Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:
  1. the CoC Application, and
 2. the CoC Priority Listing.

  The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
 - 24 CFR part 578
 - Special NOFO CoC Application Navigational Guide
 - Section 3 Resources
 - Frequently Asked Questions

  As the Collaborative Applicant, you are responsible for reviewing the following:
  1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
  2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

  CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application
- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application on behalf of your CoC.
  - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

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

  Attachments
 Questions requiring attachments to receive points state, "You must upload the [Specific Attachment Name] attachment to the 4A. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1A-1. CoC Name and Number: NY-603 - Nassau, Suffolk Counties CoC

1A-2. Collaborative Applicant Name: Long Island Coalition for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Long Island Coalition for the Homeless

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	07/29/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's local competition:	
1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform the applicants why their projects were rejected or reduced?	
3.	If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	

You must select a response for elements 1 and 2 – if you select Yes for element 1, you must enter a date in element 3 in question 1B-3.

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/15/2022

1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC's website or affiliate's website–which included: 1. the CoC Application, and 2. Priority Listings.	10/17/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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

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

(limit 2,500 characters)

1. Local data (HMIS, BNL inflow), PLE, & community consensus from helpline calls, landlord outreach & info from eviction courts determined major factors. Although #1 indicator was prior homelessness, other factors identified those not homeless prior but at greatest risk of homeless were: BIPOC, zip code, lack of family/financial resources/generational home ownership w/in support network, persons w/ disabilities, aging adults, criminal justice and/or foster care history, non-US citizen, youth, & LGBT. The impact of COVID-19 identified people in the following circumstances as high risk of 1st time homelessness: community members w/out legal protections from eviction (no lease, shared temporary housing, living w/ family or strangers), people at increased risk from COVID-19 illness & complications, spousal death, or death of caretaker if an adult & racially marginalized communities. Other local trends of those 1st time homelessness were alarming mostly persons unsheltered: residing in vehicles, living in housing w/ no electricity/running water (squatting after eviction), & relocating to NYS due to DV/death/other hardships w/out resources/support/sustainable housing plans and on the street.

2. CoC has dedicated diversion staff at local courts to identify at-risk households & connect w/ RA/HP. Court committee of legal system & homeless service providers to identify/support at-risk households/share resources/case conference. CE team includes Helpline as diversion front door, housing search staff, & landlord or family mediation support. Anyone who applies for shelter & is denied/does not access shelter is immediately connected w/ CE for diversion including connection w/ benefits. People unaware or unable to access shelter identified & targeted including people forced to self-motel until income is depleted. CE works w/ motel owners & outreach to motels, posting information & resources. DSS funded shelter front door initiative "Project Anchor" HP services helps identify those at-risk. CE is targeting more outreach communities disproportionately impacted by COVID-19, common spaces where people live in vehicles & partnering w/ utility companies to ID people living in buildings w/out water & electric. CE staff conducts regular case conferencing w/ parole on those exiting jail/prison and at-risk. BFZ Family & Youth- At-Risk BNLs are used for local tracking & upstream outreach.

3. CE/CE Steering Committee, ESG, PLE advisory group, Race Equity Working Group, CoC Planning staff

2A-2.	Length of Time Homeless–Strategy to Reduce. (All Applicants)	
	Special NOFO Section VII.B.2.c.	

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

(limit 2,500 characters)

1. Strategies implemented included: updated CE priority from 1st prioritizing greatest risk of COVID-19 to 1st prioritizing greatest length of time homeless; updated CE assessment w/ PLEs to better identify those w/ greatest barriers/better align resources to address RE/identify intersectionality/compounded barriers for those from marginalized groups (often leading to longer homelessness); prioritized EHV to households w/ greatest LOT; increased use of RRH as bridge housing to PSH or EHV/other vouchers & offered progressive engagement training to RRH; partnered w/ PHA for set aside PSH move-on HCVs. CoC coordinated to expand local PSH capacity w/ NYS funds that use HF approach/participate in CE, coordinated w/ DSS to enhance TANF RA rates through RSP program targeted to serve longest stayers & expanded eligibility to households w/out US citizenship. CE partnered w/ aging adult/Medicare funded housing to increase capacity for households w/ complex medical needs. CE helpline was enhanced w/ peers/resource navigators & housing search for quicker connection to resources/increased problem solving/exits. CE partnered w/ FQHCs & telehealth to streamline medical screenings/diagnoses required to access most local PH. CoC increased affordable housing in coordination w/ nonprofits/developers. PLE advisory/PLEs were directly involved in strategy/CE oversight & case conferencing. LL engagement was enhanced & actionable steps/training to address housing discrimination were taken.

2. CoC coordinated w/ DSS to add motel overflow beds in HMIS, providing 100% HMIS bed coverage (non-DV). LOT data was collected by HMIS/CE & DV CE BNLs w/ weekly review of household homeless history data, w/ detailed homeless history reports part of CE assessment, daily street outreach & 100% canvassing coverage, regular trainings & partnership development w/ libraries, businesses, soup kitchens, community advocates/volunteers, local leaders, police, etc. to assist in identifying those homeless/help verify LOT. Direct coordination w/ institutional settings identified households temporally residing in facilities soon to be D/C, reduces blind spots in determining homeless history & reduces BNL clients categorized as "missing." Youth-specific PIT & year-round outreach driven by youth PLEs led to new approaches/canvassing locations. Outreach w/ PLEs identified other households.

3. CoC GB/CE/BNL staff (CE Manager/AD/HMIS DQ at LICH, DV CE), CoC Planning staff, PLE advisory, CE steering committee

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.d.	

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

(limit 2,500 characters)

1. People on the street can access PH through street outreach w/out going in ES/TH first. ES payment standards (as high as 90% household income), lack of affordable housing/subsidized housing, need for housing search assistance & to combat housing discrimination are greatest barriers to exits to PH, per PLEs. Strategies to fix this include working w/ DSS/NYS to alter ES payment standards & RRH scale up through CoC/ESG/ESG-CV for faster/more exits for households. NYS RSP (enhanced rental asst.) was created in response to DSS/CoC/PLE that demonstrated RA rates available through DSS (SSP) were too low to obtain safe/available housing locally. Non-citizens are eligible for RSP, increasing availability of resources for large population not eligible for local TANF RA. CoC referred over 600 households to EHV between three participating PHAs/FYI/ HCV. PSH increased through NYS funds (ESSHI & MRST) that uses a HF approach & participates in CE. CoC coordinating w/ HOME-ARP PJs & local developers, w/ priority on PH development via acquisition/rehab, building rezoning, & hotel conversions to create units that meet preferences (SROs). Part of BFZ is resulting in better identifying where ppl are getting "stuck" & why & applying to increase property engagement capacity. Dedicated Landlord Engagement & employment/benefits staff are part of CE/DV CE, ES/TH, PH. CE focuses on removing ind. barriers by help w/ ID/documents, credit score repair, employment/benefits, real talk budgets, transportation, landlord incentives, legal advocacy, reporting housing discrimination, & telemedicine to increase proof of disability. Mobile CE staff provide housing-focused CM to overflow motel stayers that have no shelter staff on site. New CE assessment tool w/ diversion being done by all partners w/ no wrong door approach.

2. All CoC/ESG PH is HF. RRH used waivers to extend says for households most impacted by COVID. Other strategies include: CoC PSH move-on initiative w/ Brookhaven PHA, EHV for highly rent burdened in RRH/at risk of homelessness for more stable/long-term housing, coordinating relocation to areas where ppl have more supports, are more affordable, or distances from abusers/violence. CE offers mediation support w/ landlords, roommates, family to ensure stability in housing. Retention lowest among those directly from street to PH- leveraging more supports & providing CE transition case management. Outreach staff immediately deployed to reengage those leaving PH unplanned.

	2A-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate. (All Applicants)	
		Special NOFO Section VII.B.2.e.	

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

(limit 2,500 characters)

1. Households most likely to return locally include: BIPOC, persons w/ SUD, persons that were long-term street homelessness placed directly from the street into PH, single adults that cannot afford private housing & live in shared housing against their preference, adults & children that exit to PH but remain rent burdened w/ above 50% of income going toward rent, & DV households that return to abuser. Local trends identified through PLE/HMIS/BNL/BFZ/CE tracking, CE/DV CE outtakes & consumer surveys.

2. Using diversion/problem solving, RRH, & bridge housing to ensure access to safe/stable housing quickly while also seeking longer-term resources such as PSH/vouchers, when necessary, as well as maximizing employment/benefits/support services/support networks, family re-unification, providing direct housing search assistance, using HF approaches, & striving to meet client preferences w/ housing and services have been the most successful approaches. Other approaches include increasing access to vouchers (EHV, FYI, HCV) including for households unstably housed in RRH, increasing HF PSH through ESSHI, & increasing PSH turnover/new openings through PHA move-on initiative. CoC projects have flexible payment plans and seek to identify RA for those behind on rent & offer Rep Payee set up. CE Helpline capacity was enhanced, along w/ DSS front door (Project Anchor) to provide peer support/problem solving/mediation/housing search/HP. RRH case conferencing, and case closure training to ensures housing stability post RRH. CE and PH projects support w/ employment/benefits, financial management, including debt management. CoC worked w/ PHA to include EHV post-move CM to help households w/ stability. CE provides transitional case management including community orientation, connections to meaningful/social activities & goal setting. CE offers matching based on client choice & roommate matching. CoC provides resources/trainings on available financial assistance to reduce costs w/ utilities, transportation, food, school/edu, clothing, etc. so more funds are available to pay rent and sustain. CE triages to MH/SUD crisis respite housing for households that in PH but experiencing a crisis that could negatively impact housing stability. All households referred through CE/DV CE are tracked for long-term housing stability w/ post-move support check-ins including problem solving, resource referral, & safety planning.

3. CoC GB, CE, CE steering committee, CoC Planning staff, EHV CM team

2A-5.	Increasing Employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

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

(limit 2,500 characters)

1. CoC strategy includes employing more PLE at LICH including active recruitment from advocacy work, drop-in center run by PLE & volunteers, staff that work the CE Helpline & street outreach. More remote opportunities, both work & volunteer, are being created specifically to accommodate people with disabilities. CoC partners w/ recruitment agencies that connect people with home health aide, janitorial, and local union (electric, plumbing, transit), & culinary work & connected people with work as contact tracers for COVID-19. CoC streamlined enrollment to community colleges & certification programs, especially in youth programs. CE is working with local farmers unions and racetrack unions to place people into employment linked with housing & transports clients to employment fairs & DOL. Targeted outreach & partnership to companies that hire individuals w/ criminal records helps ensure equitable employment connections among that population that is disproportionately affected by homelessness. CE is recruiting peer advocates to work helpline & resource navigation. CoC partners w/ ADAPT employment working group that seeks to remove barriers for employment for people with disabilities & OPWDD providers & AHRC work placement programs for people with developmental disabilities. CE worked with some clients on Medicaid Freedom Care to become paid health aids in place of residence or with family members. CoC project's ability to increase employment income for clients is a measurable outcome within the local ranking process & is compared to regional SPM for scoring.

2. CoC partners w/ workforce housing such as Salvation Army, local farms, & horse racetrack & is connected w/ ACCESS-VR for workforce training opportunities. The CoC works w/ households to engage in empowerment programs, re-entry programs, lists employment agencies & workforce training programs on website, & provides as resource to contacts of helpline. CE staff can transport clients to job fairs & direct clients to specific employers that are willing to hire those w/ barriers to work & have immediate job offerings. Employers have regularly set up tables at various CE access points, including the main CE hub. CE has formal partnerships with DOL, No Degree Jobs, New Ground's JumpStart program, & HALI on site job skills training program. CE connects shelter & housing staff directly to employers & facilitates referrals.

3. CE, RRH case conferencing, CE access point drop-in centers, CoC planning staff, DOL

	2A-5a.	Increasing Non-employment Cash Income–Strategy. (All Applicants)	
		Special NOFO Section VII.B.2.f.	
		Describe in the field below:	
	1.	the strategy your CoC has implemented to increase non-employment cash income;	
	2.	your CoC's strategy to increase access to non-employment cash sources; and	

	3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. The CoC's strategy to increase non-employment cash is focused on access to enrollment, Medicaid housing/services development and linkages, assistance w/ applications, and part of CE service provisions for income maximization/budgeting. SOAR certified staff and full-time benefits manager were available to help with enrollment and get back-pay when applicable. CoC Collaborative Applicant is the SOAR-lead for the region and conducts cohort trainings, increasing access to SOAR support, and all CE staff are trained in SOAR. CE team also has MOU with local SSA offices to expedite review of SSI/SSDI benefits. CE directly works w/ prison pre-release and reentry to ensure benefits do not lapse and remain in place. CES partnerships w/ legal advocates have assisted clients obtain benefits more successfully. The CoC has assisted and supported in providers obtaining new funds for program development of Medicaid redesign housing and housing grants through specific insurers to reduce the cost of high utilizers. CE staff also focus on benefit enrollments as a way for clients to access more community-based case management and transportation services for additional support and stabilization that does not terminate when clients are no longer homeless. When COVID-19 benefits were available, assisted w/ connection to those resources to increase cash income. Work with VA and veterans working group to ensure Veterans are connected to all benefits they are entitled to. Connection to state children's health services, Indian Health Services. DSS is entity in charge of shelter placements and benefits enrollments, so any household place in shelter is reviewed for all eligible benefit programs administered through the county. A CoC project's ability to increase non-employment income for clients is a measurable outcome within the local ranking process and is compared to regional SPMs.

2. Increase in NYS payment standards, maximize benefit enrollment for people connected w/ CE and at-risk. Local DSS is shelter and benefits access point and ensures that any household eligible for any benefit is connected when presenting for any reason. CE added drop-in center locations and partners w/ libraries to meet clients in community and assist w/ streamlined application assistance. CE access points are used as mailing addresses to ensure benefits continuity.

3. CE, RRH case conferencing, CE access point drop-in centers, CoC planning staff, DSS, DOL

2B. Coordination and Engagement–Inclusive Structure and Participation

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Advocates	Yes	Yes	Yes
15.	LGBTQ+ Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	Yes
18.	Mental Health Service Organizations	Yes	Yes	Yes
19.	Mental Illness Advocates	Yes	Yes	Yes

20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

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

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

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

(limit 2,500 characters)

1. Invites to join CoC were solicited via meeting announcements, CoC committees, CoC website, CoC newsletter, social media, community forums/networking w/ informal partners. Committees open to new members that can join at any time.

2. All CoC meetings available to attend in-person at accessible building or virtually. Meetings recorded w/ closed captioning available for video recordings in partnership w/ Downstate ADAPT (disability rights group). Website has accessibility widget- can increase text size, enhance contrast, etc. Newsletters distributed monthly to CoC & contain all agenda items discussed during CoC meetings, & info re: CoC/how to join. CoC planning staff meet in field w/ people unable to travel and/or w/ limited access to technology. CE is working to enhance peer model, w/ PLE direct engagements w/ persons currently homeless to build better rapport/trust/communication.

3. Outreach for PLE Advisory Board, CE Steering Committee recruitment, PLE outreached to participate in CoC on all committees, working groups, & other community efforts. Connection w/ clients that exited homelessness through CE/still connected to CE w/ CoC planning staff for intro edu on CoC values/efforts, recruiting local advocates, networks/groups that have established trust & access to people currently homeless (in person community meetings & forums, social media). Ensure outreach to people w/ varying experiences w/ CoC. Community outreach for preventative & health services led to further connections w/ community members w/ lived experience. Connection w/ NAEH & Poor People's Campaign (PPC) network through advocacy w/ ppl already advocating for improvements of homeless response.

4. CoC engaged in outreach to orgs advocating for immigrant (especially Latinx) rights w/ legal services, orgs furthering equity for people of color, orgs serving people w/ disabilities, tribal nation, & faith-based leaders in underserved areas. Connection w/ PPC has enabled recruitment to groups aligned w/ the CoC's regional goals re: homelessness. Outreach during SNOFO focused on recruiting new partners representing marginalized groups. CoC leadership involved in a group targeted to serve communities disproportionally impacted by mass incarceration & is a leader w/in the Health Equity Taskforce to improve equitable health outcomes. CoC participated in racial equity (RE) training which helped identify gaps in representation w/in CoC power/decision-making to direct current restructuring process.

| | 2B-3. | CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants) | |
| | | Special NOFO Section VII.B.3.a.(3) | |

		Describe in the field below how your CoC:
	1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness or an interest in preventing and ending homelessness;
	2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
	3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. CoC facilitates focus groups including PLE Advisory & CE Steering Grp to develop practice standards, enhance CE, discuss community needs, challenges, incr. housing stock, leverage resources, coordinate w/ partners & further PHA partnerships. CoC focus groups/committees are open to all and includes specialized committees for Vets/DV/Youth.. Governance Board includes PLE. CoC GB is being restructured to include a broader array of feedback/power from underrepresented grps. CoC participates in local community forums including faith-based, legislative, public hearings, civic, public safety, police, neighborhood watch, revitalization groups, etc. to ensure diverse ideas/feedback are all considered.

2. Via participation in local community forums listed above, our CoC shares info, add'l pathways for feedback, & ways to join. CoC uses social media to distribute info & has a direct partnership w/ a social media group comprised of PLEs where the CoC shares info/answers questions/provides guidance. CoC partners are surveyed on areas for training & regional needs w/in the CoC are posted on CoC website. CoC has partnered w/ local media to create a documentary on homelessness to raise awareness of the issue/reach new community networks.

3. CoC develops its TA contracted trainings included a race equity training in 2022 from public feedback. CoC expanded its helpline/resource navigation team and provided on-site staffing at courts for diversion based on feedback to enhance HP efforts. ESG-CV case conferencing group was developed to address needs of at-risk households from feedback on enhancing problem solving strategies. CoC is seeking to expand housing search capacity through BFZ and a proposal of a housing search team to the county gov't was made in response to feedback from people served/agency partners. From feedback of direct service staff, CE Steering Committee, & PLE, significant changes were made to the CE assessment tool. Feedback on needs of youth led to efforts to expand capacity for youth by applying for YHDP, a youth CE and piloting a THRRH youth program. Concerns around access to PH resources led the CoC to coordinate w/ state funded PH to require participation in CE. Feedback on transportation barriers led to mobile service providers adding vehicles/providing bus tokens. To better address overall equity concerns/enhance recruitment efforts, the CoC also created a specific CoC planning position for DEI work/ outreach/training.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.a.(4)	

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

(limit 2,500 characters)

1. Emails to CoC listserv, announcement & presentation of SNOFO eligible programs & expenses in CoC Business Meeting(s) & recruitment of new applicants were used to announce the local competition.

2. Orgs that had not received CoC funds in past were actively recruited. Intensive education on program models & TA was provided. Detailed instruction manuals for local apps were developed w/ new applicants in mind. Recruitment included strategies for new applicants, including partnerships to increase capacity & support available to potential grantee. Two regional funding round trainings were available live, recorded, and w/ slides distributed to all past/potential applicants. Applicants were given feedback & time to correct apps to increase potential for success, esp. those that did not initially meet HUD thresholds due to lack of experience. High scoring weight was given to PLE involvement & equity work over applicant experience.

3. Public was notified about local application process using virtual trainings, an instruction manual, and esnaps guidance, all available on CoC website. CoC placed emphasis on trainings around match/leveraging, eligible components, & competitive process for more consideration from new providers & supports new project onboarding & support for grant admin and esnaps TA. Ranking considerations were included in instruction manual & scorecards posted on CoC website prior to local app deadline. The deadline was extended via email notice to provide more ongoing TA.

4. CoC Ranking Committee reviews, scores, & ranks applications. Criteria includes HUD/local project thresholds, greatest regional needs, project implementation plans, involvement of PLE, and equity work. MOUs w/ commitment to housing first, CE, and regional goals are all required. Projects are further evaluated for applicant experience, support services offered, & appropriateness of budgets/program design. Once projects are scored, they are placed in order of priority based on score point value (% score).

5. All materials application materials including the instruction manual, training, & ranking considerations, were available in electronic formats. One on one guidance to applicants and debriefs were available upon request via email or phone, including outside of business hours. Communication of priority order was provided via email and posting on CoC website.

2C. Coordination / Engagement–with Federal, State, Local, Private, and Other Organizations

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

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

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

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1. CoC as an S1 community & worked w/ ICF to facilitate regular ESG/ESG-CV planning meetings w/ all jurisdictions to ensure consistencies in values, strategies, & application processes. We instituted Practice Standards for all ESG projects that aligned w/ CoC Practice Standards. Services/outreach were targeted to overrepresented populations w/in the local homeless system. CoC works closely w/ all ESG (sub)recipients & instituted case conferencing meetings to assist in continued disbursement of funds. Regular updates & problem solving was addressed in CoC Business Meetings. Alignment of ESG(-CV) w/ CoC goals was aided by having ESG-funded agency members on the CoC GB & RC. CoC helped create scenarios where funds would be braided to stand up programs or make them more sustainable, esp. due staff shortages created by COVID-19.

2. CoC participates in evaluating & reporting performance of ESG Program (sub-)recipients by providing monthly reports w/ ind. program outcomes & regional impact reports for each project. S1 coaches assisted in supporting program development/operations. Outcomes were tracked w/in all ESG-CV programs & prompted training/guidance offered including ICF training on equity, progressive engagement & closing RRH cases. ESG programs were monitored as CE access points for use of diversion strategies/completion of assessments/development of housing plans. CoC worked closely w/ ESG recipients on spenddown rates & problem-solving strategies to increase rates when needed via minimum monthly check-ins.

3. Jurisdictions were provided localized versions of PIT, HIC, BNLs, & other regional data such as RE assessments/reports, PLE feedback, and sub-reports on pops w/ unmet needs (targeted universalism).

4. CoC amended Con Plan to ensure spenddowns/reallocation as necessary. CoC worked to align all regional planning to be reflected & updated in ESG Con Plans. For example, ESG-CV RRH rent reasonableness rates were set to align w/ local EHV rates to bridge households out of homelessness faster w/ RRH housing search & LL incentives. Other ESG jurisdictions funded street outreach activities, to align w/ regional goals/needs. Vaccine outreach was included to Con Plan to enhance the regional response to COVID-19 & offer education & immediate access to vaccines to reduce hospitalizations & death for those experiencing street homelessness. All unmet needs addressed in Con Plans helped create low barrier shelters for those not eligible for year-round shelter.

2C-3.	Discharge Planning Coordination. (All Applicants)
	Special NOFO Section VII.B.3.c.

	Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.	
1.	Foster Care	Yes
2.	Health Care	Yes
3.	Mental Health Care	Yes
4.	Correctional Facilities	Yes

2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)
	Special NOFO Section VII.B.3.d.

	Select yes or no in the chart below to indicate the entities your CoC collaborates with:	
1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

	Describe in the field below:
1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

1. CoC Governance slate has a reserved seat for a representative of a school or BOCES, a seat held by someone who coordinated Head Start programs across LI, & seat held for representative for each county DSS. DSS connects all households in shelter and/or seeking/applying for benefits to educational opportunities and supports, in coordination with all districts and Head Start (over 90% of households experiencing homelessness). CE acts as liaison for anyone not connected to DSS & coordinates w/ DSS to ensure connections to M-V services. Households are assisted to keep children in schools or transferring school based on family preference as part of CE assessments. School districts received ARP funds for youth/families experiencing homelessness & were in collaboration w/ the CoC in planning for how to use funds most effectively & getting those resources to households experiencing literal homelessness. PH project staff directly connects w/ school districts for households placed in permanent housing to ensure smooth transition & services are available. CoC works w/ NYTEACHS (state) & SEA, sharing information electronically & through trainings about M-V services. Local RHY providers and anti-gang initiatives coordinate w/ educational partners & school districts for referrals to youth services, provide youth outreach & education w/in districts, & offer regular tours & presentations on programs/services available. LEAs participate on CoC Committees & in youth PIT planning/canvassing. CE trainings are offered to SEAs and LEAs w/ focus on service connections, access to resources, & understanding differences between eligibility for CoC programs & for M-V services. This results in more diversion supports for at-risk of homelessness or unstably housed & more coordination to transition households out of homelessness w/ no disruptions to their educational support systems. This coordination enhanced CE identification of more at-risk households that could not be evicted during long periods of eviction bans but needed problem solving supports at that time.

2. The CoC established MOUs with DSS, Head Start & Healthy Families programs across the CoC. CoC's local CE has formal partnerships w/ regional entities that oversee Head Start programs (EOC) & all school districts (NYTEACHS). Individual agencies/providers have formal partnerships w/ school districts & other educational supports in more localized ways, based on where housing/services are offered by each entity.

2C-4b.	CoC Collaboration Related to Children and Youth–Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

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

(limit 2,500 characters)

Policies to inform households about educational services are contained in the CoC Governance Charter, CoC Best Practice standards, and documents from Head Start. In these policies local DSS is identified as the liaison between households experiencing homelessness and school districts, making sure they are connected to a McKinney-Vento liaison. Coordinated Entry ensures connection to school districts as part of intake and discharge and is included in the CE instruction manual. Head Start information is sent to shelters on a regular basis. Coordination on resources disbursed through ARP funds is documented in the funding agreement. Advertisement strategies for scholarships, summer camp, school supply and clothing giveaways are documented.

2C-5.	Mainstream Resources–CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

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

	Mainstream Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other	Yes

2C-5a.	Mainstream Resources–CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1. CoC has a FT CoC Outreach & Inclusion Manager focused on training to present on all mainstream resources available and highlights changes to MS programs during CoC Business Meetings. CoC holds trainings, coordinates program tours, hosts health fairs & conferences, conducts CoC program monitoring/support meetings, & posts on CoC website, social media & through email to keep community up to date. CoC is incorporating PLE in trainings & benefit navigation strategies.

2. CoC is leveraging resources from Northwell Health & Sunriver Health to create mobilized healthcare services for street clients. CoC partners with Nassau County DA Office Heroin Task Force & substance abuse prevention coalitions. Project Hope streamlined access to mental health services as part of a COVID-19 relief. LICH runs an annual health fair for program participants & staff. CoC coordinated efforts to create Medicaid redesigned housing programs for high utilizers of medical services. CoC collaborates & is a key member of Health Equity Taskforce which publishes a newsletter to spread awareness about health & housing programs. CoC is planning to incorporate telehealth with street outreach to increase access to mental health care & psychiatric evaluations to streamline SPA housing referrals. Street outreach partners with Suffolk County Police Behavioral Health Unit that streamlines connections to crisis mental health services. CoC coordinated & supported new development & launch of Nassau County mental health crisis stabilization services to serve CE clients. CoC partners community-based recovery center with peer recovery coaches (THRIVE Center). CoC created connection with W Group, ESSHI & Self Help to place aging adults in non-CoC beds with greater access to medical supports & staff available to help navigate medical care for participants.

3. CoC planning staff provides regular trainings on benefit applications and enrollment on a project level. CE resource center has insurance enrollment and cell phone distribution that can be leveraged by providers, as well as CE Benefits Specialist.

4. CoC collaborative applicant is SOAR lead for the region. CE staff are SOAR certified & CoC provides SOAR cohort trainings. CES access partners have on site enrollments. CE staff enroll clients in Medicaid and other programs. SOAR certified staff are available at homeless drop-in centers. RC scored applicants on plan to help participants access SSI & having SOAR certified staff.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
 - 24 CFR part 578
 - Special NOFO CoC Application Navigational Guide
 - Section 3 Resources
 - Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only).	
	Special NOFO Section VII.A.	

If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

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

(limit 2,500 characters)

N/A