIONAL GRANTS

Updated as of March 13, 2019

These Corporation for National & Community Service (CNCS) Grant Program Specific Terms and Conditions and the General Terms and Conditions, are binding on the recipient.

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I. CHANGES FROM THE 2017 AMERICORPS GRANT TERMS AND CONDITIONS

For your convenience, we have identified changes from last year’s AmeriCorps State and National grant terms and conditions. The list below is general and informational in nature, not comprehensive. We reiterate the importance of reviewing all award terms and conditions, because recipients are responsible for knowing, understanding, and complying with all award terms and conditions.

The following revisions were made to the original 2018 AmeriCorps Grant Terms and Conditions:

1. Section IV.B. – Deleted the NSOPR acronym.
2. Section XI.A. – Removed the requirement for semi-annual progress reports.
3. Section XI.G. – Changed language to reflect only annual end-of-year reports and a final project report.

The changes listed below were the original changes noted as changes to the 2017 AmeriCorps Grant Terms and Conditions:

1. Section IV.A. – Added the section “Member Listings/Position Descriptions in the My AmeriCorps Portal.”
2. Section IV.B. - Added the section “Pre-enrollment of selected members.”
3. Section IV.C. - Revised the language related to notification of the Trust.
4. Section IV.E. - Updated language related to reasonable accommodation. Removed the reference to the FAQ and included an email for additional information.
5. Section IV.F. - Changed the requirement to assign members to service locations from 30 days to five days.
6. Section IV.I. – Updated the language for Penalties for False Information.
7. Section V.E. – Updated the language related to performance reviews.
8. Section VI.A. – Added the requirement for CNCS approval to convert any position to a three-quarter time member.
9. Section VI.C. – Added the conditions for changing a Term of Service for an enrolled Member for a three-quarter time position.
10. Section VIII.E. – Added Professional Corps programs are excluded from childcare payments and updated the FAQ link.
11. Section IX.B. – Updated language regarding verification of eligibility and submitting documentation to CNCS.
12. Section XI.B. – Added a requirement for an evaluation plan and learning memo for evidence based intervention planning grantees.
13. Section XV – Updated the link for the e-Course and included Litmos access information.
14. Removed all references to Partnership Challenge grants.
II. DEFINITIONS

A. **Recipient**, for the purposes of this agreement, means the direct recipient of this award. The recipient is legally accountable to CNCS for the use of award funds, or member positions, and is bound by the provisions of the award. The recipient is responsible for ensuring that subrecipients or other organizations carrying out activities under this award comply with all applicable Federal requirements, including the CNCS General Terms and Conditions, these specific terms and conditions, regulations applicable to the program, and the NCSA.

B. **Planning Grant**, for the purposes of this agreement, is an award or subaward for the planning of a national service program. State Service Commissions may also award planning grants as part of their Formula Cost Reimbursement prime award. Planning grants do not include member positions. Planning grants are awarded for a maximum of one year, and may not exceed $75,000 per program.

C. **Subrecipient** refers to an organization receiving AmeriCorps award funds or member positions from a recipient of CNCS funds. See 2 CFR § 200.93.

D. **Operating site** means the organization that manages the AmeriCorps program and places members into service locations. State subrecipients (programs) are operating sites. National recipients must identify at least one operating site to which they can assign service locations in the state where they are placing members.

E. **Program** refers to the activities supported under the award.

F. **Service Location** means the organization where or with which a member actually provides his or her service in the community. Typical service locations are schools, food banks, health clinics, community parks, etc. The service location may be the same as the operating site, but only if the member actually serves at or with the operating site organization. A member may serve at multiple service locations, all of which must be listed in the portal, although the program must select only one for the member’s primary assignment.

G. **Member or participant** means an individual:
   1. Who has been selected by a recipient or subrecipient to serve in an approved national service position;
   2. Who is a U.S. citizen, U.S. national, or lawful permanent resident alien of the United States;
   3. Who is at least 17 years of age at the commencement of service
unless the member is out of school and enrolled in a full-time, year-round youth corps or full-time summer program as defined in the NCSA (42 U.S.C. § 12572 (a)(3)(B)(x)), in which case he or she must be between the ages of 16 and 25, inclusive, and

4. Who has received a high school diploma or its equivalent, agrees to obtain a high school diploma or its equivalent (unless this requirement is waived based on an individual education assessment conducted by the program) and the individual did not drop out of an elementary or secondary school to enroll in the program, or is enrolled in an institution of higher education on an ability to benefit basis and is considered eligible for funds under 20 U.S.C. § 1091 (See Section IX. B.).


III. AFFILIATION WITH THE AMERICORPS NATIONAL SERVICE PROGRAM

A. Identification as an AmeriCorps Program or Member. The recipient shall identify the program as an AmeriCorps program and members as AmeriCorps members. All agreements with subrecipients, operating sites, or service locations, related to the AmeriCorps program must explicitly state that the program is an AmeriCorps program and AmeriCorps members are the resource being provided.

B. The AmeriCorps Name and Logo. AmeriCorps is a registered service mark of CNCS. CNCS provides a camera-ready logo. All recipient and subrecipient websites shall clearly state that they are an AmeriCorps recipient and shall prominently display the AmeriCorps logo. Recipients and subrecipients shall use the AmeriCorps name and logo on service gear and public materials such as stationery, application forms, recruitment brochures, on-line position postings or other recruitment materials, orientation materials, member curriculum materials, signs, banners, websites, social media, press releases, and publications related to their AmeriCorps program in accordance with CNCS requirements.

To publicize the relationship between the program and AmeriCorps, the recipient shall describe their program as “an AmeriCorps program.” Recipients shall provide information or training to their AmeriCorps members about how their program is part of the national AmeriCorps program and about the other national service programs of CNCS. Recipients are strongly encouraged to place signs that include the AmeriCorps name and logo at their service sites and may use the slogan “AmeriCorps Serving Here.” AmeriCorps members should state that
they are AmeriCorps members during public speaking opportunities.

The recipient may not alter the AmeriCorps logo, and must obtain written permission from CNCS before using the AmeriCorps name or logo on materials that will be sold, or permitting donors to use the AmeriCorps name or logo in promotional materials. The recipient may not use or display the AmeriCorps name or logo in connection with any activity prohibited by statute, regulation, or CNCS General Terms and Conditions, and these specific award terms and conditions.

IV. MEMBER RECRUITMENT, SELECTION, AND EXIT

Member recruitment and selection requirements are in CNCS’s regulations at 45 CFR §§ 2522.210 and Part 2540, subpart B. In addition, the recipient must ensure that the following procedures are followed:

A. Member Listings/Position Descriptions in the My AmeriCorps Portal. Programs must list their member listings/position descriptions by creating Service Opportunity Listings in the My AmeriCorps Portal.

B. Pre-enrollment of selected members. Programs must enter applicants into the Portal prior to their first day of service and in sufficient time to ensure that the future member is citizenship eligible. Program staff must also certify that the future member’s required NSOPW has been run, reviewed, and approved as well as the State and/or FBI criminal history checks initiated. Members will not be permitted to enroll in the National Service Trust prior to those steps occurring.

C. Notice to CNCS’s National Service Trust. The recipient must notify CNCS’s National Service Trust, via the My AmeriCorps Portal, within 30 days of a member’s completion of, suspension from, or release from, a term of service. Suspension of service is defined as an extended period during which the member is not serving, nor accumulating service hours or receiving AmeriCorps benefits. AmeriCorps members must complete their own enrollment and exit forms on-line in the My AmeriCorps Member Portal.

The recipient also must notify the Trust, via the My AmeriCorps Portal, when a change in a member’s term of service is approved and changed (i.e. from full-time to less than full-time or vice versa). Failure to report such changes within the required time frames may result in sanctions to the recipient, up to and including, suspension or termination of the award. Recipients or subrecipients meet notification requirements by using the appropriate electronic system to inform CNCS of changes within the required time frames. Any questions regarding the Trust should be
directed to the Trust Office (800) 942-2677.

D. Parental Consent. Parental or legal guardian consent must be obtained for members under 18 years of age before members begin a term of service. Recipients may also include an informed consent form of their own design as part of the member service agreement materials.

E. Reasonable Accommodation. Programs and activities must be accessible to persons with disabilities, and the recipient must provide reasonable accommodation for the known mental or physical disabilities of otherwise qualified members, service recipients, applicants, and staff. All selections and project assignments must be made without regard to the need to provide reasonable accommodation. As such, inquiries about the need for reasonable accommodation should take place after a member has been offered an AmeriCorps position. Please email Accommodations@cns.gov for more information.

F. Assigning Members to Service Locations. The recipient is required to ensure that all operating sites and all service locations are entered in the My AmeriCorps portal for all members within five days of members’ starting a term of service. The recipient is required to include the name of the organization, and the full address or zip-plus-four of the service locations where each member will be serving. If a member is serving at multiple service locations, the program must select as the member’s primary assignment the one where the member serves a majority of his or her hours. However, all service locations must be listed in the portal.

G. Completion of Terms of Service. The recipient must ensure that each member has sufficient opportunity to complete the required number of hours of service to qualify for the education award. Members must be exited within 30 days of the end of their term of service. If this award expires or is not renewed, a member who was scheduled to continue in a term of service may either be placed in another program, where feasible, or if the member has completed at least 15% of the service hour requirement, the member may receive a pro-rated education award.

H. Member Exit. In order for a member to receive an education award from the National Service Trust, the recipient must certify to the National Service Trust that the member satisfactorily and successfully completed the term of service, and is eligible to receive the education benefit. The recipient (and any individual or entity acting on behalf of the recipient) is responsible for the accuracy of the information certified on the end-of-term certification.

I. Penalties for false information: Any recipient who makes a materially
false statement or representation in connection with the approval or disbursement of an education award or other payment from the National Service Trust may be liable for the recovery of funds and subject to civil sanctions. Any individual involved making a materially false statement may be subject to criminal sanctions.

V. SUPERVISION AND SUPPORT

A. Planning for the Term of Service. The recipient must develop member positions that provide for meaningful service activities and performance criteria that are appropriate to the skill level of members. The recipient is responsible for ensuring that the positions do not include or put the AmeriCorps member in a situation in which the member is at risk for engaging in any prohibited activity (see 45 CFR § 2520.65), activity that would violate the non-duplication and non-displacement requirements (see 45 CFR § 2540.100), or exceeding the limitations on allowable fundraising activity (see 45 CFR §§ 2520.40-.45). The recipient must accurately and completely describe the activities to be performed by each member in a position description. Position descriptions must be provided to CNCS upon request. The recipient must ensure that each member has sufficient opportunity to complete the required number of hours to qualify for an education award. In planning for the member’s term of service, the recipient must account for holidays and other time off, and must provide each member with sufficient opportunity to make up missed hours.

B. Member Service Agreements. The recipient must require that each member sign a member service agreement that includes, at a minimum, the following:

1. Member position description;
2. The minimum number of service hours (as required by statute) and other requirements (as developed by the recipient) necessary to successfully complete the term of service and to be eligible for the education award;
3. The amount of the education award being offered for successful completion of the terms of service in which the individual is enrolling;
4. Standards of conduct, as developed by the recipient or sub recipient;
5. The list of prohibited activities, including those specified in the regulations at 45 CFR § 2520.65 (see paragraph C, below);
6. The text of 45 CFR §§ 2540.100(e)-(f), which relates to Nonduplication and Nondisplacement;
7. The text of 45 CFR §§ 2520.40-.45, which relates to fundraising by members;
8. Requirements under the Drug-Free Workplace Act (41 U.S.C. § 701 et seq.);
9. Civil rights requirements, complaint procedures, and rights of beneficiaries;
10. Suspension and termination rules;
11. The specific circumstances under which a member may be released for cause;
12. Grievance procedures; and
13. Other requirements established by the recipient.

The recipient should ensure that the service agreement is signed before commencement of service so that members are fully aware of their rights and responsibilities.

C. **Prohibited Activities.** While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or CNCS, staff and members may not engage in the following activities (see 45 CFR § 2520.65):

1. Attempting to influence legislation;
2. Organizing or engaging in protests, petitions, boycotts, or strikes;
3. Assisting, promoting, or deterring union organizing;
4. Impairing existing contracts for services or collective bargaining agreements;
5. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
6. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
7. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
8. Providing a direct benefit to—
   a. A business organized for profit;
   b. A labor union;
   c. A partisan political organization;
   d. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these provisions shall be construed to prevent
participants from engaging in advocacy activities undertaken at their own initiative; and

e. An organization engaged in the religious activities described in paragraph C. 7. above, unless CNCS assistance is not used to support those religious activities;

9. Conducting a voter registration drive or using CNCS funds to conduct a voter registration drive;

10. Providing abortion services or referrals for receipt of such services; and

11. Such other activities as CNCS may prohibit.

AmeriCorps members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-CNCS funds. Individuals should not wear the AmeriCorps logo while doing so.

D. **Supervision.** The recipient must provide members with adequate supervision by qualified supervisors consistent with the award. The recipient must conduct an orientation for members, including training on what activities are prohibited during AmeriCorps service hours, and comply with any pre-service orientation or training required by CNCS. The recipient must ensure that it does not exceed the limitation on member service hours spent in education and training set forth in 45 CFR § 2520.50.

E. **Performance Reviews.** The recipient must conduct and keep a record of at least a midterm and an end-of-term written evaluation of each member’s performance for Full-Time members and an end-of-term written evaluation for Three-Quarter Time and less than Half-time members. The end-of-term evaluation should address, at a minimum, the following factors:

1. Whether the member has completed the required number of hours;
2. Whether the member has satisfactorily completed assignments; and
3. Whether the member has met other performance criteria that were clearly communicated at the beginning of the term of service.

F. **Timekeeping.** The recipient is required to ensure that time and attendance recordkeeping is conducted by the AmeriCorps member’s supervisor. This time and attendance record is used to document member eligibility for in-service and post-service benefits. The recipient must have a timekeeping system that is compliant with 2 CFR § 200.430.
If a Professional Corps program wants to follow the timekeeping practices of its profession and certify that members have completed the minimum required hours, excluding sick and vacation days, it must get advance written approval from CNCS. If a State Commission Formula funded Professional Corps program wants to follow the timekeeping practices of its profession and certify that members have completed the minimum required hours, excluding sick and vacation days, it must get advance written approval from the State Commission.

G. Member Death or Injury. The recipient must immediately report any member deaths or serious injuries to the designated CNCS Program Officer.

VI. CHANGES IN MEMBER POSITIONS

A. Changes that Require CNCS Approval. Circumstances may arise within a program that necessitate changing the type of unfilled AmeriCorps member positions awarded to a recipient or subrecipient, or changing the term of service of a currently enrolled member. Note that once a member is exited with a partial education award, the remaining portion of that education award is not available for use. The following changes require written approval from CNCS’s Office of Grants Management as well as written approval and concurrence from the State Commission or Direct (including National Direct, State Direct, Tribal, Territory Direct, or Education Award Only (EAP)) recipient:

1. A change in the number of member service year (MSY) positions in the award;
2. A change in the funding level of the award; and/or
3. A conversion of any position(s) to a three-quarter time member, regardless of whether it changes the number of member service year (MSY) positions in the award.

B. Changing Types of Unfilled member positions. Recipients or subrecipients may change the type of member positions awarded to their program if:

1. The change does not increase the total MSYs authorized in the Notice of Grant Award (e.g. one half-time position cannot be changed to one full-time position); and
2. The change does not result in an increase in the value of the education award; and,
3. If the award is a Full-cost Fixed Amount or Professional Corps Fixed Amount award, the member position will be filled by a member serving in a full-time capacity.
Changes in types of member positions may be made by the recipient directly in the My AmeriCorps Portal.

C. **Changing a Term of Service for an enrolled Member.** Changes in terms of service for enrolled members may not result in an increased number of MSYs for the program. With the exception of Education Award only awards, recipients with Fixed Amount awards may not convert members to less-than-full-time member positions. All changes to types of member positions are subject to availability of funds in the Trust.

1. **Full-time.** State Commissions and National Direct Organizations may authorize or approve occasional changes of currently enrolled full-time members to less than full-time members. Impact on program quality should be factored into approval of such requests. CNCS-provided or funded health care or childcare costs are not available for less than full-time members. Recipients and subrecipients may not transfer currently enrolled full-time members to a less than full-time status simply to provide the member a less than full-time education award.

2. **Three-quarter time.** State Commissions and National Direct Organizations may not authorize or approve changes of currently enrolled three-quarter time or unfilled three-quarter time members. Any conversion to a reduced full-time member slot must be approved by the CNCS PO and GO.

3. **Less than Full-time.** CNCS discourages changing less than full-time members to full-time because it is very difficult to manage, unless done very early in the member’s term of service. State Commissions and Direct recipients (including National Direct, State Direct, Tribal, Territory Direct, and Education Award Only recipients) may authorize or approve such changes so long as their current budget can accommodate such changes. Programs must keep in mind that a member’s minimum 1700 hours must be completed within 12 months of the member’s original start date.

4. **Refilling Member Positions.** With the exception of recipients whose awards have special award conditions under 2 CFR §§ 200.207 or 200.338, AmeriCorps State and National programs that have fully enrolled their awarded member positions are allowed to replace any member who terminates service before completing 30 percent of his/her term provided that the member who is terminated is not eligible for and does not receive a pro-rated education award. Programs may not refill the same member position more than once.
As a fail-safe mechanism to ensure that resources are available in the National Service Trust to finance all earned education awards, CNCS will suspend refilling if either:

a. Total AmeriCorps enrollment reaches 97 percent of awarded member positions; or
b. The number of refills reaches five percent of awarded member positions.

5. Direct recipients may transfer refill member positions between operating sites as long as they can ensure and document that the same member position is not refilled more than once. Recipients and subrecipients will require the assistance of a CNCS Program Officer in order to transfer refill member positions between operating sites. Refilled member positions may not be combined with unfilled member positions.

D. Formula and State Competitive Award Member Position Transfers. State commissions are allowed to transfer member positions among their state formula and competitive subrecipients within a given prime grant in order to maximize enrollment and cost effectiveness without prior approval. State commissions may not transfer member positions between competitive and formula subrecipients, or vice-versa. State commissions may not transfer funds among their competitive subrecipients.

E. Notice to Childcare and Healthcare Providers. Recipients and subrecipients must immediately notify CNCS’s designated agents, in writing, when a Member’s status changes in a manner that affects their eligibility for childcare or healthcare. See Section VIII.D.

VII. RELEASE FROM PARTICIPATION

Recipients may release members from participation for two reasons: (a) for compelling personal circumstances; and (b) for cause. See 45 CFR § 2522.230 for requirements. Whether the reason for the release amounts to circumstances beyond the member’s control is determined by the recipient, consistent with the criteria listed in 45 CFR § 2522.230(a). Failure to follow the requirements set forth in regulation (e.g., releasing an individual for a non-compelling personal circumstance, such as when the individual is leaving to go to school) is considered non-compliance with award requirements and may result in disallowed costs and other remedies for non-compliance. The recipient should retain the documentation supporting its determination to release an individual for compelling personal circumstances. In addition to the regulations, the following applies:
No Automatic Disqualification if Released for Cause: A release for cause covers all circumstances in which a member does not successfully complete his/her term of service for reasons other than compelling personal circumstances. Therefore, it is possible for a member to receive a satisfactory performance review and be released for cause. For example, a member who is released for cause from a first term—e.g., the individual has decided to take a job offer—but who-otherwise performed well-would, not be disqualified from enrolling for a subsequent term as long as the individual received a satisfactory performance evaluation for the first period of service.

VIII. LIVING ALLOWANCES, OTHER IN-SERVICE BENEFITS, AND TAXES

Requirements related to member living allowances and benefits are in 45 CFR §§ 2522.240 and 2522.250. In addition, recipients must ensure that the following procedures are followed:

A. Living Allowance Distribution. A living allowance is not a wage. Recipients must not pay a living allowance on an hourly basis. Recipients should pay the living allowance in regular increments, such as weekly or bi-weekly, paying an increased increment only on the basis of increased living expenses such as food, housing, or transportation. Payments should not fluctuate based on the number of hours served in a particular time period, and must cease when the member’s service ceases.

If a member serves all required hours and is permitted to conclude his or her term of service before the originally agreed upon end of term, the recipient may not provide a lump sum payment to the member. Similarly, if a member is selected after the program’s start date, the recipient must provide regular living allowance payments from the member’s start date and may not increase the member’s living allowance incremental payment or provide a lump sum to make up any missed payments.

Education Award Program Fixed Amount awards (EAPs) may provide a living allowance or other in-service benefits to their members, but are not required to do so. Full-cost and other Fixed Amount recipients must provide a living allowance to their members.

B. Waiving the Living Allowance. If a living allowance is paid, a member may waive all or part of the payment of a living allowance if, for example, he or she believes his or her public assistance may be lost or decreased because of the living allowance. Even if a member waives his or her right to receive the living allowance, it is possible—depending on the specific public assistance program rules—that the amount of the living allowance that the member is eligible to receive will be deemed available. A member who has waived the living allowance may revoke the waiver at
any time and may begin receiving the living allowance going forward from the date the individual revoked the waiver. A member may not receive any portion of the living allowance for the period of time the living allowance was waived.

C. Taxes and Insurance.

1. **Liability Insurance Coverage.** The recipient is responsible for ensuring adequate general liability coverage for the organization, employees and members, including coverage of members engaged in on- and off-site project activities.

2. **FICA (Social Security and Medicare taxes).** Unless the recipient obtains a ruling from the Social Security Administration or the Internal Revenue Service that specifically exempts its AmeriCorps members from FICA requirements, the recipient must pay FICA for any member receiving a living allowance. The recipient also must withhold 7.65% from the member’s living allowance.

3. **Income Taxes.** The recipient must withhold Federal personal income taxes from member living allowances, requiring each member to complete a W-4 form at the beginning of the term of service and providing a W-2 form at the close of the tax year. The recipient must comply with any applicable state or local tax requirements.

4. **Worker’s Compensation.** Some states require worker’s compensation for AmeriCorps members. Recipients must check with State Departments of Labor or state commissions to determine worker’s compensation requirements. If worker’s compensation is not required, recipients must obtain Occupational, Accidental, and Death and Dismemberment coverage for members to cover in-service injury or incidents.

D. **Healthcare Coverage.** Except for EAPs, Professional Corps, or members covered under a collective bargaining agreement, the recipient must provide, or make available, healthcare insurance to those members serving a 1700-hour full-time term who are not otherwise covered by a healthcare policy at the time the member begins his/her term of service. The recipient must also provide, or make available, healthcare insurance to members serving a 1700-hour full-time term who lose coverage during their term of service as a result of service or through no deliberate act of their own. CNCS will not cover healthcare costs for dependent coverage.

Less-than-full-time members who are serving in a full-time capacity for a sustained period of time (e.g. a full-time summer project) are eligible for healthcare benefits. Programs may provide health insurance to less-than-
full-time members serving in a full-time capacity, but they are not required to do so. For purposes of this provision, a member is serving in a full-time capacity when his/her regular term of service will involve performing service on a normal full-time schedule for a period of six weeks or more. A member may be serving in a full-time capacity without regard to whether his/her agreed term of service will result in a full-time Segal AmeriCorps Education Award.

Any of the following health insurance options will satisfy the requirement for health insurance for full-time AmeriCorps members (or less than full-time members serving in a full-time capacity): staying on parents’ or spouse plan; insurance obtained through the Federal Health Insurance Marketplace of at least the Bronze level plan; insurance obtained through private insurance broker; Medicaid, Medicare or military benefits. AmeriCorps programs purchasing their own health insurance for members must ensure plans are minimum essential coverage (MEC) and meet the requirements of the Affordable Care Act.

On Friday May 2, 2014 the U.S. Department of Health and Human Services (HHS) announced a Special Enrollment Period (SEP) for members in AmeriCorps State and National programs, who are not provided health insurance options or who are provided short-term limited duration coverage or self-funded coverage not considered MEC. Members in the AmeriCorps State and National programs and their dependents in the Federally-facilitated Marketplace (FFM) are eligible to enroll in Marketplace coverage when they experience the following triggering events:

• On the date they begin their service terms; and
• On the date they lose any coverage offered through their program after their service term ends. (Source: 45 CFR § 155.420(d)(9)).

Members have 60 days from the triggering event to select a plan. Coverage effective date is prospective based on the date of plan selection. A copy of the HHS Notice, which provides instructions on how to activate the special enrollment period, is available at https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/SEP-and-hardship-FAQ-5-1-2014.pdf. Members can also visit healthcare.gov for additional information about special enrollment periods: https://www.healthcare.gov/coverage-outside-open-enrollment-enrollment-period/.

If coverage is being provided via the Healthcare Marketplace, and thus third party payment is not an option, programs must develop a process to reimburse members for monthly premiums. Reimbursements for health insurance premiums are considered taxable income for the member, and programs must have a way to document such reimbursements.
E. Administration of Childcare Payments. In general, CNCS will provide for childcare payments, which will be administered through an outside contractor. Requirements and eligibility criteria are in the AmeriCorps regulations, 45 CFR § 2522.250. CNCS will not cover childcare costs for members who served on a less than full-time basis for a sustained period of time, or who have ceased serving or who are serving in a Professional Corps program. Programs may provide child care to less-than-full-time members serving in a full-time capacity, but they are not required to do so. Recipients that choose to provide childcare and will claim the costs of childcare as matching costs, as approved in their budget, may contact the childcare contractor for technical assistance. The criteria for member eligibility are contained in 45 CFR § 2522.250. Also see the FAQs, (http://www.nationalservice.gov/sites/default/files/upload/policy%20FAQs%207.31.14%20final%20working%20hyperlink.pdf) for more detailed information on administering childcare and healthcare benefits.

F. Notice to Childcare Benefit Administrator and Providers. The program must notify CNCS’s designated agents in writing within five business days after a member’s status changes in a manner that affects the member’s eligibility for childcare. After five days, the recipient will be liable for any erroneous payments made to a childcare provider for an AmeriCorps member ineligible to receive AmeriCorps childcare benefits. Examples of changes in status include: changes to a member’s scheduled service so that he/she is no longer serving on a full-time basis, terminating or releasing a member from service, suspending a member for cause for a lengthy or indefinite time period, temporarily suspending a member for cause for a lengthy or indefinite time period, temporarily suspending a member and/or any other change in the member’s service status that could have an impact on childcare benefit eligibility. Program directors should contact the childcare provider on childcare related changes.

IX. MEMBER RECORDS AND CONFIDENTIALITY

A. Recordkeeping. The recipient must maintain records, including the position description, sufficient to establish that each member was eligible to participate and that the member successfully completed all program requirements. A program may store member files electronically and use electronic signatures if the program can ensure the validity and integrity of the record and signature is maintained.

The program’s electronic storage procedures and system must provide for the safe-keeping and security of the records, including:
1. Sufficient prevention of unauthorized alterations or erasures of records;
2. Effective security measures to ensure that only authorized persons have access to records;
3. Adequate measures designed to prevent physical damage to records; and
4. A system providing for back-up and recovery of records; and

The electronic storage procedures and system provide for the easy retrieval of records in a timely fashion, including:
1. Storage of the records in a physically accessible location;
2. Clear and accurate labeling of all records; and
3. Storage of the records in a usable, readable format.

B. Verification of Eligibility. Unless an individual’s social security number and citizenship are verified through the My AmeriCorps Portal, the recipient must obtain and maintain documentation as required by 45 CFR § 2522.200(c). Programs that receive notice where one of their members was not verified – either the member’s social security number or their citizenship was not verified – should provide the requested documentation to CNCS prior to enrolling the member in the program.

Enrolling in the My AmeriCorps portal requires members to certify their high school status. Such certification fulfills the recipient’s verification requirement to obtain and maintain documentation from the member relating to the member’s high school education. If the member is incapable of obtaining a high school diploma or its equivalent, as determined by an independent evaluation, the recipient must retain a copy of the supporting evaluation.

C. Confidential Member Information. The recipient must maintain the confidentiality of information regarding individual members. The recipient must obtain the prior written consent of all members before using their names, photographs and other identifying information for publicity, promotional or other purposes. Recipients may release aggregate and other non-identifying information, and are required to release member information to CNCS and its designated contractors. The recipient must permit a member who submits a written request for access to review records that pertain to the member and were created pursuant to this award.
D. National Service Criminal History Check. The specific requirements of the National Service Criminal History Check, including the timing and recordkeeping requirements, are specified at 45 CFR §§ 2540.200 - .207. See also the final rule and the CNCS website for more information. You must retain a record of the NSOPW search and associated results either by printing the screen(s) or by some other method that retains paper or digital images of the NSOPW checks, inclusive of the date record for when the search was performed. Inability to demonstrate that you conducted an NSOPW or the required criminal history check, as specified in the regulations, may result in sanctions, including disallowance of all or part of the costs associated with the non-compliance or other remedies that may be legally available (see 2 CFR § 200.338).

X. BUDGET AND PROGRAMMATIC CHANGES

A. Programmatic Changes. The recipient must first obtain the prior written approval of the AmeriCorps Program Office before making any of the following changes (1-3):

1. Changes in the scope, objectives or goals of the program, whether or not they involve budgetary changes;
2. Substantial changes in the level of member supervision;
3. Entering into additional sub awards or contracts for AmeriCorps activities funded by the award, but not identified or included in the approved application and award budget.

Upon notification to the AmeriCorps Program Office, recipients may make programmatic changes due to, or in response to, an officially-declared state or national disaster without written approval from CNCS. As soon as practicable, recipients making disaster-related programmatic changes must discuss the recordkeeping, member activities, performance measure adjustments, and other AmeriCorps award requirements with the AmeriCorps Program Office. While written approval from CNCS is not required before making disaster-related programmatic changes, CNCS reserves the right to limit or deny disaster-related programmatic changes, including disallowing costs associated with the disaster related activities.

B. Program Changes for Formula Programs. State Commissions are responsible for approving the above changes for state formula programs.
C. **Budgetary Changes.** The recipient must obtain the prior written approval of CNCS’s Office of Grants Management before deviating from the approved budget in any of the following ways:

1. **Specific Costs Requiring Prior Approval before Incurrence** under the uniform administrative requirement, cost principles, and audit requirements for Federal awards at 2 CFR Parts 200 and 2205. Certain cost items in 2 CFR Parts 200 and 2205 require approval of the awarding agency for the cost to be allowable such as pre-award costs. Please ensure you consult the regulations prior to incurring costs to ensure allowability.
2. **Purchases of Equipment over $5,000 using award funds,** unless specified in the approved application and budget.
3. **Unless the CNCS share of the award is $100,000 or less,** changes to cumulative and/or aggregate budget line items that amount to 10 per cent or more of the total budget must be approved in writing in advance by CNCS. The total budget includes both the CNCS and recipient shares. Recipients may transfer funds among approved direct cost categories when the cumulative amount of such transfers does not exceed 10 percent of the total budget.

D. **Approvals of Programmatic and Budget Changes.** CNCS’s Grants Officers are the only officials who have the authority to alter or change the terms and conditions or requirements of the award. The Grants Officers will execute written amendments, and recipients should not assume approvals have been granted unless documentation from the Grants Office has been received. Programmatic changes also require final approval of CNCS’s Office of Grants Management after written recommendation for approval is received from the Program Office.

E. **Exceptions for Fixed Amount Awards.** Recipients with Fixed Amount awards are not subject to the requirements in Section C., Budgetary Changes, above.

XI. **REPORTING REQUIREMENTS**

This section applies only to the recipient. The recipient is responsible for timely submission of periodic financial and progress reports during the project period and a final financial report and for setting submission deadlines for its respective subrecipients that ensure the timely submission of recipient reports.

A. **Recipient Progress Reports.** The recipient shall complete and submit progress reports in eGrants to report on progress toward achievement of its approved performance targets.
Due Date | Reporting Period Covered
---|---
December 31 | Start of award year through September 30

B. Evidence Based Intervention Planning Grantees Evaluation Plan and Learning Memo. An evidence based intervention planning grant recipient must submit a draft evaluation plan and a learning memo 60 days before the end of the grant period. CNCS will work with the recipient to ensure that the draft evaluation plan shall include:
1. a description of the theory of change, or why the proposed intervention is expected to produce the proposed results;
2. clear and measurable outcomes that are aligned with the theory of change and will be assessed during the evaluation;
3. concrete evaluation questions (or hypotheses) that are clearly connected to the outcomes; and
4. a proposed research design for the evaluation (to include proposed data collection methods, instruments, and analysis plans), and timeline, for the evaluation.

The learning memo should include a statement if the evidence based intervention planning grant recipient plans to apply for an implementation grant, and reasons underlying the recipient’s decision to apply or not apply for the implementation grant.

C. Financial Reports. The recipient shall complete and submit financial reports in eGrants (Financial Status Reports on menu tree) to report the status of all funds. The recipient must submit timely cumulative financial reports in accordance with CNCS guidelines according to the following schedule:

Due Date | Reporting Period Covered
---|---
April 30 | Start of award through March 31
October 31 | April 1 – September 30

A recipient must set submission deadlines for its respective subrecipients that ensure the timely submission of recipient reports.

Cost reimbursement Professional Corps recipients submit one financial report per year.

All recipients, including Fixed Amount recipients, must submit the Federal Financial Report (FFR) - Cash Transactions Report on a quarterly basis to the Department of Health and Human Services Payment Management System per the Electronic Funds Transfer Agreement.
D. **Reporting Other Federal Funds.** The recipient shall report the amount and sources of federal funds, other than those provided by CNCS, claimed as matching funds. This includes other federal funds expended by subrecipients and operating sites and claimed as match. This information shall be reported annually on the financial report due October 31st or at the time the final financial report is submitted if the final report is due prior to October 31st. Fixed Amount recipients are not required to report this information.

E. **Requests for Extensions.** Each recipient must submit required reports by the given dates. Extensions of reporting deadlines will be granted only when 1) the report cannot be furnished in a timely manner for reasons, in the determination of CNCS, legitimately beyond the control of the recipient, and 2) CNCS receives a written request explaining the need for an extension before the due date of the report.

Extensions of deadlines for financial reports may only be granted by the Office of Grants Management, and extensions of deadlines for progress reports may only be granted by the AmeriCorps Program Office.

F. **Final Financial Reports.** A recipient must submit, in lieu of the last semi-annual financial report, a final financial report. This final report is due no later than 90 days after the end of the project period.

G. **Final Progress Reports.** A recipient must submit, in addition to the last annual project report, a final project report. This final report is due no later than 90 days after the end of the project period.

H. **Financial Reports for Fixed Amount Awards.** Fixed Amount recipients are not required to submit financial reports to CNCS, including the final financial report.

**XII. AWARD PERIOD AND INCREMENTAL FUNDING**

For the purpose of the award, a project period is the complete length of time the recipient is proposed to be funded to complete approved activities under the award. A project period may contain one or more budget periods. A budget period is a specific interval of time for which Federal funds are being provided to fund a recipient’s approved activities and budget.

Unless otherwise specified, the award covers a three-year project period. In approving a multi-year project period, CNCS generally makes an initial award for the first year of operation. Additional funding is contingent upon satisfactory performance, a recipient’s demonstrated capacity to manage an award and comply
with award requirements, and the availability of Congressional appropriations. CNCS reserves the right to adjust the amount of an award, or elect not to continue funding for subsequent years. The project period and the budget period are noted on the award document.

A planning grant covers a one-year project period.

XIII. PROGRAM INCOME

A. General. Income, including fees for service earned as a direct result of the award-funded program activities during the award period, must be retained by the recipient and used to finance the award’s non-CNCS share.

B. Excess Program Income. Program income earned in excess of the amount needed to finance the recipient share must follow the appropriate requirements of 2 CFR Part 200 and be deducted from total claimed costs. Recipients that earn excess income must specify the amount of the excess in the comment box on the financial report.

C. Fees for Service. When using assistance under this award, the recipient may not enter into a contract for or accept fees for service performed by members when:

1. The service benefits a for-profit entity,
2. The service falls within the other prohibited activities set forth in these award provisions, or

D. Full-Cost and Professional Corps Fixed Amount Awards. The recipient must notify its Grants Officer if it earns program income in excess of the amounts needed to cover all expenditures under the award. The Grants Officer will determine the disposition of the excess program income.

XIV. SAFETY

The recipient must institute safeguards as necessary and appropriate to ensure the safety of members. Members may not participate in projects that pose undue safety risks.
XV. NATIONAL SERVICE CRIMINAL HISTORY CHECK TRAINING

All recipients and subrecipients must complete CNCS’ National Service Criminal History Check (NSCHC) training every year. The CNCS designated e-course provides a thorough overview of the requirements and can be found at: https://cncsonlinecourses.litmos.com/home/course/325500?r=False&ts=636589730256389711. Please use the link http://cncsonlinecourses.litmos.com/self-signup/ and token code CNCS-Litmos to set up your Litmos account. Each grant recipient and subrecipient must identify at minimum one staff person who has some responsibility for NSCHC compliance to fulfill this requirement on behalf of the recipient or subrecipient. The grant recipient and subrecipient must retain the certificate of completion and assign staff to retake the course annually prior to the expiration of the certificate. Grant recipients and subrecipients should save certificates of completion from each year as grant records.

XVI. FIXED AMOUNT AWARDS

Fixed Amount awards are not subject to the cost principles in 2 CFR, Part 200, Subpart E. Fixed Amount awards must comply with the remaining provisions of 2 CFR Part 200, including Subpart F relating to audit requirements. Fixed Amount awards include Education Award program (EAP) Fixed Amount awards, Professional Corps Fixed Amount awards, and Full-Cost Fixed Amount awards.

For Education Award programs (EAP), the fixed federal assistance amount of the award is based on the approved and awarded number of full-time members specified in the award. For full-cost and Professional Corps Fixed Amount awards, the fixed federal assistance amount of the award is based on the approved and awarded numbers of full-time members and the members’ completion of their terms of service.

For EAPs, the final amount of award funds that the recipient may retain is dependent upon the recipient’s notifying CNCS’s National Service Trust of the members that it has enrolled. All EAP members must carry out activities to achieve the specific project objectives as approved by CNCS. At closeout, CNCS will calculate the final amount of the award based on Trust documentation. CNCS will recover any amounts drawn down by the recipient in excess of the final award amount allowed based on member selection documentation in the My AmeriCorps Portal.

For all other Fixed Amount awards, the recipient may draw funds from the HHS Payment Management System based on the number of members who complete a full term of service or if the member leaves before completing service, a pro-rated amount based on hours served.
Full-cost and Professional Corps programs may draw up to 20% of the funds within the first two months to cover start-up costs (recruitment and application, training, criminal history checks, etc.); however, total funds drawn should be based on the number of members on board at the time and the percentage of hours completed. Bi-annually, in some cases quarterly, and at closeout, CNCS will calculate the final amount of the award for the year or entire project period (at closeout) based on the number of successfully completed terms of service (as certified by the program) as well as the hours served that were not certified as successfully completed.

**XVII. BREACHES OF PERSONALLY IDENTIFIABLE INFORMATION (PII)**

All recipients and subrecipients need to be prepared for potential breaches of Personally Identifiable Information, PII. OMB defines PII as any information about an individual, including, but not limited to, education, financial transactions, medical history, and criminal or employment history and information which can be used to distinguish or trace an individual's identity, such as their name, social security number, date and place of birth, mother’s maiden name, biometric records, etc., including any other personal information which is linked or linkable to an individual. All recipients and subrecipients must ensure that they have procedures in place to prepare for and respond to breaches of PII, and notify the Federal awarding agency in the event of a breach.

If your CNCS grant-funded program or project creates, collects, uses, processes, stores, maintains, disseminates, discloses, or disposes of PII within the scope of that Federal grant award, or uses or operates a Federal information system, you must establish procedures to prepare for and respond to a potential breach of PII, including notice of a breach of PII to CNCS. Grantees experiencing a breach should immediately notify CNCS’ Office of Information Technology, your CNCS Program Officer, and CNCS’ Office of Inspector General.
August 28, 2019

To Whom It May Concern:

Appalachian Regional Coalition on Homelessness is the Collaborative Applicant and lead agency for TN-509 Continuum of Care. Through the Coordinated Entry System, ARCH identifies those who are homeless and help them to move toward stable housing. ARCH has enjoyed a long partnership with the Bristol Redevelopment and Housing Authority and is happy to continue that partnership in their effort to secure funding for the Mainstream Vouchers Program.

As a Continuum of Care, ARCH has the responsibility to count and track those who are homeless. Through HMIS we are able to track the help and support offered throughout our community. ARCH is happy to continue to work with BRHA with referrals for housing. ARCH will help with the application process and help clients get whatever documentation is required for the housing application. Many of the folks that ARCH refers to BRHA have a disability. BRHA provides a preference for those with a disability and has worked to help them find appropriate housing. In an effort to grow the landlord list, ARCH will notify BRHA when made aware of landlords who may be interested in renting to those with a disability.

ARCH is excited that the clients in TN-509 CoC SPC/PSH program for the chronically homeless with disabilities will have the opportunity to transition to the Mainstream Voucher Program and remain stably housed while opening up new PSH for other chronically homeless within the CoC. Our folks are served well through BRHA. They are also a valuable community partner. ARCH will do whatever we can to help and support their efforts.

Sincerely,

Anne Cooper
Executive Director