Before Starting the CoC Application

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

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

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

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

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

Attachments
Questions requiring attachments to receive points state, “You Must Upload an Attachment to the 4B. Attachments Screen.” Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD’s funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: NE-502 - Lincoln CoC

1A-2. Collaborative Applicant Name: City of Lincoln

1A-3. CoC Designation: CA

1A-4. HMIS Lead: University of Nebraska - Lincoln - CCFL
1B. Coordination and Engagement–Inclusive Structure and Participation

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

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participated in CoC Meetings</th>
<th>Voted, Including Electing of CoC Board Members</th>
<th>Participated in CoC’s Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2. Agencies serving survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. CoC-Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. CoC-Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>13. Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15. LGBT Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. Local Jail(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<td>-----</td>
</tr>
<tr>
<td>20.</td>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21.</td>
<td>Non-CoC-Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22.</td>
<td>Organizations led by and serving Black, Brown, Indigenous and other People of Color</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>23.</td>
<td>Organizations led by and serving LGBT persons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>24.</td>
<td>Organizations led by and serving people with disabilities</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>25.</td>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>26.</td>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>27.</td>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>28.</td>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>29.</td>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>30.</td>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>31.</td>
<td>Youth Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>32.</td>
<td>Youth Service Providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>33.</td>
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<tr>
<td>34.</td>
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</tbody>
</table>

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

1B-2. Open Invitation for New Members.

NOFO Section VII.B.1.a.(2)

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. An open invitation to join the CoC is available all year long. Contact and meeting information is posted to the webpage of the collaborative applicant. The CoC emails the entire Lincoln Homeless Coalition email list monthly with invitation to attend monthly CoC meeting and to participate in the CoC competition. Twice annually the CoC reviews membership and conducts outreach to organizations and individuals not represented or participating. 2. The CoC utilizes Zoom for all meeting in the past 18 months which includes accessibility features. Materials distributed via electronic documentation are scanned for accessibility, barriers identified and resolved and posted in PDF format to ensure accessibility to machine reading devices. 3. All CoC member organizations are required to have persons with lived experience of homelessness on their governing or advisory bodies. The CoC works with those representatives to encourage additional participation by those with lived experience. The CoC with the Lincoln Homeless Coalition hosts the annual Project Homeless Connect which includes a CoC representative booth for
providers and those experiencing homelessness to learn more and become more involved with the CoC. The Lincoln Youth Action Board has been in place since 2019. Current members provide on-going outreach and recruitment for new members of young adults with lived experience. 4. The CoC has invited the culture and ethnic centers (e.g. The Asian Community Center, Malone Center, El Centro, and New Americans Task Force) to take on more extensive roles within the CoC to address representation to the CoC committees and executive board and to facilitate the CoC’s efforts to address racial and ethnic disparities in persons experiencing homelessness. The CoC has also invited local LGBTQA advocacy organizations to assist in CoC planning activities, such as YHDP.

<table>
<thead>
<tr>
<th>1B-3. CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.a.(3)</td>
</tr>
</tbody>
</table>

Describe in the field below how your CoC:

1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;

2. communicated information during public meetings or other forums your CoC uses to solicit public information; and

3. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1 & 2. The CoC utilizes a multi-method approach to seek and solicit opinions regarding preventing and ending homelessness. During the past 18 months the CoC has held recurring Zoom calls with the homeless service system stakeholders, including local public health departments, street outreach providers, emergency management professionals, ESG and CoC funded agencies. The purpose of these calls is to gather information on needs and emerging issues in the field related to responding to the COVID-19 pandemic and relaying information from regional, state, and federal resources. In addition, the CoC holds regular monthly CoC meetings via Zoom. Monthly meetings topics include community planning, informational sessions, review system performance measures and discussion of strategies for improving systems outcomes such as expediting the process to get individuals or families into permanent housing. Agency participation includes a broad array of organizations and individuals that have knowledge of homelessness or an interest in preventing and ending homelessness such as: the Department of Health and Human Services, Department of Education, Corrections, Office of Probation, CoC funded providers, Public Housing Authorities, Youth Action Board, Youth Serving Agencies, ESG recipients, and DV Service Providers. 3. The CoC has used the weekly COVID-19 response sessions and the information gathered to assist the homeless service system respond in quick fashion to the pandemic and the ever-changing needs and requirements. Examples include vaccine distribution organization for congregate shelter facilities, or crisis response for unsheltered encampments. The CoC takes the information received during monthly meetings into consideration during the annual update of policies and procedures, the Coordinated Entry System development, and the Statewide 10-year planning process to prevent and end homelessness.
Public Notification for Proposals from Organizations Not Previously Funded.

NOFO Section VII.B.1.a.(4)

Describe in the field below how your CoC notified the public:

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

(limit 2,000 characters)

1. The Lincoln CoC distributes the HUD Notification of Competition for FY2021 HUD CoC funds and local competition notice of a public informational session via email to the CoC, ESG, and collaborative applicant’s email list which includes a wide range of homeless and housing system providers. In addition, this notice was posted on the City of Lincoln Urban Development webpage. 2. The Lincoln Request for Application notice states the process for new project applications for agencies who have not previously receive CoC Program funding. Questions and TA are available during the public informational session and as needed from the CoC collaborative applicant. The CoC notified the public that the CoC will consider applications from organizations that had not previously received CoC funding via the Urban Development website, through email lists and Lincoln Homeless Coalition meetings. 3. New CoC applicant organizations were informed of the application process and submission requirements through the Lincoln CoC 2021 Request for Applications document. New projects are required to submit project applications via esnaps. 4. The CoC communicated the process for determining which projects would be submitted to HUD through the website under the 2021 NOFO Competition Project Rating and Ranking Procedure as well as informational TA sessions provided by the CoC collaborative applicant. 5. The CoC offers a wide array of electronic documents in accessible formats. Materials distributed via electronic documentation are scanned for accessibility, barriers identified and resolved and posted in PDF format to ensure accessibility to machine reading devices. The informational TA sessions on new project applications were held on Zoom which offers closed captioning, automatic transcripts, keyboard accessibility and screen reader support for individuals with disabilities.
1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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

<table>
<thead>
<tr>
<th>Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects</th>
<th>Coordinates with Planning or Operations of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Housing and services programs funded through other Federal Resources (non-CoC)</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Housing and services programs funded through private entities, including Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Housing and services programs funded through U.S. Department of Health and Human Services (HHS)</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Housing and services programs funded through U.S. Department of Justice (DOJ)</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)</td>
<td>No</td>
</tr>
<tr>
<td>11. Organizations led by and serving Black, Brown, Indigenous and other People of Color</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Organizations led by and serving LGBT persons</td>
<td>Yes</td>
</tr>
<tr>
<td>13. Organizations led by and serving people with disabilities</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Public Housing Authorities</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>17. Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Lincoln CoC

Project: NE-502 CoC Registration FY2021

COC_REG_2021_181907
18. WIOWA

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The Lincoln CoC Collaborative Applicant is the ESG Program recipient. The ESG Program recipient/CoC Collaborative applicant consulted with members of the CoC Executive Committee in the planning of annual ESG and ESG-CV funds. As the HMIS and Coordinated Entry Lead, the University of Nebraska-Lincoln, Center on Children, Families, and the Law (UNL-CCFL), worked with the ESG recipient in developing the Lincoln COVID-19 response plan and provided data, analysis, projections, program design, and implementation guidance for the use of ESG and ESG-CV resources to meet the need in response to the pandemic. 2. The CoC executive committee meets with the Lincoln ESG recipient weekly and is also in regular communication with the HMIS and Coordinated Entry implementation group at UNL-CCFL to assist with evaluating and reporting performance of ESG programs tracked through the HMIS system. 3. The HMIS Lead assisted the CoC Collaborative Applicant to provide PIT and HIC data for the Consolidated Plan jurisdiction, which is the City of Lincoln. 4. In addition to the PIT and HIC data, the CoC assists in the design of and evaluation of ESG program sub-recipients, LSA, and additional data from the HMIS for the Consolidated Plan and many other uses.

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

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

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

| Worked with Public Health Department to ensure that the decongregation of family shelters due to COVID-19 were keeping families intact regardless of self-reported gender. | Yes |

1C-4. CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.

<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe in the field below:</td>
</tr>
<tr>
<td>1. how your CoC collaborates with youth education providers;</td>
</tr>
<tr>
<td>2. your CoC’s formal partnerships with youth education providers;</td>
</tr>
<tr>
<td>3. how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);</td>
</tr>
<tr>
<td>4. your CoC’s formal partnerships with SEAs and LEAs;</td>
</tr>
<tr>
<td>5. how your CoC collaborates with school districts; and</td>
</tr>
<tr>
<td>6. your CoC’s formal partnerships with school districts.</td>
</tr>
</tbody>
</table>

(limit 2,000 characters)

1. The CoC collaborates with youth education partners through membership in the CoC and a variety of project planning and implementation. Local programs who assist young adults with GED courses participate in the CoC through Homelessness Prevention programming and through referrals to Coordinated Entry. 2. Youth education providers have entered into a formal MOU with the CoC to become public access points for the All Doors Lead Home Coordinated Entry System. 3. The local education agency (LEA), Lincoln Public Schools (LPS) McKinney-Vento Liaison, collaborates with the CoC on all planning activities surrounding youth or families experiencing homelessness in the community. The LEA accepts referrals from community providers for McKinney-Vento services in school and refers families/youth to the All Doors Lead Home Coordinated Entry System. 4. The LPS McKinney-Vento Liaison is a member of the Lincoln CoC and holds a chair position on the executive committee of the Lincoln Homeless Coalition. 5. CoC funded youth serving agency, CEDARS, has a formal partnership with the local school district to provide supportive services in the school setting as well as after school programming. 6. There is only one public school district in the CoC, the local McKinney-Vento Liaison is a formal member of the CoC and on the executive committee of the Lincoln Homeless Coalition.


<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

(limit 2,000 characters)

The CoC has implemented a policy to inform individuals and families who become homeless of their eligibility for educational services. All ESG and CoC providers are responsible for coordinating with local school district(s) in the following way (Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.)): A) Helping to identify children and young adults who are eligible for educational services. If a child or young adult does not have a
fixed, regular, and adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human habitation, emergency shelters, transitional housing, motels/hotels, campgrounds, in doubled-up situations, or in housing that lacks utilities, is infested, or has other dangerous conditions. B) Helping to ensure that all families with children and young adults who qualify are informed about their educational rights and their eligibility for educational services and they receive those services. C) Ensuring that the local school districts’ homeless liaisons are aware of the All Doors Lead Home Coordinated Entry processes for connecting homeless families and young adults to ESG & CoC resources and helping to resolve any issues that might arise in linking eligible households to those resources. D) Helping to ensure that when placing families in emergency, transitional or permanent housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early childhood education programs.

1C-4b. CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

NOFO Section VII.B.1.d.

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

<table>
<thead>
<tr>
<th></th>
<th>MOU/MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Birth to 3 years</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3. Early Childhood Providers</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4. Early Head Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Head Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Healthy Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>8. Public Pre-K</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Tribal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Other (limit 150 characters)</td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td></td>
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</tbody>
</table>


NOFO Section VII.B.1.e.

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

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

2. Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).
The CoC Planning Administrator and Coordinated Entry manager have worked in partnership with local victim services provider/advocate on safety and planning protocols in serving survivors of domestic violence. This training focuses on assessing all persons at risk of or experiencing homelessness in a trauma-sensitive environment and maintaining safety. The training is recorded and therefore available to new and existing staff all year. The protocol and training are assessed and updated on an annual basis. 2. The CoC works in partnership with local victim service providers to ensure accuracy of information around safety and current best practices is provided to the ALDH Coordinated Entry staff and ADLH CE Governing body. Training and continuing education opportunities occur annually at a minimum. The Lincoln CoC and ADLH Coordinated Entry Manager work in collaboration with the CE Governing Body to ensure polices and procedures adhere to client safety, are victim centered, and trauma informed.

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

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

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1. prioritize safety;
2. use emergency transfer plan; and
3. ensure confidentiality.

Domestic Violence Providers participate in the weekly case conferencing to help
provide resources for needs households may be experiencing and suggestions on how to respond to situations in a trauma-informed way. 1. The CoC’s coordinated entry system prioritizes safety through several mechanisms. and have immediate access to victim-centered crisis housing and supportive services while a permanent housing plan is being coordinated. Participants have direct control in their housing plan to help reestablish feelings of safety and security. 2. All CoC and ESG funded providers are required to have an emergency transfer plan within their program policies and procedures in compliance with VAWA. The CoC’s coordinated entry system ensures these policies and procedures include a plan to identify tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. If there is a need identified for the transfer to occur to a different housing provider, the CoC’s CE system facilitates this process and communication. 3. All HMIS users receive confidentiality training during new user training and annually through mandatory privacy and security trainings. Encrypted email is utilized when electronic communications between providers or coordinated entry staff is needed. Those fleeing violence can complete anonymous (non-identifying) common assessments for referral. Weekly case-conferences are held on a HIPAA Zoom account, and all data/notes are kept securely in the HMIS system. Case notes are limited to necessary information around housing needs and problem solving. Notes do not include details of violence or behavioral health concerns.

### Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.

**NOFO Section VII.B.1.f.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?</td>
<td>No</td>
</tr>
<tr>
<td>3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.

**NOFO Section VII.B.1.g.**

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

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry</th>
<th>Does the PHA have a General or Limited Homeless Preference?</th>
<th>Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2021 CoC Application</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1C-7a. Written Policies on Homeless Admission Preferences with PHAs.

NOFO Section VII.B.1.g.

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—If your CoC only has one PHA within its geographic area, you may respond for the one; or

2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1. The Lincoln PHA, the only PHA within the CoC, has a homeless preference for both public housing and HCV. The CoC has developed with and the PHA has implemented over the past year move-on preference and a move on assessment. The COC has made significant progress with the PHA in fully incorporating into the HMIS and the All Doors Lead Home Coordinated Entry system. 2. N/A

1C-7b. Moving On Strategy with Affordable Housing Providers.

Not Scored—For Information Only

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

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multifamily assisted housing owners</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>PHA</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Low Income Tax Credit (LIHTC) developments</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Local low-income housing programs</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Other (limit 150 characters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1C-7c. Including PHA-Funded Units in Your CoC’s Coordinated Entry System.

NOFO Section VII.B.1.g.

Does your CoC include PHA-funded units in the CoC’s coordinated entry process? Yes
1. The CE system includes housing authority preference units and the EHV as any other dedicated homeless resource and when a unit is expected to be available, the Housing Authority notifies the CE system which then refers the next appropriate household for voucher issuance. The Lincoln Housing Authority (LHA) attends the weekly Coordinated Entry Case Conference and a team member will reach out to participants who do not have other housing opportunities presented to them at this time and will assist them to apply for the Homeless Voucher Program with Lincoln Housing Authority. LHA also puts in notes/notifications for those currently on the CE order of priority within the HMIS for current applications if documentation is missing, or if the household has an upcoming appointment, etc. They will also provide information about the agency providing case management, which has come in helpful for future contact if the HVP program denies them or they do not connect with required follow up. Which then assists the CE team to follow up with household if another housing opportunity presents itself. 2. The CoC and PHA have entered into an MOU on use of the All Doors Lead Home Coordinated Entry System.

1. The Lincoln CoC has collaborated with the Lincoln Housing Authority and Public Child Welfare Agency for the utilization the Foster Youth to Independence (FYI) voucher program under Housing Choice Voucher assistance. 2. The CoC, PHA, and PCWA have an active MOU established for the identification and referral from the coordinated entry system to the PHA for the FYI Vouchers. This assistance is non-competitive under Notice PIH 2021-26. 3. While all youth in the CoC’s coordinated entry system who meet the eligibility requirements of the FYI voucher are eligible for referral to the PHA, parenting and pregnant youth and their families have benefited from this coordination by the increase of assistance time allotted for this program, 36 months vs 24 months allotted for a CoC rapid rehousing program, as well as additional cross-
system supports tailored specifically to young adults with experience in the foster care system. This opportunity also increases the opportunities for permanent housing available within the CoC’s jurisdiction.

<table>
<thead>
<tr>
<th>1C-7e.</th>
<th>Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.g.</td>
<td></td>
</tr>
</tbody>
</table>

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan? No

<table>
<thead>
<tr>
<th>1C-7e.1.</th>
<th>Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Scored–For Information Only</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>PHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Housing A...</td>
</tr>
</tbody>
</table>
1C-7e.1. List of PHAs with MOUs

Name of PHA:  Lincoln Housing Authority
1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

<table>
<thead>
<tr>
<th>1C-8. Discharge Planning Coordination.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.h.</td>
</tr>
</tbody>
</table>

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

| 1. Foster Care | Yes |
| 2. Health Care | Yes |
| 3. Mental Health Care | Yes |
| 4. Correctional Facilities | Yes |

1C-9. Housing First–Lowering Barriers to Entry.

<table>
<thead>
<tr>
<th>1C-9. Housing First–Lowering Barriers to Entry.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.i.</td>
</tr>
</tbody>
</table>

1. Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.

2. Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.

3. This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.

<table>
<thead>
<tr>
<th>1C-9a. Housing First–Project Evaluation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.i.</td>
</tr>
</tbody>
</table>

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

(limit 2,000 characters)

The CoC regularly evaluates projects to ensure commitment to using a Housing First approach through several methods. All renewal CoC applicants are required to submit their program’s Housing First policy and procedure as a threshold criterion under the CoC’s Renewal Evaluation Standards. Policies are
reviewed by the CoC Collaborative Applicant and feedback is provided if modifications are needed. New CoC projects are required to commit to Housing First programming in new project application threshold criteria. Programs are also evaluated on their approach to prioritizing rapid placement and stabilization in permanent housing without barrier or preconditions or program participants through prioritization in the All Doors Lead Home Coordinated Entry System. If a program denies a participant, documentation of reason is required to ensure it does not violate Housing First protocol.

### 1C-9b. Housing First–Veterans.

| Not Scored–For Information Only |

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

**Yes**

### 1C-10. Street Outreach–Scope.

**NOFO Section VII.B.1.j.**

**Describe in the field below:**

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

(limit 2,000 characters)

1, 2, & 3 Outreach is conducted by several agencies in the CoC which together provide 100% coverage of the CoC’s geographic area. Outreach occurs and is available 7 days a week frequently occurring after business hours as need or notice demands, and every day of the year. There are 8.5 FTE dedicated outreach staff across 5 agencies some for specific populations least likely to request assistance including, youth, and U.S. Military veterans. Outreach is tailored in the CoC in some instances to specific populations but also to specific higher density locations including the downtown area, known encampments along the river and in public parks and wilderness areas. All of the outreach efforts are connected together through the Coordinated Entry system in which all outreach workers actively participate and are a critical front door in the CE system. CoC outreach workers conduct the Lincoln Common Assessments and make real time CE referrals. 4. The CoC worked with the Urban Institute analyzing data and outreach methods to better understand gaps in outreach and methods. This work has resulted in several modifications to applications and modes of outreach delivery. CoC outreach has also worked extensively with community partners including business and civic leaders in the downtown area to generate a more integrated approach and outreach response to those unsheltered including direct connections between businesses and outreach staff. The outreach workers across agencies works as a team with few inter agency barriers and when engagement with one worker is not effective other outreach staff, often through CE, are enlisted to try to engage. All CoC outreach staff utilize Language Link to bridge language barriers.
1C-11. Criminalization of Homelessness.

NOFO Section VII.B.1.k.

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

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

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

NOFO Section VII.B.1.i.

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

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

251   324


NOFO Section VII.B.1.m.

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

<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>1. Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Private Insurers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Nonprofit, Philanthropic</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Other (limit 150 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1C-13a. Mainstream Benefits and Other Assistance–Information and Training.

NOFO Section VII.B.1.m

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1. Systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;

2. Communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;

3. Working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and

4. Providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1. The CoC meets monthly to keep program staff up to date on mainstream resources. At that meeting each agency is provided time to update other homeless service providers on programs, eligibility, and access. 2. The CoC Chair sends frequent email notification of new or upcoming projects or programs to the large CoC list. The CoC through a member organization has developed a mobile phone app "MyLNK" that is being continuously updated with accurate information and resources on a wide variety of mainstream benefits, basic needs assistance, and housing services. Consumers and providers can access the app database directly. 3. The CoC partners with the Lincoln/Lancaster County Health Department to provide an annual “Connect the Uninsured” training to local case managers and providers with the goal to increase the knowledge of health benefits for low-income, uninsured people living in Lancaster County. This training also focuses on the effective utilization of Medicaid and other benefits. 4. CoC member organizations provide health navigators to assist enrollment in insurance through the Market place and connecting those who qualify for Medicaid, access supportive services for eligible participants through Medicaid.

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

Describe in the field below how your CoC’s coordinated entry system:

| 1. covers 100 percent of your CoC’s geographic area; |
| 2. reaches people who are least likely to apply for homeless assistance in the absence of special outreach; |
| 3. prioritizes people most in need of assistance; and |
| 4. ensures people most in need of assistance receive assistance in a timely manner. |

(limit 2,000 characters)

1. The All Doors Lead Home CE system covers the entire CoC geographic area which is the City Limits of the City of Lincoln. 2. The Lincoln Street outreach and coordinated entry public doors that are not primarily housing providers (e.g. CAP agencies, food pantry) engage and reach people least likely to apply for homeless assistance. Anyone who presents at a Public or Non-Public agency or that is engaged by Lincoln Street Outreach who is experiencing homelessness is assessed and referred to the Coordinated Entry system. Entities who are not public access points, such as hospitals, schools, law enforcement, and basic needs/service agencies are provided education on the coordinated entry system and encouraged to help people become connected with the Public Doors in order to complete the assessments. 3. The assessment process prioritizes people in the most vulnerable situations by assessing the vulnerability through the Lincoln Common Assessment tool which includes assessment of vulnerability, chronicity, disabling conditions, length of time homeless, fleeing
domestic violence, and transition age youth and veteran status are included in the priority scoring. 4. The All Doors Lead Home coordinated entry daily updates the by name list in order of priority. Providers are able to access BNL 24/7/365 to fill vacancies and are required to do so in order of priority. The CoC monitors exits of the BNL by priority status. Additionally the ADLH meets weekly to staff cases that are flagged for questions about priority or status. Those person where a question remains about the accuracy of the priority are reassessed and scored.


Promoting Racial Equity in Homelessness—Assessing Racial Disparities.

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

1C-15a. Racial Disparities Assessment Results.

Racial Disparities Assessment Results.

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

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

1C-15b. Strategies to Address Racial Disparities.

Strategies to Address Racial Disparities.

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

1. The CoC’s board and decisionmaking bodies are representative of the population served in the CoC. Yes
2. The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC. Yes
3. The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups. Yes
4. The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups. **Yes**

5. The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. **Yes**

6. The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector. **No**

7. The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness. **Yes**

8. The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity. **Yes**

9. The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness. **Yes**

10. The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system. **Yes**

11. The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness. **Yes**

Other: (limit 500 characters)

| 12. |

**1C-15c. Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.**

NOFO Section VII.B.1.o.

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

**limit 2,000 characters**

The Lincoln CoC has taken steps to improve racial equity in homeless services beyond areas initially identified in the CoC’s racial disparity assessment in the following ways. Specifically related to COVID-19 system response, the Lincoln CoC worked with Urban Institute to identify gaps and implement methods to improve application outreach for rent and utility assistance to underserved communities and those most affected by COVID-19. This included revisions of rent and utility assistance application, in person presence and outreach within the communities, additional outreach and technical assistance to landlords in under-served communities. The Lincoln CoC has also increased efforts for community engagement with persons presently experiencing homelessness or with previous lived experience by partnering with non-traditional homeless provider organizations who have established and trusting relationships in place. The CoC worked with the Lincoln ESG recipient to engage local cultural centers for case management services under ESG-CV rapid rehousing funding.

**1C-16. Persons with Lived Experience–Active CoC Participation.**

NOFO Section VII.B.1.p.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:
<table>
<thead>
<tr>
<th>Level of Active Participation</th>
<th>Number of People with Lived Experience Within the Last 7 Years or Current Program Participant</th>
<th>Number of People with Lived Experience Coming from Unsheltered Situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Included and provide input that is incorporated in the local planning process.</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>2. Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>3. Participate on CoC committees, subcommittees, or workgroups.</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>4. Included in the decisionmaking processes related to addressing homelessness.</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>5. Included in the development or revision of your CoC’s local competition rating factors.</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

1C-17. Promoting Volunteerism and Community Service.

NOFO Section VII.B.1.r.

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

| 1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities. | No |
| 2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry). | No |
| 3. The CoC works with organizations to create volunteer opportunities for program participants. | Yes |
| 4. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials), | Yes |
| 5. Provider organizations within the CoC have incentives for employment and/or volunteerism. | Yes |
| 6. Other:(limit 500 characters)                                                              |     |
1D. Addressing COVID-19 in the CoC’s Geographic Area

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

<table>
<thead>
<tr>
<th>1D-1. Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section VII.B.1.q.</td>
</tr>
<tr>
<td>Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:</td>
</tr>
<tr>
<td>1. unsheltered situations;</td>
</tr>
<tr>
<td>2. congregate emergency shelters; and</td>
</tr>
<tr>
<td>3. transitional housing.</td>
</tr>
</tbody>
</table>

(limit 2,000 characters)

1. The CoC communicated with state and local policymakers and state and local law enforcement on CDC and HUD recommendations on encampments to not disperse. The CoC coordinated with the ESG recipient and state and city public health departments to obtain required PPE and sanitizer for outreach workers and for those living unsheltered. 2. The CoC immediately began working with state, regional, and local jurisdictions and providers to identify means and methods to decongregate all shelters to 50% or less of capacity and were able to achieve this % within 2 weeks. This involved coordination across a wide range of stakeholders including PHDs, shelters, city officials, and the hotel/motel industry where the majority of those exiting the shelter system were housed. The CoC worked with the ESG recipient and public health departments to obtain required PPE and other required supplies to respond to COVID-19, coordinated with the University of Nebraska Medical Center to provide TA and recommendations for facility rehabilitation to shelters meet safety requirements for COVID-19 response. 3. Worked with ESG recipient and private foundations to provide needed PPE and other required supplies to TH providers and residents. For all populations, the CoC assessed ongoing needs and made recommendations to and help coordinate state and regional efforts and resources to most effectively meet the need including providing data to the public health entities to coordinated vaccination efforts and applying for multiple resources including CARES Act funding to meet the need. The CoC assisted coordinating additional COVID specific health, case management and life-skills training for homeless service system providers. The CoC provides weekly Point in Time Counts of shelter utilization, unsheltered persons in COVID-19 quarantine and number of those in most vulnerable status.
1D-2. Improving Readiness for Future Public Health Emergencies.

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

(limit 2,000 characters)

The CoC has through the COVID-19 experience improved readiness for future public health emergencies by establishing stronger connections and networks with the public health and emergency management systems at the state and local level and is working to formalize these relationships for the future. The CoC leadership meets with state and regional public health officials weekly and they are regular attendees at full CoC meetings. The CoC has developed protocols to respond to future health care emergencies in order to rapidly respond in our the emergency shelter and outreach systems. These protocols include: 1) specified communication and contact channels for CoC and Public Health Departments to rapidly conduct information exchange and processes, 2) plans in place to rapidly decongregate the shelters, 3) and program/facility knowledge in how to properly respond rapidly to health crises within their agency.

1D-3. CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.

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

1. safety measures;
2. housing assistance;
3. eviction prevention;
4. healthcare supplies; and
5. sanitary supplies.

(limit 2,000 characters)

The CoC has and continues to work on a weekly basis with the ESG-CV recipient (City of Lincoln) to guide the best use of the ESG-CV funds in the Continuum. The CoC convened and facilitated weekly calls with shelter, transitional housing, and outreach providers to assess needs, identify solutions, and coordinate resources and efforts. 1) Early and ongoing efforts were on the safety of guests and staff through the provision of PPE and facility modification, shelter decongregation through the standing up of alternative shelters and use of motel/hotels, 2) the CoC engaged extensively in data analysis assessing needs and developing housing assistance plans with the ESG recipient for the use of ESG-CV funding through weekly planning meetings. These efforts eventually resulted in the funding of an additional 140 RRH units in the COC to respond to needs among those exiting shelter and for those with recent economic setbacks due to COVID-19, and 3) simultaneously the CoC worked with the ESG-CV recipient to assess need and allocated resources to address eviction prevention within the City and designed, and implemented by June of 2020 a centralized, common fund prevention system that is administered...
through the CoC's coordinated entry system with priority assessment for communities most at risk of COVID-19. A component of this prevention system is having a representative from a public access point present at eviction court working with tenants to provide direct payments to landlords when applicable to immediately prevent evictions. 4/5) The CoC coordinated with the ESG-CV recipient as well as the Nebraska Department of Health and Human Services, and local public health departments to identify needs and provide PPE and healthcare supplies to all providers in the community.

**1D-4. CoC Coordination with Mainstream Health.**

**NOFO Section VII.B.1.q.**

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1. decrease the spread of COVID-19; and
2. ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**limit 2,000 characters**

1 & 2 The CoC at the onset of the pandemic reached out to the State and City public health departments within the CoC to begin coordinating and responding to COVID-19 in the homeless services system. The CoC leadership began weekly meetings with the public health system to address the safety of guests and staff and obtaining of PPE, facility modifications, decongregation, and response by outreach staff to encampments and those in unsheltered locations. Guidance, training, and TA from the University of Nebraska Medical Center were arranged by the CoC for providers to a guide their efforts to decrease the spread and improve the safety of guests and staff. The CoC successfully decongregated the emergency shelter system to less than 50% utilization by April 9th 2020 which allowed for adequate social distancing throughout the shelters. Federal, state, and local public health department requirements and recommendations were implemented within the shelter system including mask requirements, sanitizing stations, physical barriers, and hand washing. Additionally none of the families or individuals that were decongregated from the shelter returned to the shelter but were provided access to additional ESG-CV rapid rehousing programing.

**1D-5. Communicating Information to Homeless Service Providers.**

**NOFO Section VII.B.1.q.**

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1. safety measures;
2. changing local restrictions; and
3. vaccine implementation.

**limit 2,000 characters**

1) The Lincoln CoC in early April of 2020, in conjunction with the adjacent NE Balance of State CoC, and facilitated through the UNL- Center on Children, Families, and the Law began weekly Zoom meetings for all homeless service providers, local and state departments and agencies including local LE and
state and local public health departments, ESG recipients, private foundations and funders. The calls continue. 2) The weekly calls include state and regional public health departments who communicated changes in directed public health orders and restrictions. These discussions and information sharing span all topics from shelter decongregation, safety measures within shelters, how to navigate privacy and health concerns, staffing issues during a pandemic, guidelines for alternative shelter locations, unsheltered encampment issues and response, vaccination outreach, marketing and roll-outs, tracking within HMIS, street outreach protocols and safety needs, were and are continuing to be developed, funding, implementation, and networking all discussed and communicated during these calls. 3) The rollout of vaccines to sheltered and unsheltered populations within the CoC were and are being coordinated and communicated through the weekly calls and the CoC communicated number of guests and residents to public health authorities that would need vaccines by vaccine rollout criteria, i.e. over 65 years of age to facilitate the vaccination process and the CoC utilize and continues to use the HMIS system to track COVID-19 vaccinations.


NOFO Section VII.B.1.q.

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

(limit 2,000 characters)

The Lincoln CoC utilized HMIS data to identify to State and Local Public Health officials the number of persons in the shelter system and transitional housing programs and the number of persons including the most vulnerable to provide for adequate distribution of doses and staffing. The CoC also facilitated communication between health departments and non-traditional congregate shelter facilities who are not in HMIS, such as victim service providers, to be included in the appropriate priority population for vaccine distribution. This process included reporting numbers of guest/residents for each facility, the number within age brackets, the number with disabling health conditions in order to have the correct number of vaccines available at a specific location. These data were recorded by client within the HMIS system and available for use by agency staff to identify and notify residents/guests of initial, second dose, and booster vaccinations.

1D-7. Addressing Possible Increases in Domestic Violence.

NOFO Section VII.B.1.e.

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

(limit 2,000 characters)

At the onset of the COVID-19 pandemic, the Lincoln CoC began a weekly
Shelter and Outreach call with all shelter and outreach programs in the CoC and a contiguous sister CoC, which includes all victim service providers. This call provides weekly updates on shelter utilization and outreach contacts and specifically addresses changes in calls to our victim service provider shelters, availability of resources to meet need, and collaborative solutions. Additionally, monthly victim service provider-specific calls are held. Participant peers on the call shared concerns and solutions to the increased contacts for assistance and how to facilitate need with staff resources during a pandemic. The CoC lead provides the latest information from a wide variety of resources including HUD, USICH, NAEH, CDC, Nebraska Public Health, Nebraska Homeless Assistance Program. The University of Nebraska Medical Center provided technical assistance and guidance to shelter providers on facility redesign and modification to mitigate risk and provided quarantine space. Victim service providers continued to participate in the Lincoln CoCs Coordinated Entry process. Virtual support groups were established to provide access for survivors who couldn't or didn't want to come to office. Enhanced legal advocacy when courts' COVID protocols increased barriers for survivors seeking protection orders. The CoC with ESG-CV resources funded a multi-agency program (including victim service provider) that increased the number of RRH units available in the community to respond to the increased need for in DV housing assistance.

1D-8. Adjusting Centralized or Coordinated Entry System.

NOFO Section VII.B.1.n.

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

(limit 2,000 characters)

The CoC began initiating adjustments to the Coordinated Entry system in April of 2020. The CoC was in the process of integrating prevention assistance into CE prior to the onset of the pandemic however with COVID-19 those plans, and processes were prioritized for final development and implementation to meet the crisis. The CE Prevention process were implemented across the CoC beginning in April and continued to be modified throughout the year as the crisis developed and additional resources and priorities were identified. The CoC Prevention triage tool was adapted to incorporate COVID-19 which included identifying for priority prevention assistance individuals and communities most severely impacted by the pandemic including age and disability status and zip code and census block location. The CoCs prevention assistance resources were centralized under the CE system including CARES Response and Recovery, ESG-CV, ESG, and Treasury ERA assistance. A single common application for assistance was developed, and all COVID-19 assistance is being provided through the CE system. Additionally, the Coordinated Entry system priority scoring was modified to account for the CoC development of a significant number of new Rapid Rehousing units through ESG-CV resources. These resources and the priority scoring were modified to address two specific COVID-19 impacted populations, 1) families exiting emergency shelters as part of decongregation efforts and 2) individuals and families experiencing
homelessness currently on the CE by-name-list that were fleeing domestic violence or potential for rapid exit from subsidized housing through employment. Additionally the CE system was modified to serve as the process for the provision of housing resources through ESG-CV and philanthropic funds for housing assistance for those exiting hospitals or needing to quarantine outside of current housing.
1E. Project Capacity, Review, and Ranking–Local Competition

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

<table>
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<tbody>
<tr>
<td>NOFO Section VII.B.2.a. and 2.g. |</td>
</tr>
</tbody>
</table>

| 1. Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition. \|
| 08/27/2021 \|
| 2. Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process. \|
| 09/28/2021 \|

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

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

| 1. Established total points available for each project application type. \|
| Yes \|
| 2. At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH). \|
| Yes \|
| 3. At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness). \|
| Yes \|
| 4. Used data from a comparable database to score projects submitted by victim service providers. \|
| Yes \|
| 5. Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve. \|
| Yes \|
| 6. Used a specific method for evaluating projects based on the CoC’s analysis of rapid returns to permanent housing. \|
| Yes \|

NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1. the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and

2. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. The CoC evaluates a number of factors in determining the project ranking and selection process including severity and vulnerability of households entering programs. The CoC scores all renewal applications within component type by the average coordinated entry priority score of individual/households entering the program in the prior grant year. 2. The coordinated entry priority score is based upon the All Doors Lead Home common assessment, which factors in items assessing severity of needs such as: length of time homeless, chronic, disabilities, veteran, transitioned aged youth, and fleeing DV statuses. Renewal applications with the highest average priority score of entries within their component type are allocated an additional 5 points in the scoring and programs with the second highest priority scores are allocated 3 additional points in renewal scoring.


NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1. obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;

2. included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;

3. rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1. The CoC creates and finalizes rating factors through an ad hoc committee of comprised of CoC/ESG funded agencies and other parties familiar with homelessness, such public housing authorities. The Lincoln CoC collaborates with street outreach and other providers with established trusting relationships to obtain input from persons over-represented in the local homelessness population. 2. The CoC includes persons of different races in the rank and review process through an open invitation to join the review and review criteria committee. All members of the CoC and Lincoln Homeless Coalition are invited to join and participate in this decision-making process. 3. The CoC rates and ranks projects based on the degree to which program participants mirror the demographics of the homeless population through the threshold criteria of 100% participation in the All Doors Lead Home Coordinated Entry System. Programs must agree to follow the policies and procedures of the coordinated entry system which prohibit the exclusion of program participants based on race or other demographics. New projects were rated on additional equity factors such as whether a applicant had an BIPOC in management or leadership positions.
1E-4. Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.

NOFO Section VII.B.2.f.

Describe in the field below:

1. your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;

2. whether your CoC identified any projects through this process during your local competition this year;

3. whether your CoC reallocated any low performing or less needed projects during its local competition this year;

4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and

5. how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1. The CoC’s written process for reallocation identifies low-performing programs and those serving lower priorities and requires program improvement and adjusted focus on higher priority needs or the program funds will be reallocated. The CoC accomplishes this in the ranking and reallocation of projects which incentivizes focus on outcomes to achieve the performance targets specified by the CoC, providers to adopt evidence-based practices, replace projects that are not high performing, cost effective, or following evidence-based practices with new projects that follow CoC and HUD priorities. The CoC identifies low performing projects based upon the CoC Performance Measures and these measures are assessed by project at 6 months at 12 months during renewal competition. The Lincoln CoC LNK CoC has reallocated 47.4% of the CoC’s ARD since 2016. 2. Yes, the CoC identified projects of lower need during the local competition. 3. The CoC did identify a transitional housing project that was reallocated (or transferred) to a Joint-Transitional Rapid Rehousing project to meet the need for more rapid-rehousing availability in the community. 4. N/A. 5. The CoC communicated the formal reallocation policy through public postings, distribution through CoC wide email mailing lists, and through monthly CoC meetings. The CoC collaborated with projects to voluntarily reallocate based on identified need, program perspectives and feedback from program participants.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021? Yes

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

NOFO Section VII.B.2.g.

1. Did your CoC reject or reduce any project application(s)? No

FY2021 CoC Application Page 32 11/09/2021
2. If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.

| 1E-5a. Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen. |
| NOFO Section VII.B.2.g. |
| Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. | 10/25/2021 |

| 1E-6. Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen. |
| NOFO Section VII.B.2.g. |
| Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website— which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected. |

You must enter a date in question 1E-6.
2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

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

Select from dropdown menu your CoC’s HMIS coverage area.
Multiple CoCs

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

Enter the date your CoC submitted its 2021 HIC data into HDX.
05/07/2021

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

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1. have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and

2. submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)
1) The Lincoln CoC HMIS lead (UNL-CCFL) has coordinated with the DV providers and the ESG recipient to ensure that the comparable database being used, Osnium, will provide data that meets the HMIS 2020 Data Standards and allows for comparable reporting for CoC Performance System Measures, CoC and ESG rank and review scoring, and PIT data collection. 2) Victim service providers provide the HMIS Lead with monthly aggregated federal reports which include de-identified aggregate system performance measure data, e.g. CAPER, APR. DV providers reach out to the HMIS lead when changes occur in their Osnium database with questions regarding continued compatibility with the HMIS data standards, data quality errors and report output errors they have difficulty resolving to ascertain if a database or a data input issue.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds 2021 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emergency Shelter (ES) beds</td>
<td>360</td>
<td>27</td>
<td>333</td>
<td>100.00%</td>
</tr>
<tr>
<td>2. Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3. Transitional Housing (TH) beds</td>
<td>99</td>
<td>39</td>
<td>60</td>
<td>100.00%</td>
</tr>
<tr>
<td>4. Rapid Re-Housing (RRH) beds</td>
<td>324</td>
<td>67</td>
<td>257</td>
<td>100.00%</td>
</tr>
<tr>
<td>5. Permanent Supportive Housing</td>
<td>290</td>
<td>0</td>
<td>290</td>
<td>100.00%</td>
</tr>
<tr>
<td>6. Other Permanent Housing (OPH)</td>
<td>157</td>
<td>0</td>
<td>157</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.

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

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

2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-5b. Bed Coverage Rate in Comparable Databases.

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.

100.00%
If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

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

(limit 2,000 characters)

N/A


NOFO Section VII.B.3.d.

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST? Yes
2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

| 2B-1. Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022 |
| NOFO Section VII.B.4.b. |
| Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022? | Yes |

| 2B-2. Unsheltered Youth PIT Count–Commitment for Calendar Year 2022 |
| NOFO Section VII.B.4.b. |
| Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience? | Yes |
2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

2C-1. Reduction in the Number of First Time Homeless–Risk Factors.

NOFO Section VII.B.5.b.

<table>
<thead>
<tr>
<th>Describe in the field below:</th>
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<tbody>
<tr>
<td>1. how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;</td>
</tr>
<tr>
<td>2. how your CoC addresses individuals and families at risk of becoming homeless; and</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

(limit 2,000 characters)

1) The CoC utilizes a multi-method approach to identify factors associated with persons experiencing homelessness for the first time. This process begins with the use of CoC data from the HMIS and Coordinated Entry systems, input from provider organizations and staff, and use of state and national research and evaluation. The CoC, using this multi-method approach, is conducting an ongoing evaluation of the factors that are associated with experiencing homelessness for the first time. 2) Through this ongoing process the CoC has currently identified a multiple system point strategy at which the CoC can effect change to prevent future homelessness. This strategy focuses on a) institutional transitions and discharge planning (prison, mental health, substance use, foster-care, juvenile justice) to do all that can be done to ensure that the transitions do not result in homelessness through meaningful discharge planning and implementation, mentoring/navigation after exit, creating and maintaining connections to community supports and resources, b) persons precariously housed with very low incomes, and housing cost overburden (>30%), connecting with all mainstream benefits and resources available and making connections with employment and education resources and assistance to increase self-sufficiency, and the provision of needed prevention and diversion assistance to prevent the first homeless episode from occurring, c) a focus on highly vulnerable families and individuals including those with a history of domestic violence victims, US military veterans, couch-surfing youth, and LGBTQ populations by increasing the prioritization of these populations through coordinated entry and ensuring adequate crisis/shelter availability. 3) The University of Nebraska - Lincoln - Center on Children, Families, and the Law, which serves the CoC as the HMIS and CE lead as well as the planning lead analyzes data, oversees and assists the CoC development and implementation
2C-2. Length of Time Homeless–Strategy to Reduce.

NOFO Section VII.B.5.c.

Describe in the field below:

1. your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;

2. how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and

3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1. The CoC seeks to reduce the length of time anyone remains in a homeless situation via: a) the rapid connection to the All Doors Lead Home Coordinated Entry system which includes an accurate assessment of the most appropriate housing solution to quickly end the homeless episode; b) the direct connection through CE to housing solutions available; c) the CoC has substantially increased the number of rapid rehousing units available to expedite exit from a homelessness; d) implementation in coordination with the PHA of Emergency Housing Vouchers incorporating a Move-on assessment process focused on those persons in PSH and RRH that are ready to successfully move-on to permanent housing; e) the continued development of diversion programming throughout the CoC to assist individuals and families that are able to quickly self-resolve their homeless situation. 2. The CoC identifies and houses individuals and families with the longest lengths of time by updating the by-name prioritization listing daily and making it available for housing providers to access 24/7. Length of time homeless is a priority scoring factor for the All Doors Lead Home Coordinated Entry system. The CoC holds weekly by-name list staffing to help rapidly identify housing solutions for those with the longest length of time homeless. 3. The University of Nebraska - Lincoln Center on Children, Families and the Law, the CE Lead assess and oversees the CoC’s strategy to reduce length of time persons remain in a homeless situation.

2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

NOFO Section VII.B.5.d.

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1. emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and

2. permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) The CoC’s strategy to increase permanent housing exit rates from ES, TH, and RRH focuses on the identification of the permanent housing solution that is the most appropriate to permanently end homelessness situation. This strategy is based within the All Doors Lead Home coordinated entry system and staffed developed housing plans for each person on the by-name list. Case managers present during the weekly CE staffing plans for ending the episodes and reviewed in the context of the CE assessment information, prioritization, and...
housing availability in preferred locations. The CoC has developed and implemented a "move-on" assessment and process within the CE system. The CoC is also developing much needed housing navigation/location resources within the CoC to assist in the finding available units of developing landlord relationships. The CoC continues work with PHAs across the CoC and Nebraska Realtors Association to develop both homeless preferences for permanent housing vouchers and housing resources. The CE system is bringing into the process workforce development and adult education system resources that co-enroll persons choosing to be involved in order to increase the sustainability of housing through increased self-sufficiency of individuals and families. The CoC is working with the Nebraska Governor's Commission on Housing and Homelessness, the Nebraska Investment Finance Authority, and regional and local housing developers to increase the number of affordable housing units available for persons exiting homelessness. 2) The CoC has implemented the Nebraska Move-on assessment for all rapid rehousing and permanent supportive housing providers to assist in the determination of when persons are ready to exit to a permanent destination. This effort has been developed in conjunction with work with the PHA that received Emergency Housing Vouchers. The CoC has also coordinated with the PHA for Housing Choice Homeless Voucher and Foster Youth Initiative Vouchers programs to increase exits to permanent housing.

2C-4. Returns to Homelessness–CoC’s Strategy to Reduce Rate.

NOFO Section VII.B.5.e.

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

(limit 2,000 characters)

1) The CoC utilizes the HMIS and CE systems to identify individuals and persons in the families who return to homelessness. The University of Nebraska - Lincoln - Center on Children, Families and the Law analyzes these data to identify the primary factors associated with those that return. The factors most often associated with returns to a homeless situation include extremely low or no income, domestic violence history, the number of prior homeless episodes, and mental health and substance use history, recent institutional exits. 2) The CoC strategy to reduce the rate of return focuses on these factors and how case management with community-based supports and resources can be marshaled to assist mitigate these factors. Increasing all participants’ use of mainstream benefits and increasing employment - cash income through connections with self-sufficiency and workforce development resources. The use of harm reduction approaches in case management is encouraged across CoC programs. The "Rent-wise" program is offered which is a tenant education program that helps people know how to find and keep rental housing, and how to become more successful renters. Trauma-informed approaches are trained to the CoC and recommended in all programs. Connections to mainstream resources are emphasized. Connections to needed services and programs for mental health and substance use issues are developed and made available. The CoC the strategy includes the development of landlord mitigation resources.
and landlord mediation. 3. The University of Nebraska - Lincoln Center on Children, Families and the Law, the CE Lead assesses and is responsible for overseeing CoC’s strategy to reduce rate of returns to homelessness.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>NOFO Section VII.B.5.f.</td>
</tr>
</tbody>
</table>

Describe in the field below:

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

(limit 2,000 characters)

1) The CoC’s strategy to increase employment income includes working with local, regional, and state employers and workforce development programs to gain access for persons in CoC programs to employment opportunities and employment skill-building opportunities. CoC funded projects coordinate with local employment resources to connect unemployed persons experiencing homelessness with employment opportunities in the local community, providers work extensively with the Nebraska Department of Health and Services Supported Employment office and with the Nebraska Department of Education Vocational Rehabilitation to assist persons experiencing homelessness develop skills and find employment. 2) The CoC has and continues work with the Nebraska Department of Labor and the State of Nebraska Workforce Innovation and Opportunity Act Board and the local, Lincoln Workforce Development Area to formalize the partnership between workforce development and CoCs efforts in order to ensure that individuals experiencing homelessness have access and are enrolled in workforce development programs. The CoC regional partner agencies engage local employers and businesses through job fairs and employer tours to build partnerships and relationships between employers, agencies, and persons being served. 3) The University of Nebraska - Lincoln Center on Children, Families, and the Law in partnership with City of Lincoln ESG recipient oversees the CoC’s strategy to increase job and income growth from employment.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>NOFO Section VII.B.5.f.</td>
</tr>
</tbody>
</table>

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) The CoC promoted employment partnerships opportunities by holding job fairs in association with regional Project Homeless Connect events, participating agencies ongoing direct outreach to employers in communities, and
coordinating with Nebraska Workforce Innovation and Opportunity Act board (WIOWA) and Lincoln Nebraska Workforce Development Area. 2) The CoC has collaborated with the State of Nebraska Workforce Innovation and Opportunity Act Board (WIOA) and the Lincoln Nebraska Workforce Development Area on the development of a formal agreement to co-enroll persons experiencing homelessness in workforce development programs. The CoC is bringing workforce development staff into the All Doors Lead Home Coordinated Entry System and working on protocols for cross-system data sharing as a part of the CE process that allows the CE by name list to populate workforce development eligible consumers list.

### 2C-5b. Increasing Non-employment Cash Income.

**NOFO Section VII.B.5.f.**

Describe in the field below:

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

**LImit 2,000 characters**

1 & 2 The CoC CE lead identifies those persons on the by name list that appear eligible but are not receiving SSI. The CoC’s SOAR team, which is staffed at multiple CoC agencies, prioritizes those on the CE by name list that do not already have SSI determinations. Information on the current SOAR application of consumers is collected and provided with the information made available on the CE BNL so that all providers know as they begin to work with consumers the situation and status of SOAR application. The CoC includes coordination with insurance Navigator program for insurance through the Marketplace and connecting with Medicaid. All CoC and ESG funded programs provide connections to mainstream resources including SNAP, Medicaid, TAFN, Title 20, ADC, county general assistance. CoC meets monthly to keep program staff up to date on mainstream resources available for persons experiencing homelessness. 3) The University of Nebraska - Lincoln Center on Children, Families, and the Law in partnership with the City of Lincoln ESG recipient oversees the CoC’s strategy to increase non-employment cash income.
3A. Coordination with Housing and Healthcare Bonus Points

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


NOFO Section VII.B.6.a.

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

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private organizations</td>
</tr>
<tr>
<td>State or local government</td>
</tr>
<tr>
<td>Public Housing Agencies, including use of a set aside or limited preference</td>
</tr>
<tr>
<td>Faith-based organizations</td>
</tr>
<tr>
<td>Federal programs other than the CoC or ESG Programs</td>
</tr>
</tbody>
</table>


NOFO Section VII.B.6.a.

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


NOFO Section VII.B.6.b.

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

No

NOFO Section VII.B.6.b.

1. Did your CoC obtain a formal written agreement that includes:
   (a) the project name;
   (b) value of the commitment; and
   (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?
   No

2. Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?
   No


NOFO Sections VII.B.6.a. and VII.B.6.b.

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Type</th>
<th>Rank Number</th>
<th>Leverage Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
3B. New Projects With Rehabilitation/New Construction Costs

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


NOFO Section VII.B.1.r.

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


NOFO Section VII.B.1.s.

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1. Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and

2. HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)
3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

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

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

**NOFO Section VII.C.**

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

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

**NOFO Section VII.C.**

If you answered yes to question 3C-1, describe in the field below:

1. how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and

2. how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)
4A. DV Bonus Application

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


NOFO Section II.B.11.e.

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

4A-1a. DV Bonus Project Types.

NOFO Section II.B.11.

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

<table>
<thead>
<tr>
<th>Project Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SSO Coordinated Entry</td>
<td>No</td>
</tr>
<tr>
<td>2. PH-RRH or Joint TH/RRH Component</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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


NOFO Section II.B.11.

| 1. Enter the number of survivors that need housing or services: | 4,957 |
| 2. Enter the number of survivors your CoC is currently serving: | 1,811 |
| 3. Unmet Need:                                                   | 3,146 |


NOFO Section II.B.11.

Describe in the field below:
1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and

2. the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or

3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1/2. Data for the number of DV survivors needing housing or services was derived from multiple data sources, law enforcement calls, persons fleeing on the CoC Coordinated Entry by name list, those being served in programs in the HMIS, and those being served by and awaiting services from DV providers. These data sources were cross-checked for duplication by the CoCs victim service provider committee and summed for the number of survivors needing housing or services (LE + CE + HMIS + DV Comparable database) 3. The barriers to meeting all survivor needs are various and complex. This reflects a need for: additional emergency shelter and permanent housing options specific to survivors. Current shelter and permanent housing options are unable to meet the number of individuals and families reporting that they are survivors/fleeing from domestic violence, case management support for housing search and placement and financial assistance to obtain and maintain safe, permanent housing, widening engagement with property management/landlords which would increase available options for survivors, who may have a rental history of property damage, eviction or other impediments to renting that are related to the domestic violence, increased advocacy to address referrals from law enforcement, schools, hospitals, child welfare and other systems that are referring survivors to victim service providers for services and/or shelter. Within the community it also reflects: a narrow rental vacancy rate within the city of Lincoln, a need for creating/preserving existing affordable housing, an increasing refugee population, which includes survivors of domestic violence, who require long term support, intensive interpretation and translation assistance to transition to safety.

**Applicant Name**

Friendship Home o...
Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects


NOFO Section II.B.11.

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

<table>
<thead>
<tr>
<th>1. Applicant Name</th>
<th>Friendship Home of Lincoln</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Rate of Housing Placement of DV Survivors–Percentage</td>
<td>84.00%</td>
</tr>
<tr>
<td>3. Rate of Housing Retention of DV Survivors–Percentage</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

4A-4a. Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.

NOFO Section II.B.11.

Describe in the field below:

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and

2. the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. Project applicant calculated the rate of housing placement on the HUD CoC APR report for January 1, 2019, through Dec 31, 2020, for total number of persons exiting from Safe at Home and Safe to Home Rapid Rehousing to permanent destinations. During this time, period thirty-two (32) individuals representing 9 households exited the program. One household (5 individuals) disengaged from the program prior to locating housing. All other households (8), representing 27 individuals, exited to permanent housing destinations. Retention percent is calculated by the number of those survivors that exited with permanent housing minus those who have returned to request shelter at FH. Through October 25, 2021, none of these households have requested shelter at Friendship Home again.

2. Data source is HMIS comparable database Osnium.

4A-4b. Providing Housing to DV Survivor–Project Applicant Experience.

NOFO Section II.B.11.

Describe in the field below how the project applicant:

1. ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;

2. prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3. connected survivors to supportive services; and

4. moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1) Friendship Home is a non-public door for Lincoln’s All Doors Lead Home Coordinated Entry (CE) system. Survivors who contact FH directly for shelter and services and those referred by other CE agencies are assisted to complete VI-SPDAT assessment for referral and connected with available housing programs including Section 8 housing, subsidized housing, as self-determined by survivors. All referrals for FH RRH housing projects come through the CE system. FH works with the referral agency to quickly engage and offer assistance. FH staff offer tangible assistance based on the household’s identified needs. FH staff assist survivors with transportation to inspect potential rental sites, outreach to landlords and property managers, overcoming barriers that relate to safe and stable housing. Safety planning is a critical element throughout the process in determining which placement may work best for the household.

2) FH is committed to using the CE system as the best method for ensuring survivors are fairly prioritized for housing. All persons currently and previously housed in FH RRH-housing projects were prioritized through the CE process. FH ensures that all RRH participants receive information on the CoC emergency transfer option.

3) FH’s long history of serving survivors has focused on rapidly connecting them to services throughout the community, including; legal assistance, behavioral/medical healthcare, food, state based assistance, childcare, youth programs, Homeless Outreach through Lincoln Public Schools, college/trade school enrollment, employment resources, and other services as guided by the survivor’s specific needs.

4) The primary goal is that through provision of secure housing and a range of services, survivors will be prepared to remain stable once the subsidy ends. FH has assisted survivors in receiving ongoing subsidy support through Section 8 vouchers, increasing employment, applying for eligible benefits, and establishing affordable childcare.

4A-4c. Ensuring DV Survivor Safety—Project Applicant Experience.

NOFO Section II.B.11.

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1. training staff on safety planning;

2. adjusting intake space to better ensure a private conversation;

3. conducting separate interviews/intake with each member of a couple;

4. working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;

5. maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and

6. keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1) All FH staff are trained to provide safety planning as part of core services at
the agency. This is an essential component of pre-service training. Safety planning at FH is survivor-centered, based upon the risks identified by each individual and FH staffs’ knowledge of potential tactics the abuser may employ.

2) FH has several spaces that are used for the purpose of confidentiality for survivors. FH also provides private offices for all Case Managers that offer survivors safe spaces to meet. Intakes are managed so survivors do not have to enter and exit through public spaces. FH also has a Service Center, which is at a confidential location and offers survivors several spaces that provide a high degree of privacy.

3) FH serves only survivors and their dependents but would never conduct joint interviews regardless. FH has provided input and training for CoC partners on the established safety protocol for interviewing heads of household separately at intake.

4) It is imperative that the survivor direct the choice of housing unit. FH staff are adept at asking pertinent questions to help survivors consider what they may want/need but the decision is always theirs. The FH RRH Case Manager works with participants on defining safety according to their current risks. This may include location of housing, accessibility, utilizing the address confidentiality program, window and/or door alarms, considering safe exchange of children, and many other factors based on individual situations.

5) FH does not offer congregate permanent housing but the communal shelter, operating 24 hours a day, features security lights, external cameras, and alarms. Our maintenance staff continuously monitors this site for weakness and/or repairs that might compromise safety.

6) All of FH’s shelter locations are considered confidential. Survivors in our housing units are asked to commit to keeping the locations confidential. Those in our tenant based RRH program are educated on the risks of disclosing their address, but we also want to empower them to take control of their safety in new, unsecured environments.

4A-4c.1. Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.

NOFO Section II.B.11.

| Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served. |
| (limit 2,000 characters) |

FH seeks the input from survivors about our shelters, housing, and supportive services to determine how we are performing as a program and how satisfied survivors are with their experience. For that purpose, FH utilizes surveys that survivors complete before they exit shelter. The surveys are provided with instructions on returning them anonymously. The questions asked are two which are considered essential by the Family Violence Prevention Services Act (FVPSA) grants administered by Dept. of Health and Human Services: Do you know more ways to plan for your safety? And Do you know more about community resources?

These questions are deemed essential to survivor safety and their potential stability as well as evidence of program efficacy. These surveys are confidential, and the results are captured and collated by a staff person independent of the program. The results are then given to the Program Director, stripped of all identifying information, for review and analysis. The surveys have
guided our growth and development. Suggestions or comments about how we shelter as well as how and what services are available are taken very seriously and many of the changes made in both areas are a direct result of survivor input from these surveys.

4A-4d. Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.

NOFO Section II.B.11.

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

<table>
<thead>
<tr>
<th>1.</th>
<th>prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>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;</td>
</tr>
<tr>
<td>3.</td>
<td>providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;</td>
</tr>
<tr>
<td>4.</td>
<td>emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;</td>
</tr>
<tr>
<td>5.</td>
<td>centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;</td>
</tr>
<tr>
<td>6.</td>
<td>providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and</td>
</tr>
<tr>
<td>7.</td>
<td>offering support for parenting, e.g., parenting classes, childcare.</td>
</tr>
</tbody>
</table>

(limit 5,000 characters)

1) FH serves survivors through a progressive engagement model, offering the level of support indicated by each participant. FH believes that survivors are the experts on what they need. As part of the intake process survivors discuss their goals and how the Case Manager can assist them in achieving them. The RRH Case Manager offers options relevant to their self-identified goals and barriers. Through established relationships with landlords and property management companies, the RRH Case Manager can assist survivors to quickly identify housing opportunities that meet considerations for their safety and ongoing needs.

2) As with all agency interactions, services are trauma-informed and strength-based, delivered through an empowerment model. FH respects that each survivor knows their situation best and staff work alongside them, providing resources, referrals, and support directed by the survivor. Each participant is provided a clear overview of the program which outlines the opportunities for FH support and clarifies that rental assistance is not dependent upon service engagement.

3) All FH staff are trained on trauma-informed care as part of pre-service orientation. FH’s environments and services strive to be trauma informed. Crisis counseling with Case Managers and Advocates is non-judgmental, providing education and information about trauma and the dynamics of domestic violence on themselves and their children. Training for staff is on-going and constantly integrating new research and evidence-based programs and practices. Staff routinely speak with survivors about the impact of trauma on adults and children, as well as ways to heal. FH’s Health Navigator and LMHP are available to assist survivors with short term mental health and substance abuse counseling and connect them to longer term community-based support. Support
groups weave knowledge on trauma into various topics, normalizing survivor responses and validating their experiences.

4) FH uses a strength-centered approach to service delivery. This approach is a direct result of our partnership with the Gallup organization, which was established in 2000. Research has shown that people recover more effectively from traumatic events when they are aware of their personal strengths and are able to use them in meaningful ways in their life. At Friendship Home, we begin by offering the opportunity to take the CliftonStrengths (for ages 15 - adult) or the Clifton Strengths Explorer (for ages 8-14). We discuss the results, allowing the adult or child survivor to express how they see their strengths working in their lives. We also point out where we can see them as well, offering a mirror to reflect back the positive strength we have observed. Empowering survivors through recognition of their strengths is a powerful step in them taking control of their safety and future. This appreciative method to case management and services helps build confidence and resiliency.

5) The population served by FH is diverse. All survivors are eligible for shelter, housing, and services at FH regardless of their sexual orientation/gender identity, race/ethnicity, age, or religious beliefs. Sixty-five percent of those we serve are persons of color from a variety of ethnic and cultural backgrounds. Our staff reflect that diversity. FH collaborates with area cultural centers to expand both opportunities for those we serve and for FH staff to gain greater awareness and understanding of the richness of our community. Training for staff on all forms of diversity and rigorous attention to our responsibilities to ADA and Civil Rights requirements are provided regularly. FH has a deep interest in social justice for all but particularly for the population accessing our services, who are facing intersecting and complex barriers. FH is striving to promote and ensure that diversity, equity, and inclusion are embedded into all areas of our organization. This year staff participated in training through a local DEI resource and plan to continue a yearlong review of our policies, procedures, and practices. Many staff participated in a cohort of “Me and White Supremacy” through our state domestic violence coalition, prompting self-reflection and conversations on privilege and oppression.

6& 7) FH offers a variety of voluntary support/educational groups and classes for program participants. This array of options includes regular topics such as domestic violence, financial empowerment, strengths, healing from trauma, health, and well-being; parenting classes for those with children and/or youth, with corresponding age-appropriate groups and/or activities for those dependents, with childcare provided for infants and toddlers. FH Case Managers and Advocates make sure all program participants are made aware of opportunities for socializing and engaging with others in safe spaces by letting them know about relevant programs and classes provided by trusted allies.
1) FH ensures that survivors in need of emergency shelter or support are connected to that component of FH programming. All survivors are supported with ongoing contact via phone or face to face meetings which includes continuous safety planning and emotional support from first point of contact onward. The RRH CM has assisted participants to identify potential housing opportunities, provided transportation, application assistance, communicated with landlords and property owners, securing missing documents if needed, arranged for moving company assistance and for furniture and other necessities for a new home through local resources, for example the New Beginnings program that partners a warehouse business with nonprofits to deliver new donated mattresses, bed frames, as well as the Welcome Home Project through the local food bank and another nonprofit that provides 100 lbs. of food and cleaning supplies for families moving into their new home.

2) For survivor participants who have located housing, the RRH Case Manager provides ongoing communication and support to meet their self-identified goals. This includes assistance connecting to legal resources; through Legal Aid of Nebraska, the Nebraska Coalition to End Sexual and Domestic Violence, and Volunteer Lawyer’s Project for divorce and custody proceedings. FH staff aid survivors in applying for orders of protection for those interested in the process. FH offers opportunities for survivors to voluntarily engage in economic empowerment classes/groups where FH Advocates with specialized training are available to meet with them to pull credit reports and seek realistic solutions on how they can restore their credit and/or increase their scores. FH provides referral to the National Network to End Domestic Violence’s Independence Project and a local bank, both of which offer micro loans for survivors in aid of rebuilding credit.

Survivors seeking further education and job training are provided with a warm referral to agencies and community colleges. FH links them with job fairs and keeps them apprised of employment opportunities, providing support and access to online job searches and applications. Practice interviews and helping with resumes are part of assisting and increasing the survivor’s confidence. Through additional funding sources, financial assistance is provided for survivors with clothing for work, assistance replacing personal identification documents and acquiring licensure for employment.

The RRH Case Manager assists survivors in applying for resources that support basic needs such as TANF, Title XX, SNAP, emergency broadband assistance and other resources. Survivors are supported with grocery purchases as needed until they stabilize.

Survivors are assisted with transportation to and from appointments through rides, gas vouchers or bus passes. Referrals are also made to local programs that provide donated vehicles to families in need.

FH’s on-staff mental health therapist is available for short term therapy for survivors that is domestic violence-informed. She provides immediate, in-house access to support survivors as they process through the trauma they have experienced. Survivors who struggle with drug/alcohol abuse are offered options to connect to local trauma-informed treatment agencies.

FH’s Health Care Navigator (HCN) assists survivors in securing behavioral health and medical homes, accessing insurance and health benefits for which they may be eligible and accompanies survivors to appointments, assists with cost of co-pays, prescriptions and over the counter medications.

The RRH Case Manager works with survivors to locate childcare centers that have a caring reputation and meet their current needs, utilizing the Nebraska Childcare Referral Network. Childcare assistance is critical to ensuring survivors can focus on employment and other next steps. FH works closely with the
Lincoln Public Schools Homeless Outreach Specialist to ensure students who are homeless can quickly enroll and receive transportation to and from school.


NOFO Section II.B.11.

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;</td>
</tr>
<tr>
<td>2.</td>
<td>establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;</td>
</tr>
<tr>
<td>3.</td>
<td>provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;</td>
</tr>
<tr>
<td>4.</td>
<td>place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;</td>
</tr>
<tr>
<td>5.</td>
<td>center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;</td>
</tr>
<tr>
<td>6.</td>
<td>provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and</td>
</tr>
<tr>
<td>7.</td>
<td>offer support for parenting, e.g., parenting classes, childcare.</td>
</tr>
</tbody>
</table>

(limit 5,000 characters)

1. With support from the RRH Case Manager participants will share their goals and barriers to establishing safe, permanent housing. Survivors will outline safety considerations for housing i.e. area of town, safety measures such as locked entries for apartment buildings, living above the first floor, etc. that will be beneficial for their situation. The RRH CM will offer rapid placement to current properties available with established landlords and offer progressive engagement in searching for and securing alternative placement if the survivor chooses. Transportation will be provided directly through the RRH CM or gas vouchers and passes, depending on the survivor’s specific need.

2. As with all agency interactions, services will be trauma-informed and strength-based, delivered through an empowerment model. FH respects that each survivor knows their situation best and staff will work alongside them, providing resources, referrals, and support directed by the survivor. Each participant will be provided a clear overview of the program which outlines the opportunities for FH support and clarifies that rental assistance is not dependent upon service engagement.

3. All FH staff are trained on trauma-informed care as part of pre-service orientation. Training for staff is on-going and constantly integrating new research and evidence-based programs and practices. Crisis counseling with Case Managers and Advocates will be non-judgmental, providing education and information to survivors about trauma and the dynamics of domestic violence on themselves and their children, and strategies for healing. FH’s Licensed Mental Health Professional will be available to assist survivors with short term mental health and substance abuse counseling and to connect them to longer term community-based support. Support groups will be available which weave knowledge on trauma into various topics, normalizing survivor responses and validating their experiences.

4. FH will continue to use a strength-centered approach to service delivery. At Friendship Home, we begin by offering the opportunity to take the Clifton
Strengths (for ages 15 -adult) or the Clifton Strengths Explorer (for ages 8-14) to all survivors we serve. We discuss the results, allowing the adult or child survivor to express how they see their strengths working in their lives. We also point out where we can see them as well, offering a mirror to reflect back the positive strength we have observed. This knowledge is woven into survivors’ goal plans, they may use the information as part of creating a resume or for job interviews. The FH LMHP will provide the opportunity for survivors to review how their strengths have helped them to overcome the abuse they experienced and may be further leveraged to help them thrive.

5. The population served by FH is diverse. There will continue to be annual training for staff on all forms of diversity and rigorous attention to our responsibilities to ADA and Civil Rights requirements. FH will continue to collaborate with area cultural centers to expand both opportunities for those we serve and for FH staff to gain greater awareness and understanding of the richness of our community. FH is striving to promote and ensure that diversity, equity, and inclusion are embedded into all areas of our organization. In 2021, staff participated in training through a local expert on diversity, equity and inclusion and have contracted to continue a yearlong review of our policies, procedures, and practices.

6. FH offers a variety of voluntary support/educational groups and classes for program participants. This array of options includes regular topics such as domestic violence, financial empowerment, strengths, healing from trauma, health, and well-being; parenting classes for those with children and/or youth, with corresponding age-appropriate groups and/or activities for those dependents, with childcare provided for infants and toddlers. FH Case Managers and Advocates make sure all program participants are made aware of opportunities for socializing and engaging with others in safe spaces by letting them know about relevant programs and classes provided by trusted allies.

7. FH will continue to offer a parenting support group for the primary, non-offending parent to process the impact of domestic violence on their parenting and to support building resilience. Children’s Advocates will be available to connect families to community resources and assess childcare options, support applications to Title XX and offer connections to local childcare grant and sliding scale opportunities.
# 4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-14. CE Assessment Tool</td>
<td>Yes</td>
<td>CE Assessment Tool</td>
<td>11/08/2021</td>
</tr>
<tr>
<td>1C-7. PHA Homeless Preference</td>
<td>No</td>
<td>PHA Homeless Preference</td>
<td>09/24/2021</td>
</tr>
<tr>
<td>1C-7. PHA Moving On Preference</td>
<td>No</td>
<td>PHA Moving On Preference</td>
<td>11/02/2021</td>
</tr>
<tr>
<td>1E-1. Local Competition Announcement</td>
<td>Yes</td>
<td>Local Competition Announcement</td>
<td>11/09/2021</td>
</tr>
<tr>
<td>1E-5. Public Posting–Projects Rejected-Reduced</td>
<td>Yes</td>
<td>Public Posting–Projects Rejected-Reduced</td>
<td>11/02/2021</td>
</tr>
<tr>
<td>1E-5a. Public Posting–Projects Accepted</td>
<td>Yes</td>
<td>Public Posting–Projects Accepted</td>
<td>11/02/2021</td>
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<tr>
<td>1E-6. Web Posting–CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td></td>
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<tr>
<td>3A-1a. Housing Leveraging Commitments</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A-2a. Healthcare Formal Agreements</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>3C-2. Project List for Other Federal Statutes</td>
<td>No</td>
<td></td>
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</table>
Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting- Projects Rejected-Reduced
Attachment Details

Document Description: Public Posting- Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
Submission Summary

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. CoC Identification</td>
<td>09/30/2021</td>
</tr>
<tr>
<td>1B. Inclusive Structure</td>
<td>11/04/2021</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>11/05/2021</td>
</tr>
<tr>
<td>1C. Coordination continued</td>
<td>11/04/2021</td>
</tr>
<tr>
<td>1D. Addressing COVID-19</td>
<td>11/04/2021</td>
</tr>
<tr>
<td>1E. Project Review/Ranking</td>
<td>Please Complete</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>11/04/2021</td>
</tr>
<tr>
<td>2B. Point-in-Time (PIT) Count</td>
<td>09/30/2021</td>
</tr>
<tr>
<td>2C. System Performance</td>
<td>11/04/2021</td>
</tr>
<tr>
<td>3A. Housing/Healthcare Bonus Points</td>
<td>10/28/2021</td>
</tr>
<tr>
<td>3B. Rehabilitation/New Construction Costs</td>
<td>09/30/2021</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3C. Serving Homeless Under Other Federal Statutes</td>
<td>10/20/2021</td>
</tr>
<tr>
<td>4A. DV Bonus Application</td>
<td>11/09/2021</td>
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<tr>
<td>4B. Attachments Screen</td>
<td>Please Complete</td>
</tr>
<tr>
<td>Submission Summary</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>
Single Adult ADLH CE Assessment

General Information / Consent

Prior to completing survey consumer consent to participate must be obtained as asked in the All Doors Lead Home Coordinated Entry Referral Script, found in the All Doors Lead Home Referral Instructions.

Did the consumer affirmatively consent to the All Doors Lead Home ROI?

☐ Yes
☐ No
Did the consumer affirmatively consent to the NMIS ROI?

- Yes
- No

**Interviewer's Name**

**Interviewer's Email**

**Agency Name**
Program Name

Date survey was conducted? (mm/dd/yyyy)

Profile Page

Unique Client Identifier

(Clarity ID for Clarity Agency or SSN if not Clarity Agency [last 4 acceptable] or Other Unique ID for DV provider)

Consumer Last Name
Consumer First Name

Nickname or Alias Used

Birth Date (mm/dd/yyyy)
Gender

- Male
- Female
- A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
- Transgender
- Questioning
- Client doesn’t know
- Client refused
- Data not collected

Race

- American Indian, Alaskan Native, or Indigenous
- Asian or Asian American
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- White
- Client doesn’t know
- Client refused
- Data not collected
Ethnicity

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- Client doesn't know
- Client refused
- Data not collected
In what language do you feel best able to express yourself?

- English
- Spanish
- French
- Italian
- German
- Greek
- Polish
- Portuguese
- Russian
- Swedish
- American Sign Language
- Other
- Client doesn't know
- Client refused

Are you or an adult in your household a U.S. Military Veteran?

- Yes
- No
Does the Client have a disabling condition?

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

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

Email Address

Are you willing to relocate?

- Yes
- No
If willing to relocate, where to?

Enrollment Screen

ENROLLMENT

ALL data is REQUIRED for the review process, please complete!

Complete Date of Engagement When Client Has Been Engaged

Enter the Date When Client was Engaged: (mm/dd/yyyy)
Client Location

- NE-500 Balance of State
- NE-501 Omaha/MACCH
- NE-502 Lincoln

Housing Status

- Category 1 - Homeless
- Category 2 - At imminent risk of losing housing
- Category 3 - Homeless only under other federal statutes
- Category 4 - Fleeing domestic violence
- At-risk of homelessness
- Stable housed
- Client doesn't know
- Client refused
- Data not collected
Prior Living Situation

- Place Not Meant for Human Habitation
- Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter (HUD)
- Safe Haven (HUD)
- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Transitional housing for homeless person (including homeless youth) (HUD)
- Host Home (non-crisis) (HUD)
- Staying or living in a friend’s room, apartment or house (HUD)
- Staying or living in a family member’s room, apartment, or house (HUD)
- Rental by client, with GPD TIP housing subsidy (HUD)
- Rental by client, with VASH housing subsidy (HUD)
- Permanent housing (other than RRH) for formerly homeless persons (HUD)
- Rental by client, with RRH or equivalent subsidy (HUD)
- Rental by client, with HCV voucher (tenant or project based) (HUD)
- Rental by client in a public housing unit (HUD)
- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with other ongoing housing subsidy (HUD)
Length of Stay in Previous Place

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Length of Stay Less than 7 nights

- Yes
- No

Length of Stay Less than 90 days

- Yes
- No
On the night before – stayed on Streets, ES or Safe Haven

- Yes
- No

Approximate date homelessness started (use mm/dd/yyyy format):

Number of times the client has been on the streets, in ES, or SH in the past three years

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)
Total number of months homeless on the streets, in ES or SH in the past three years

- One month (this time is the first month) (HUD)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Total number of months continuously homeless immediately prior to project entry (partial months i.e. 1 day - 30 days = 1 month)
Length of Time Homeless - Status Documented?

- Yes
- No

Zip code of last permanent address

DISABLING CONDITIONS AND BARRIERS

Disabling Condition

- Yes
- No
- Data not collected
Physical Disability

- Yes
- No
- Data not collected

Long term

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

Developmental Disability

- Yes
- No
- Data not collected
Chronic Health Condition

- Yes
- No
- Data not collected

Long term

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

HIV - AIDS

- Yes
- No
- Data not collected
Mental Health Problem

- Yes
- No
- Data not collected

Long term

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

Substance Use Disorder

- No
- Alcohol use disorder
- Drug use disorder
- Both alcohol and drug use disorders
- Client doesn't know
- Client refused
- Data not collected
Long term

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

As a child, were you ever in Foster Care or are you in now

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Domestic Violence victim/survivor

- Yes
- No
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)
Last Occurrence

- Within past 3 months
- 3–6 months ago
- Six months to one year ago
- One year ago or more
- Client doesn't know
- Client refused
- Data not collected

Are you currently fleeing?

- Yes
- No
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)
Highest level of school completed

- No schooling complete
- Nursery school to 4th grade
- 5th or 6th grade
- 7th or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, No diploma
- High school diploma
- GED
- Post-secondary school
- Client doesn't know
- Client refused
- Data not collected

Monthly Income and Sources
Income from Any Source

☐ Yes
☐ No
☐ Client doesn't Know
☐ Client refused
☐ Data not collected
Income Type

- Earned Income
- Unemployment Insurance
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- VA Service-Connected Disability Compensation
- VA Non-Service Connected Disability Pension
- Private Disability Insurance
- Worker’s Compensation
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Retirement Income from Social Security
- Pension or Retirement Income from a Former Job
- Child Support
- Alimony and Other Spousal Support
- Other Income Source
### Income Type - Please list amount for each.

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income</td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
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<tr>
<td>Supplemental Security Income</td>
<td></td>
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<tr>
<td>(SSI)</td>
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<tr>
<td>Social Security Disability</td>
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<tr>
<td>Insurance (SSDI)</td>
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<tr>
<td>VA Service-Connected Disability Compensation</td>
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<tr>
<td>VA Non-Service Connected Disability Pension</td>
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<tr>
<td>Private Disability Insurance</td>
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<tr>
<td>Worker’s Compensation</td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families</td>
<td></td>
</tr>
</tbody>
</table>
Non-Cash Benefits

Receiving Non-Cash Benefits

- Yes
- No
- Client doesn’t know
- Client refused
- Data not collected

Income Type

- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- TANF Childcare Services
- TANF Transportation Services
- Other TANF - Funded Services
- Other Non-Cash Benefit
Health Insurance

Covered by Health Insurance

☐ Yes
☐ No
☐ Client doesn’t know
☐ Client refused
☐ Data not collected

Health Insurance Type

☐ MEDICAID
☐ MEDICARE
☐ State Children’s Health Insurance Program
☐ Veteran’s Administration (VA) Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance Obtained Through COBRA
☐ Private Pay Health Insurance
☐ State Health Insurance for Adults
☐ Indian Health Services Program
☐ Other Health Insurance
Well-Being

Client perceives their life has value and worth.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Client Doesn't Know
- Client Refused
- Data Not Collected
Client perceives they have support from others who will listen to problems.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Client Doesn’t Know
- Client Refused
- Data Not Collected

Client perceives they have a tendency to bounce back after hard times.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Client Doesn’t Know
- Client Refused
- Data Not Collected
Client's frequency of feeling nervous, tense, worried, frustrated or afraid.

- Not at all
- Once a month
- Several times a month
- Several times a week
- At least every day
- Client Doesn't Know
- Client Refused
- Data Not Collected

**General Health Status**
General Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn’t know
- Client refused
- Data not collected

Worst Housing Situation

- No
- Yes
- Client doesn’t know
- Client refused
- Data not collected

Additional Information
Sexual Orientation

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Questioning/Unsure
- Other
- Client doesn't know
- Client refused
- Data not collected

Youth questionnaire (for youth ages 17–24)

Is client between ages of 17–24?

- Yes
- No
Referral Source

- Self-Referral
- Individual: Parent/Guardian/Relative/Friend/Foster Parent/ Other Individual
- Outreach Project
- Temporary Shelter
- Residential Project
- Hotline
- Child Welfare/CPS
- Juvenile Justice
- Law Enforcement/Police
- Mental Hospital
- School
- Other organization
- Client doesn't know
- Client refused
- Data not collected
Is client going to have to leave their current living situation in 14 days?

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected
Employment Status

○ Employed, Not Looking for New Job
○ Self Employed, Non - Job Seeker
○ Full-time (Over 35 hours per week, Non-job seeker)
○ Part-time (Under 35 Hours per week, Non-job seeker)
○ Unemployed (No Job/Looking for Employment)
○ Unemployed (Temporary Lay Off)
○ Unemployed (Permanent Lay Off)
○ Unemployed (Other)
○ Unemployed (Plant Closure)
○ Unemployed (Relocation)
○ Unemployed (New Entry or Re-Entry into labor force)
○ Not in Labor Force (Not Employed/Not Looking for work)
○ Still in School/Too young to work
○ Too ill to work
○ Discouraged Worker
○ Retired
○ Employed, Seeking Job
○ Self Employed, Job Seeker
○ Full-time (over 35 hours per week, job seeker)
○ Part-time (under 35 hours per week, job seeker)
○ Client doesn't know
○ Click to write Choice 23
○ Client refused
Formerly a Ward of Child Welfare or Foster Care Agency

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

If yes, how long ago did you exit Foster Care?

- 90 days
- 6 months
- 12 months
- 24 months
- More than 24 months

Formerly a Ward of the Juvenile Justice System

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected
If yes, how long ago did you exit Juvenile Justice System?

- 90 days
- 6 months
- 12 months
- 24 months
- More than 24 months

Current school enrollment and attendance

- Not currently enrolled in any school or educational course
- Currently enrolled but NOT attending regularly (when school or the course is in session)
- Currently enrolled and attending regularly (when school or the course is in session)
- Client doesn't know
- Client refused
- Data not collected
Most Recent Educational Status

- K12: Graduated from high school
- K12: Obtained GED
- K12: Dropped out
- K12: Suspended
- K12: Expelled
- Higher education: Pursuing a credential but not currently attending
- Higher education: Obtained a credential/degree
- Client doesn't know
- Client refused
- Data not collected
- Click to write Choice 11

CLIENTS LAST PERMANENT ADDRESS

Street Address

City
State

Zip code

County

Current Living Situation
Current Living Situation

- Place Not Meant for Human Habitation
- Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter (HUD)
- Safe Haven (HUD)
- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
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- Host Home (non-crisis) (HUD)
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- Rental by client, with HCV voucher (tenant or project based) (HUD)
- Rental by client in a public housing unit (HUD)
- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with other ongoing housing subsidy (HUD)
Assessment

Assessment Type:

- Phone
- Virtual
- In person

Is your need for assistance due to COVID-19

- Yes
- No

Have you been diagnosed with immunocompromised, diabetes, chronic lung disease, COPD, moderate to severe asthma, severe obesity, heart condition, kidney disease or liver disease?

- Yes
- No

A. History of Housing & Homelessness
1. Where do you sleep most frequently?

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors
- Other (Specify)
- Refused

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

- Less than a week
- 1 week - 3 months
- 3 - 6 months
- 6 months to 1 year
- 1 - 2 years
- 2 years or more
- Client doesn't know
- Client refused
3. In the last three years, how many times have you and your family been homeless?

- 0
- 1
- 2
- 3
- 4
- 5 or more times
- Client doesn't know
- Refused

B. Risks

B. Risks

4. In the past 6 months, how many times have you ....
4 a) Received health care at an emergency department/room?

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5 or more times
○ Client doesn't know
○ Refused

4 b) Taken an ambulance to the hospital?

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5 or more times
○ Client doesn't know
○ Refused
4 c) Been hospitalized as an inpatient?

- 0
- 1
- 2
- 3
- 4
- 5 or more times
- Client doesn't know
- Refused

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

- 0
- 1
- 2
- 3
- 4
- 5 or more times
- Client doesn't know
- Refused
4 e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told them that they must move along?

- 0
- 1
- 2
- 3
- 4
- 5 or more times
- Client doesn't know
- Refused
4 f) Stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

- 0
- 1
- 2
- 3
- 4
- 5 or more times
- Client doesn't know
- Refused

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

- Yes
- No
- Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?

- Yes
- No
- Refused

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

- Yes
- No
- Refused

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

- Yes
- No
- Refused
9. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

☐ Yes
☐ No
☐ Refused

C. Socialization & Daily Functions

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

☐ Yes
☐ No
☐ Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

- Yes
- No
- Refused

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

- Yes
- No
- Refused

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

- Yes
- No
- Refused
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?

☐ Yes
☐ No
☐ Refused

D. Wellness

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

☐ Yes
☐ No
☐ Refused
16. Do you have any chronic health issues with their liver, kidneys, stomach, lungs, or heart?

- Yes
- No
- Refused

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

- Yes
- No
- Refused

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

- Yes
- No
- Refused
19. When you are sick or not feeling well, do you avoid getting medical help?

- Yes
- No
- Refused

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

- Yes
- No
- Refused

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

- Yes
- No
- Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

- Yes
- No
- Refused

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

23 a) A mental health issue or concern?

- Yes
- No
- Refused
23 b) A past head injury?

- Yes
- No
- Refused

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

- Yes
- No
- Refused

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

- Yes
- No
- Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

- Yes
- No
- Refused

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

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

- Yes
- No
- Refused

**Better understanding homelessness**

FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AND SUPPORT SERVICES

**Veteran Status**

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data not collected
Military Service Era

- Persian Gulf Era (August 1991 - September 10, 2001)
- Post Vietnam (May 1975 - July 1991)
- Vietnam Era (August 1964 - April 1975)
- Between Korean and Vietnam War (February 1955 - July 1964)
- Korean War (June 1950 - January 1955)
- Between WWII and Korean War (August 1947 - May 1950)
- World War II (September 1940 - July 1947)
- Post September 11, 2001 (September 11, 2001 - Present)
- Client doesn't know
- Client refused

Discharge Status

- Honorable
- General under honorable conditions
- Under other than honorable conditions (OTH)
- Bad Conduct
- Dishonorable
- Uncharacterized
- Client doesn't know
- Client refused
What is your citizenship status?

- Citizen
- Legal resident
- Undocumented
- Client doesn't know
- Client refused

Where did you live prior to becoming homeless?

- This city
- This region
- Other part of the state
- Somewhere else
- Client doesn't know
- Client refused

Have you ever been in foster care?

- Yes
- No
- Client doesn't know
- Client refused
Have you ever been in jail

- Yes
- No
- Client doesn't know
- Client refused

Have you ever been in prison

- Yes
- No
- Client doesn't know
- Client refused

Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected
What type of health insurance do you have, if any?

- [ ] MEDICAID
- [ ] MEDICARE
- [ ] VA medical
- [ ] Private insurance
- [ ] No health insurance
- [ ] Other

UNL - CCFL Nebraska Balance of State and Lincoln Continuum of Care
Section III.
Preferences for Selection
(982.207)

The Lincoln Housing Authority (LHA) will use preferences for the tenant-based vouchers. The project-based voucher preferences may differ from the tenant-based vouchers and are described in the Project-Based Section of this plan.

A. Tenant Based Voucher Program Preference Policy Overview: LHA will operate a weighted preference system using assigned points to determine the waiting list selection order.

1. LHA gives a higher priority during tenant-based voucher selection to applicants who are currently eligible for one or more preferences.
   a. When the head of household or co-head qualify for one or more of the following verified primary preferences: Homeless, Disaster, or Domestic Violence, then a weight of two (2) points is assigned.
   b. If the head of household or co-head qualifies for the secondary preference, Nebraska RentWise certification, then the weight of one (1) point will be assigned.
   c. Applicants with a primary preference and secondary preference are assigned a maximum total of three (3) points.

2. Based on this weighted point system applicants with a primary preference will always be served before applicant’s with only a secondary preference.
   a. The applicant with the highest number of points is selected from the waiting list in accordance with the date and time of the application.
   b. The most points an applicant can receive is 3 points (2 points if applicant meets the criteria for a primary preference and 1 point for RentWise certification).

3. Families, elderly and disabled are selected from the waiting list before a single, non-disabled or non-elderly regardless of preference status.

4. The head of household or co-head will be permitted to use a preference for the waiting list one-time within a five-year period from their last housing assistance termination date.

B. Primary preferences are as listed below in random order with no hierarchic system:

1. Homeless: Applicants terminated or evicted from a LHA program or unit will not be eligible for a homeless preference [Section 91.5]. A homeless family includes:
   a. A family that lacks a fixed, regular, and adequate night-time residence; and
   b. A family that has a primary night-time residence that is:
      • a supervised shelter designed to provide temporary living accommodations including welfare hotels, congregate shelters, state transitional housing programs, other transitional housing, and nursing facilities;
      • an institution providing a temporary residence for individuals intended to be institutionalized (does not include jail);
      • a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

2. Disaster: Displaced by fire (excluding tenant caused fires), flood or storm. Such displacement must be recent and continuing; the displacement must have occurred within the last three months of the requested preference. Verifiable by Red Cross or other government agency.
3. **Domestic Violence:** Displaced by domestic violence - actual or threatened violence against one or more members of the applicant family by a spouse or other member of the household. Such applicants must have been forced to move because of domestic violence or lives with a person who engages in domestic violence. Such violence must be recent or continuing and the displacement must have occurred within the last three months of the requested preference. Applicants who have been approved within the last three months for a VAWA-based emergency transfer by another VAWA cover housing provider qualify for this preference. Applicants displaced by domestic violence must certify that the person who engaged in such violence will not reside with the applicant family unless LHA has given advance written approval. If the family is admitted, LHA may deny or terminate assistance to the family for breach of this certification. An active protection order would be an acceptable form of verification.

4. **Foster Youth to Independence:** Youth between the ages of 18-24 who have left or will be leaving the foster care system and who are homeless or at risk for becoming homeless. They are only eligible for this preference if certified in writing as eligible by the Nebraska Department of Health and Human Services.

C. **Secondary preference**

RentWise: The applicant’s head of the household or co-head must have completed the Nebraska RentWise educational series. A copy of the RentWise Certificate of Completion is an acceptable form of verification. Once the applicant (head of household or co-head) is admitted to the voucher program using this preference, they are not eligible to use this preference for future re-admissions to the program.

D. **Verifications:** The family must provide proper verification they are eligible for a preference at the time of application or any time while on the waiting list.

1. Verification of the preference is required at the time of application and at the time the household is pulled from the waiting list.
2. If it is determined the family did not qualify for a preference at the time of the waiting list selection, the family will be placed on the waiting list in a non-preference status according to the date and time of the original application.
3. The family may reapply for preference status at any time.
4. Acceptable sources of verification for all preferences include government agencies, law enforcement, public or private shelters, clergy, or social service agencies.
5. Time frames: Any verification is valid for thirty (30) calendar days after receipt by LHA. If the applicant is not selected from the waitlist within thirty (30) calendar days, the preference must be reverified at the time the family is selected from the waiting list.

E. **Changes:** Any change in family preference status must be reported by the family in writing within ten (10) calendar days of the change. LHA will accept other forms of communication other than writing to accommodate a disability.

F. **Five-year Preference Limitation:** Any head of household or co-head, who was previously admitted to the voucher program administered by Lincoln Housing Authority and utilized any preference may only be granted a waiting list preference if five (5) years have lapsed since the end of their participation with the Housing Choice Voucher program.
Emergency Housing Vouchers

A. Overview: Emergency Housing Vouchers (EHVs) are vouchers used to assist individuals and families who are experiencing homelessness; at risk of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent the family’s homelessness or having high risk of housing instability.

1. 100 rental vouchers were awarded to Lincoln Housing Authority.
2. LHA’s Administrative Plan policies apply to EHV vouchers unless the local policy conflicts with the EHV requirements identified in Federal Register notices. Currently PIH Notice 2021-15 (HA) cites the EHV program requirements.
3. LHA will operate EHV vouchers in accordance with specifications of the Moving to Work (MTW) Annual Plan as authorized on June 28, 2021.
   All MTW waivers apply except for Minimum Earned Income and Responsible Portability.
4. LHA will abide with the responsibilities outlined in the Memorandum of Understanding signed with the Continuum of Care.

B. Admissions:

1. The Lincoln Continuum of Care (CoC) will refer participants to LHA using the priorities outlined in the Memorandum of Understanding between the CoC and LHA.
   a. LHA will not maintain a waiting list or apply local preferences for the EHV voucher program.
   b. The CoC will ensure that all referrals meet homelessness eligibility criteria for the program and will provide LHA with necessary documentation on eligibility.
   c. LHA will inform families on the HCV waiting list of the availability of EHVs by posting information about the vouchers on the LHA website including contact information for the CoC.
2. LHA will verify income eligibility.
   LHA will determine income eligibility for families in accordance with 24 CFR 982. Income targeting requirements do not apply.
3. LHA will determine program eligibility.
   a. Determinations of eligibility will be made based on an individualized assessment of relevant mitigating information.
   b. LHA will prohibit admission if:
      • any household member is listed on a state sex offender registration program.
      • any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
   c. LHA will prohibit admission if any of the following have occurred in the last 12 months:
      • Violent criminal activity.
      • Criminal activities that could interfere with the peaceful enjoyment of other residents.
      • Fraud or criminal activity in association with Federal housing programs.
      • Threatening or abusive behavior to LHA staff.
d. Criminal activity regarding drug possession will be considered apart from criminal activity and cannot be the sole basis for prohibiting admission.

e. LHA will deny admission to the program if any member of the family fails to sign and submit consent form for obtaining information in accordance with 24 CFR part 5.

f. When adding a family member after the family has been placed under a HAP contract with EHV assistance, LHA will apply its regular screening criteria.

C. **Minimum Earned Income (MEI):** EHV households are exempt from MEI.

D. **Voucher Issuance:** The initial search term of the vouchers is 120 days. Any extensions will follow the HCV Administrative Plan policy.

E. **Payment Standards:** LHA will utilize its HCV payment standards for the EHV program.

F. **Inspection and Rent Reasonableness Standards:** LHA will assess all EHV units prior to occupancy and during occupancy using standard HCV policies and practices.

G. **Portability:** EHV households may port to PHAs regardless of whether that PHA administers EHV under its own ACC.
   1. LHA will not apply MTW portability restrictions to EHV households.
   2. LHA will not prohibit portability for non-resident applicants.

H. **Termination of Vouchers upon Turnover:** After September 30, 2023, LHA may not reissue the EHV when assistance for an assisted family ends.
Lincoln Continuum of Care 2021 request for applications

To: Alysha Spicer, Amy Pappas, Andrea Curtis

From: Alexandria Labenz

Subject: Lincoln Continuum of Care 2021 request for applications

Date: 9/7/2021

Lincoln Continuum of Care 2021 request for applications

Lincoln, NE Continuum of Care – Requests for Applications for Inclusion in the 2021 Collaborative Application for HUD Continuum of Care Funding

Invitation to Bid

Eligible organizations are invited to submit a renewal application, and new applications are due by 3:00 PM on Friday, September 10, 2021. The application must be submitted in an electronic format as part of the Continuum of Care application. The application must be submitted in E-Continuum by 3:00 PM on Friday, September 10, 2021. Any eligible organization may apply for new project funding.

For immediate housing assistance, please contact the Continuum of Care Planning Administrator, Alexandria Labenz at Alabenz@umant.edu.

Provider Resources:

- Lincoln Continuum of Care Governance Charter July 2021
- Lincoln's Continuum of Care Performance Benchmarks
- Nebraska Homeless Assistance Program / Emergency Shelter Grant (HAP-ESG) Standards
- Lincoln Continental of Care 2021 Request for Applications
- 2020-21 Nebraska Homeless Assistance Program (NHAP) Application
Lincoln, NE Continuum of Care – Requests for Applications for Inclusion in the 2021 Collaborative Application for HUD Continuum of Care Funding

Invitation to Bid
Eligible organizations are invited to submit new or renewal applications for CoC funding to be included in the 2021 Collaborative Application to HUD. The only entities that may submit a renewal application are current HUD CoC grantees that have a grant with an end date in calendar year 2022. Additionally, to be eligible for renewal, an existing grantee must enter into a contract with HUD for FY 2020 funding prior to December 31, 2021. Any eligible organization may apply for new project funding.

All new and renewal applications must be completed using HUD’s online application platform, the E-SNAPS system. **Applications must be submitted in E-SNAPS by the following schedule:**

- **Renewal project applications** must be submitted in E-SNAPS no later than 5 pm CDT on September 24, 2021
- **New project applications** must be submitted in E-SNAPS no later than 5 pm CDT on October 8, 2021
- Applications not submitted according to the above schedule may not be considered for funding.

Information and Resources
All information required for this competition will be posted on the CoC website, found here: https://ccfl.unl.edu/community-services-management/resources/bos-coc-ne-500. Information posted on the website includes:

- The NOFO published by HUD and supporting information provided by HUD.
- The CoC’s policies for review and ranking of new and renewal applications
- CoC’s policies regarding reallocation – including voluntary and mandatory reallocation.
- Scoring factors for the review and ranking of renewal applications
- Scoring factors for new project applications.
- Links to resources available from the Department of Housing and Urban Development in support of the competition.

Possible application types:
Eligible organizations may submit one or more of the following application types:

- **Renewal application.** Any organization with a CoC funded grant that is expiring in calendar year 2022 may submit a renewal application. The total funds requested must match the ARD shown for the project in the Grant Inventory Worksheet (GIW). The project component, numbers of units, numbers and types of persons served, and the total budget line must be fully consistent with the expiring grant. Please note that the renewal process is not the time to make significant changes to grants, which can only be accomplished through the grant amendment process.

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1 Eligible organizations include nonprofit organizations and government entities including public housing agencies. Individuals and for-profit entities are ineligible to apply.
• All renewal projects that have at least one full year of operational experience will be ranked in the competition according to the scores received in the renewal evaluation process. Projects that do not meet the minimum threshold score for renewal must either submit and obtain approval for a Project Improvement Plan or agree not to renew the grant and to reallocate the funding. Those projects without a full year of operational experience will be ranked without score and in a position to promote funding.

• **New project application.** New project applications may be for any of the eligible new project categories:
  - Permanent Supportive Housing where 100% of the beds are either dedicated to serving chronically homeless or (if the project includes households with children) DedicatedPLUS\(^2\) projects.
  - Rapid Rehousing projects serving individuals and families who meet the definition of homelessness according to categories 1, 2, or 4 of the HUD homeless definition.\(^3\)
  - Joint TH-RRH projects serving individuals and families who meet the definition of homelessness according to categories 1, 2, or 4 of the HUD homeless definition. The TH component should consist of short-term crisis housing and the resources earmarked for the RRH component should be twice those designated for the TH component.

Funding for new projects will come from bonus funding and from any funds that may be available from reallocation.

New project applications may submit a new project requesting 1 year of funding but with a longer initial grant term not to exceed 18 months. This will permit the project to start-up and become fully operational. New project applicants are encouraged to consider a longer initial grant term for the first year to allow for grant start-up and to fully expend the funds.

• **Transition application.** An existing renewal application may be submitted as a ‘transition’ application – this was a new option for the 2018 competition. A transition application will start the program year as one component (TH) and through the course of the program year, the project will transition from that component to one of the eligible new project components. No more than 50% of the project funding may be used for the prior component and at the completion of the program year, the project will renew under the new component. A transition application may be the most effective way to accomplish a ‘voluntary’ reallocation where the grantee with funds to reallocate is also the planned grantee for the reallocated project. Grantees interested in the transition application process must contact and obtain approval from the CoC.

• **Consolidated Application.** Also continued from last year, a grantee with more than one grant with the same program component (e.g., RRH, PSH) may consolidate those individual grants into a single grant. Up to ten grants could be consolidated through this process. To

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\(^2\) DedicatedPLUS is defined here: [https://www.hudexchange.info/faqs/3284/what-is-a-dedicatedplus-project/](https://www.hudexchange.info/faqs/3284/what-is-a-dedicatedplus-project/)

\(^3\) A quick reference guide to the homeless definition categories is found here: [https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)
submit a consolidated application, applicants must submit renewal applications for each project; the renewal grant with the earliest start date will be the ‘surviving grant’ and all others will be ‘terminating’ grants. Each renewal will indicate whether it is ‘surviving’ or ‘terminating’. If all the renewal grants are ranked so that each is funded by HUD, HUD will fund the new project in lieu of the renewal grants.

- **Expansion Applications.** Grantees may choose to submit a new project application that expands a currently funded CoC grant to serve additional persons, provides additional units, or provides additional services to existing program participants. HMIS and coordinated entry may also be expanded. Applicants seeking an expansion grant must submit: the renewal project application for the existing grant and indicate in that grant the intent to expand; and a new project application identifying the expansion. If HUD selects the expansion, the project will take the ranked position of the renewal project.

**Domestic Violence Bonus Projects**
Again, this year, applications may be submitted for a new type of bonus project: a Domestic Violence Bonus Project in which all persons served are survivors of domestic violence, dating violence or stalking. The following types of new projects may be submitted for the DV Bonus – please note, all projects applying for the DV bonus are required to use trauma informed and victim centered approaches as well as Housing First:

- Rapid rehousing exclusively serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless.
- Joint TH-RRH projects exclusively serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless.

There is no limit on the number of DV bonus projects that may be submitted provided: that the amount requested does not exceed the amount available to the CoC for the DV bonus and that no project is for less than $50,000.

**Expanded Eligibility for Youth and Youth-Serving Providers**
The consolidated appropriations act of 2021 expanded the ability of ‘youth serving providers’ [private non-profits with a primary mission to serve youth aged 24 and under] to serve youth. Under the 2021 NOFO any youth-serving provider can serve youth 24 and under who have an unsafe nighttime residence and no safe alternative to that residence. Additionally, youth aged 24 and under must not be required to provide third party documentation that they meet the homeless definition. Applicants meeting the definition of ‘youth-serving provider’ should note the expanded ability to serve youth in need.

**Rating and Ranking of Projects**
Renewal projects will be ranked in the Collaborative Application according to the rating score provided as part of the renewal evaluation process. New project applications will be reviewed by an independent panel with subject matter expertise but no conflicts of interest with regard to the application. The new projects will be evaluated according to criteria set by HUD in the project rating tool found here: https://www.hudexchange.info/resource/5292/project-rating-and-ranking-tool/.
The primary factors affecting the ranking of renewal projects have to do with project performance and the extent to which the project is contributing to an overall improvement in the CoC’s system performance. Projects submitted by victim services providers are evaluated based on data from non-HMIS comparable systems regarding housing and income outcomes and on the extent to which the project improved the safety of participants.

Invitation to organizations that have not previously received CoC Program funding: The CoC actively seeks applications from organizations that have not previously received HUD CoC funding. HUD places considerable requirements on grantees and the application process can be challenging. Organizations without CoC grant experience are invited to reach out to the CoC by contacting Jeff Chambers (jchambers1@unl.edu) and request assistance in understanding program requirements or the application process. Requirements on eligible participants and activities are very stringent and organizations are encouraged to discuss potential projects and the application process.

Presentation and Question and Answer Session for New and Renewal Applications:
- Renewal application webinar: September 2, 2021
- New project application webinar: September 14, 2021

Interested parties may access this session by emailing Alex Labenz (alabenz@unl.edu) for presentation material.

Funding Amounts
In the FY 2021 NOFO, applicants may apply for up to
- $126,622 in Bonus Funding
- $251,867 in DV Bonus funding

Tier 1 and Tier 2 Funding
- The sum total of funding in Tier 1 is $2,532,442, which is the total of all CoC renewal grants [ ]
- Tier 2 equals the funds available for bonus or $126,622
Lincoln, NE CoC FY 2021 NOFO
Competition Project Rating and Ranking Procedure

Purpose
On an annual basis, the Lincoln Continuum of Care is required to rate and rank all new and renewal projects submitted to HUD for funding in an order that reflects the CoC’s needs and priorities. For the 2021 competition, this includes all CoC new and renewal. Additionally, HUD requires CoCs to review the performance of all funded projects and seek to reallocate funding away from low performing projects or those providing services that are of a lower priority in preventing and ending homelessness. The CoC also seeks to ensure that all HUD funded grants are effectively utilizing the resources allocated to them and to the maximum extent possible fully expending contract resources.

The Lincoln CoC is seeking to accomplish the following in the ranking and reallocation of projects:

- Incentivize all providers to focus on outcomes and to seek to achieve the performance targets specified by the CoC in order to improve the performance of the CoC as a system.
- Encourage providers to adopt evidence-based practices including Housing First to more effectively employ CoC resources.
- Replace projects that are not high performing, cost effective, or following evidence-based practices with new projects that follow CoC and HUD priorities.
- Recapture funds that are not being utilized and reallocate to other purposes.

Policy
All new and renewal projects will be ranked by the CoC. The primary factor determining the ranking of projects will be the rating scores assigned to renewal and new projects. Scoring is based on project performance, grant management, system outcomes, cost-effectiveness and adherence to policy priorities.

All projects must participate in the All Doors Lead Home (ADLH) coordinated entry and referral process. This process prioritizes assistance toward the most vulnerable homeless people with the longest periods of time homeless. Projects will be ranked, in part, based on their participation in coordinated entry and admitting participants based on specific needs and vulnerabilities including chronic homelessness and victimization, and other barriers to housing such as substance use, criminal backgrounds, no credit, and eviction history.

Except as specified below, projects will be ranked in the NOFO competition by the scores assigned to renewal or new projects.

There are two categories of projects that will not be ranked according to performance scores:

- Projects that are essential to the operation of the CoC. This includes funding for HMIS and Coordinated Entry. These are unique projects focused on CoC operations and that cannot be
readily evaluated or compared to other CoC funded projects. Failure to renew this funding would have negative consequences for the CoC and jeopardize future funding opportunities.

- First time renewal of newly funded grants. HUD requires newly funded one-year project grants to be renewed in the competition. In most instances, these projects will not be able to report on a full year of operations in the APR.

The two project types identified above will not be assigned scores. Coordinated entry, HMIS and first time renewal will be ranked by the CoC to assure – to the maximum extent possible – that they will be funded in the competition.

All other CoC projects will be ranked according to scores:

- Renewal projects will be ranked according to adjusted renewal project score. Renewal scores will be adjusted as follows: if the highest scoring renewal project scores less than 100 points, then all renewal scores will be adjusted upward by the difference between the highest scoring renewal project and 100.
- Renewal projects that qualify for renewal based on the renewal performance evaluation will be ranked above new projects. The scoring criteria for the renewal projects are attached to this document.
- New projects will be ranked according to scores below the renewal projects. The new projects will be rated using the new projects threshold review and the new projects rating tool as provided at: https://www.hudexchange.info/resource/5292/project-rating-and-ranking-tool/

New projects will be eligible for up to 100 points.

Project Review

All project applications will be objectively reviewed and scored. Renewals will be scored based on performance outcomes, compliance with HUD and CoC policies, and consumer satisfaction. To assure the safety and privacy of those experiencing homelessness as a result of domestic abuse and violence, the CoC has a separate policy for the review of projects from victim services agency which is described below.

Renewal applications will be ranked solely based on their renewal evaluation score. These will be objectively tallied. New project applications will be reviewed and scored using the New Project Scoring Tool. A review panel consisting of persons knowledgeable about homelessness and responses to it will review and score all new project applications. Those applications scoring the highest will be included in the CoC Collaborative Application to HUD. To assure that the amounts requested are consistent with the sums the CoC is eligible to apply for, the review panel is empowered to negotiate with applicants to adjust funding requested to assure that applications do not exceed the maximum amount allowable.

For victim services agencies. These agencies are not allowed to enter data into HMIS. Accordingly, renewal projects submitted by victim services providers will be evaluated based on data submitted into the equivalent non-HMIS reporting system. Additionally, due to the need to safeguard people who have experienced domestic violence, project applications submitted by victim services agencies will also be reviewed based on the extent to which improve the safety of the population they serve. Specifically, these agencies will also be evaluated based on:
The extent to which households served have strategies in place to improve their safety. To receive full marks, a victim services provider must have assisted 65% or more of the domestic violence survivors they serve to develop strategies to improve their safety.

The extent to which households served by victim services agencies have been educated regarding available community resources. To receive full marks, the agency must have provided at least 65% of the survivors they serve with education on available community resources.

Reallocating Policy

Current CoC grantees may elect to reallocate some or all of the funding associated with their project. These reallocated projects will be scored as new projects and ranked according to score the same as all new and renewal projects. CoC grantees in good standing (no outstanding HUD or CoC monitoring findings and no open audit findings) may voluntarily reallocate their funding and will not have to compete with other organizations for that funding.

The minimum score for automatic renewal of CoC funded projects is 65% of the highest scoring project.

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**New Project Scoring**

The scoring factors are included along with all relevant CoC documents on the CoC website.
LINCOLN, NE CONTINUUM OF CARE RENEWAL EVALUATION PERFORMANCE STANDARDS 2021

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<tr>
<td>6. CoC Program Participants who return to homelessness after program exit</td>
<td>Persons exiting any CoC funded program and entered into HMIS as homeless within: • 6 months of program exit • 12 months of program exit</td>
<td>Measure 2, returns to homelessness</td>
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<tr>
<td><strong>Consumer Engagement</strong></td>
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<tr>
<td>7. CoC funded project consumers responded to survey</td>
<td>At least 35% of program participants (head of household) in prior program year complete and submit survey forms</td>
<td>35% or greater response rate = 5 points</td>
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<td>8. Favorable consumer response</td>
<td>Majority of consumer responses are favorable regarding the program</td>
<td>50% + responses positive = 5 points</td>
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<td><strong>HUD and CoC Compliance</strong></td>
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<td>9. Expenditures of grant funds</td>
<td>Final APR or Closeout report from HUD – grantee will indicate the percentage of funds expended in the most recently completed program year</td>
<td>100% = 10 90% 95-99% = 8 85% -90% 90-94% = 4 80-84%</td>
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<tr>
<td>10. HMIS Data Quality</td>
<td>Less than 5% null or missing values on any Universal Data Element</td>
<td>If yes, 5 points</td>
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**Factors to Reduce Length of Time Homeless**

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<tr>
<th>11. TH length of stay as short as possible to yield a permanent placement (NS 2020)</th>
<th>APR report. Average length of stay for all participants is 16 months or less</th>
<th>Reduce length of time persons are homeless (1)</th>
<th>If average LOS is 15 months or less = 10 bonus points Average LOS is 18 months or less = 5 bonus points</th>
</tr>
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<td>12. RRH: length of program participation is 9 months or less (NS 2020)</td>
<td>APR report; for households receiving rental assistance, length of assistance is 12 months or less</td>
<td>Reduce length of time persons are homeless (1), number of homeless persons (3), successful housing placement (7)</td>
<td>If average length of rental assistance is 15 months or less = 10 points 18 months or less = 5 points</td>
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<td>13. RRH length of time from program entry to housed (NS 2020)</td>
<td>HMIS length of time is 50 days or less on average</td>
<td>Reduce length of time persons are homeless (1), number of homeless persons (3), successful housing placement (7)</td>
<td>If average length of time is 50 days or less from intake to housed = 5 bonus points</td>
</tr>
<tr>
<td>14. PSH: moving on to other permanent housing (NS 2020)</td>
<td>APR report – exits to permanent destinations. Turnover in units allows more homeless persons in need of PSH to be served</td>
<td>Reduce length of time homeless (1), reduce number of homeless persons (3) and successful housing placement (7)</td>
<td>At least 10% of those served moved to other PH destinations during program year = 10 bonus points At least 5% move on = 5 bonus points</td>
</tr>
<tr>
<td>15. Cost Effectiveness</td>
<td>Avg. grant funds expended per # of persons staying in project &amp; exiting to positive destination by component type (PSH, RRH, TH)</td>
<td>Cost effectiveness in exiting to permanent destination and reducing number of persons homeless</td>
<td>cost-effectiveness (cost/permanent housing placement – TH/RRH; Cost/permanent housing placement or retention – PSH); lowest cost/outcome = 5 points; second lowest = 3 points</td>
</tr>
</tbody>
</table>

**Scoring Summary**

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Standard Points</th>
<th>Bonus Points</th>
<th>Maximum Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RRH</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TH</td>
<td>100</td>
<td></td>
<td></td>
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<tr>
<td>RATING FACTOR</td>
<td>POINTS AWARDED</td>
<td>MAX POINT VALUE</td>
<td></td>
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<tr>
<td>---------------------------------------------------</td>
<td>----------------</td>
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<tr>
<td><strong>Experience</strong></td>
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<tr>
<td>A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.</td>
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<tr>
<td>B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.</td>
<td>0</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.</td>
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<tr>
<td><strong>DESIGN OF HOUSING &amp; SUPPORTIVE SERVICES</strong></td>
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<td></td>
</tr>
<tr>
<td>A. Extent to which the applicant</td>
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<td></td>
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<tr>
<td>1. Demonstrate understanding of the needs of the clients to be served.</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served.</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served.</td>
<td>0</td>
<td>10</td>
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<tr>
<td>4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits</td>
<td>0</td>
<td>5</td>
<td></td>
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<tr>
<td>5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.</td>
<td>0</td>
<td>5</td>
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<tr>
<td>C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.</td>
<td>0</td>
<td>5</td>
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<tr>
<td><strong>FINANCIAL</strong></td>
<td></td>
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<tr>
<td>A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>B. Budgets are correctly calculated, expenses budgeted are all eligible</td>
<td>0</td>
<td>5</td>
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<tr>
<td>C. Project indicates the use of Mainstream resources for at least a portion of project services</td>
<td>0</td>
<td>5</td>
<td></td>
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<tr>
<td>D. Match is documented</td>
<td>0</td>
<td>5</td>
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<tr>
<td><strong>COMPLIANCE WITH COC REQUIREMENTS</strong></td>
<td></td>
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</tr>
<tr>
<td>A. The project commits to only accepting referrals from coordinated entry</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>EQUITY FACTORS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Applicant agency has BIPOC individuals in management and leadership positions</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>B. There are persons with lived experience of homelessness on the agency governing body</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>C. Applicant agency has procedures in place to obtain feedback from people with lived experience of homelessness</td>
<td>0</td>
<td>5</td>
<td></td>
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<tr>
<td>D. Applicant agency has reviewed program outcomes with an equity lens to assess if race, ethnicity, gender identity, and/or age has led to disparate outcomes</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>BONUS FOR MEETING NOFO BONUS POINTS CRITERIA</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>A. The project as proposed qualifies the CoC to score bonus points for leveraging housing subsidies or mainstream health care resources</td>
<td>0</td>
<td>10</td>
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**TOTAL SCORE** |

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<tr>
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Purpose
On an annual basis, the Lincoln Continuum of Care is required to rate and rank all new and renewal projects submitted to HUD for funding in an order that reflects the CoC’s needs and priorities. For the 2021 competition, this includes all CoC new and renewal. Additionally, HUD requires CoCs to review the performance of all funded projects and seek to reallocate funding away from low performing projects or those providing services that are of a lower priority in preventing and ending homelessness. The CoC also seeks to ensure that all HUD funded grants are effectively utilizing the resources allocated to them and to the maximum extent possible fully expending contract resources.

The Lincoln CoC is seeking to accomplish the following in the ranking and reallocation of projects:

- Incentivize all providers to focus on outcomes and to seek to achieve the performance targets specified by the CoC in order to improve the performance of the CoC as a system.
- Encourage providers to adopt evidence-based practices including Housing First to more effectively employ CoC resources.
- Replace projects that are not high performing, cost effective, or following evidence-based practices with new projects that follow CoC and HUD priorities.
- Recapture funds that are not being utilized and reallocate to other purposes.

Policy
All new and renewal projects will be ranked by the CoC. The primary factor determining the ranking of projects will be the rating scores assigned to renewal and new projects. Scoring is based on project performance, grant management, system outcomes, cost-effectiveness and adherence to policy priorities.

All projects must participate in the All Doors Lead Home (ADLH) coordinated entry and referral process. This process prioritizes assistance toward the most vulnerable homeless people with the longest periods of time homeless. Projects will be ranked, in part, based on their participation in coordinated entry and admitting participants based on specific needs and vulnerabilities including chronic homelessness and victimization, and other barriers to housing such as substance use, criminal backgrounds, no credit, and eviction history.

Except as specified below, projects will be ranked in the NOFO competition by the scores assigned to renewal or new projects.

There are two categories of projects that will not be ranked according to performance scores:

- Projects that are essential to the operation of the CoC. This includes funding for HMIS and Coordinated Entry. These are unique projects focused on CoC operations and that cannot be
readily evaluated or compared to other CoC funded projects. Failure to renew this funding would have negative consequences for the CoC and jeopardize future funding opportunities.

- First time renewal of newly funded grants. HUD requires newly funded one-year project grants to be renewed in the competition. In most instances, these projects will not be able to report on a full year of operations in the APR.

The two project types identified above will not be assigned scores. Coordinated entry, HMIS and first time renewal will be ranked by the CoC to assure – to the maximum extent possible – that they will be funded in the competition.

All other CoC projects will be ranked according to scores:

- Renewal projects will be ranked according to adjusted renewal project score. Renewal scores will be adjusted as follows: if the highest scoring renewal project scores less than 100 points, then all renewal scores will be adjusted upward by the difference between the highest scoring renewal project and 100.
- Renewal projects that qualify for renewal based on the renewal performance evaluation will be ranked above new projects. The scoring criteria for the renewal projects are attached to this document.
- New projects will be ranked according to scores below the renewal projects. The new projects will be rated using the new projects threshold review and the new projects rating tool as provided at: https://www.hudexchange.info/resource/5292/project-rating-and-ranking-tool/

New projects will be eligible for up to 100 points.

Project Review

All project applications will be objectively reviewed and scored. Renewals will be scored based on performance outcomes, compliance with HUD and CoC policies, and consumer satisfaction. To assure the safety and privacy of those experiencing homelessness as a result of domestic abuse and violence, the CoC has a separate policy for the review of projects from victim services agency which is described below.

Renewal applications will be ranked solely based on their renewal evaluation score. These will be objectively tallied. New project applications will be reviewed and scored using the New Project Scoring Tool. A review panel consisting of persons knowledgeable about homelessness and responses to it will review and score all new project applications. Those applications scoring the highest will be included in the CoC Collaborative Application to HUD. To assure that the amounts requested are consistent with the sums the CoC is eligible to apply for, the review panel is empowered to negotiate with applicants to adjust funding requested to assure that applications do not exceed the maximum amount allowable.

For victim services agencies. These agencies are not allowed to enter data into HMIS. Accordingly, renewal projects submitted by victim services providers will be evaluated based on data submitted into the equivalent non-HMIS reporting system. Additionally, due to the need to safeguard people who have experienced domestic violence, project applications submitted by victim services agencies will also be reviewed based on the extent to which improve the safety of the population they serve. Specifically, these agencies will also be evaluated based on:
• The extent to which households served have strategies in place to improve their safety. To receive full marks, a victim services provider must have assisted 65% or more of the domestic violence survivors they serve to develop strategies to improve their safety.
• The extent to which households served by victim services agencies have been educated regarding available community resources. To receive full marks, the agency must have provided at least 65% of the survivors they serve with education on available community resources.

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<td></td>
<td>to homelessness (streets/shelters) or whose exit destination is unknown all constitute negative exits.</td>
<td>a destination of homeless or when exit destination is not provided.</td>
<td>unsuccessful exits = 10 points</td>
</tr>
<tr>
<td>5.</td>
<td>CoC Program participants who exit to or remain in PH</td>
<td>APR shows outcomes; 90% of PSH, 85% of RRH, and 80% of TH participants should: (for PSH only) remain in PH or exit to another PH destination (for RRH and TH) exit to a PH destination.</td>
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<td>6.</td>
<td>CoC Program Participants who return to homelessness after program exit</td>
<td>Persons exiting any CoC funded program and entered into HMIS as homeless within: • 6 months of program exit • 12 months of program exit</td>
<td>Measure 2, returns to homelessness</td>
</tr>
<tr>
<td>7.</td>
<td>CoC funded project consumers responded to survey</td>
<td>At least 35% of program participants (head of household) in prior program year complete and submit survey forms</td>
<td>35% or greater response rate = 5 points</td>
</tr>
<tr>
<td>8.</td>
<td>Favorable consumer response</td>
<td>Majority of consumer responses are favorable regarding the program</td>
<td>50% + responses positive = 5 points</td>
</tr>
<tr>
<td>9.</td>
<td>Expenditures of grant funds</td>
<td>Final APR or Closeout report from HUD – grantee will indicate the percentage of funds expended in the most recently completed program year</td>
<td>100% = 10 90% 95-99% = 8 85% -90% 90-94% = 4 80-84%</td>
</tr>
<tr>
<td>10.</td>
<td>HMIS Data Quality</td>
<td>Less than 5% null or missing values on any Universal Data Element</td>
<td>If yes, 5 points</td>
</tr>
</tbody>
</table>
**Factors to Reduce Length of Time Homeless**

| 11. TH length of stay as short as possible to yield a permanent placement (NS 2020) | APR report. Average length of stay for all participants is 16 months or less | Reduce length of time persons are homeless (1) | If average LOS is 15 months or less = 10 bonus points Average LOS is 18 months or less = 5 bonus points |
| 12. RRH: length of program participation is 9 months or less (NS 2020) | APR report; for households receiving rental assistance, length of assistance is 12 months or less | Reduce length of time persons are homeless (1), number of homeless persons (3), successful housing placement (7) | If average length of rental assistance is 15 months or less = 10 points 18 months or less = 5 points |
| 13. RRH length of time from program entry to housed (NS 2020) | HMIS length of time is 50 days or less on average | Reduce length of time persons are homeless (1), number of homeless persons (3), successful housing placement (7) | If average length of time is 50 days or less from intake to housed = 5 bonus points |
| 14. PSH: moving on to other permanent housing (NS 2020) | APR report – exits to permanent destinations. Turnover in units allows more homeless persons in need of PSH to be served | Reduce length of time homeless (1), reduce number of homeless persons (3) and successful housing placement (7) | At least 10% of those served moved to other PH destinations during program year = 10 bonus points At least 5% move on = 5 bonus points |
| 15. Cost Effectiveness | Avg. grant funds expended per # of persons staying in project & exiting to positive destination by component type (PSH, RRH, TH) | Cost effectiveness in exiting to permanent destination and reducing number of persons homeless | cost-effectiveness (cost/permanent housing placement – TH/RRH; Cost/permanent housing placement or retention – PSH); lowest cost/outcome = 5 points; second lowest = 3 points |

**Scoring Summary**

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Standard Points</th>
<th>Bonus Points</th>
<th>Maximum Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RRH</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TH</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## DESIGN OF HOUSING & SUPPORTIVE SERVICES

<table>
<thead>
<tr>
<th>Experience</th>
<th>Points Awarded</th>
<th>Max Points Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.</td>
<td>out of 10</td>
<td>10</td>
</tr>
<tr>
<td>B. Describe experience utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.</td>
<td>out of 10</td>
<td>10</td>
</tr>
<tr>
<td>C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.</td>
<td>out of 5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Experience Subtotal**

| 0 | 25 |

## FINANCIAL

<table>
<thead>
<tr>
<th>Financial</th>
<th>Points Awarded</th>
<th>Max Points Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.</td>
<td>out of 5</td>
<td>5</td>
</tr>
<tr>
<td>B. Budgets are correctly calculated, expenses budgeted are all eligible</td>
<td>out of 5</td>
<td>5</td>
</tr>
<tr>
<td>C. Project indicates the use of Mainstream resources for at least a portion of project services</td>
<td>out of 5</td>
<td>5</td>
</tr>
<tr>
<td>D. Match is documented</td>
<td>out of 5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Financial Subtotal**

| 0 | out of 20 |

## COMPLIANCE WITH COC REQUIREMENTS

<table>
<thead>
<tr>
<th>Compliance with CoC Requirements</th>
<th>Points Awarded</th>
<th>Max Points Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The project commits to only accepting referrals from coordinated entry</td>
<td>out of 5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Compliance with CoC Requirements Subtotal**

| 0 | out of 5 |

## EQUITY FACTORS

<table>
<thead>
<tr>
<th>Equity Factors</th>
<th>Points Awarded</th>
<th>Max Points Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Applicant agency has BIPOC individuals in management and leadership positions</td>
<td>out of 5</td>
<td>5</td>
</tr>
<tr>
<td>B. There are persons with lived experience of homelessness on the agency governing body</td>
<td>out of 5</td>
<td>5</td>
</tr>
<tr>
<td>C. Applicant agency has procedures in place to obtain feedback from people with lived experience of homelessness</td>
<td>out of 5</td>
<td>5</td>
</tr>
<tr>
<td>D. Applicant agency has reviewed program outcomes with an equity lens to assess if race, ethnicity, gender identity, and/or age has led to disparate outcomes</td>
<td>out of 5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Equity Factors Subtotal**

| 0 | out of 20 |

## BONUS FOR MEETING NOFO BONUS POINTS CRITERIA

<table>
<thead>
<tr>
<th>Bonus Points</th>
<th>Points Awarded</th>
<th>Max Points Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The project as proposed qualifies the CoC to score bonus points for leveraging housing subsidies or mainstream health care resources</td>
<td>out of 10</td>
<td>10</td>
</tr>
</tbody>
</table>

**Bonus Points Subtotal**

| 0 | out of 10 |

## TOTAL SCORE

| 0 | 100 |
### Performance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy / Utilization</td>
<td>85%</td>
<td>94%</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Increased Earned Income from entry into CoC program to exit or follow-up. (All participants)</td>
<td>15%</td>
<td>4%</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Increased Other Income from entry into CoC program to exit or follow-up. (All participants)</td>
<td>35%</td>
<td>43%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Increased access to and utilization of non-cash benefits among CoC program participants. (All participants)</td>
<td>35%</td>
<td>90%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>CoC program participants with unsuccessful exits</td>
<td>8% or Less</td>
<td>25%</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>CoC program participants who exit to or remain in PH</td>
<td>70%</td>
<td>70%</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>CoC program participants who return to homelessness after program exit within 6 months of program exit.</td>
<td>10% or Less</td>
<td>3%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>CoC program participants who return to homelessness after program exit within 12 months of program exit.</td>
<td>15% or Less</td>
<td>0%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Performance total score</td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
</tbody>
</table>

### Consumer Surveys

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC funded project consumer respond to survey</td>
<td>35%</td>
<td>64%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Favorable Consumer Response</td>
<td>50% + responses positive</td>
<td>100%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Consumer Surveys total score</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

### HUD and CoC Compliance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures of Grant Funds</td>
<td>100%</td>
<td>100%</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>HMIS data quality</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>HUD and CoC Compliance total score</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

### Scoring Summary

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>85</td>
<td>65</td>
<td></td>
<td>76.5%</td>
</tr>
</tbody>
</table>

### Bonus

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Awarded Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH: Length of program participation is 9 months or less</td>
<td>10</td>
</tr>
<tr>
<td>RRH: Length of time from program entry to housed</td>
<td>0</td>
</tr>
<tr>
<td>Cost Effectiveness</td>
<td>0</td>
</tr>
<tr>
<td>Bonus total score</td>
<td>10</td>
</tr>
<tr>
<td>Grand Total</td>
<td>75</td>
</tr>
<tr>
<td>Recipient</td>
<td>Project Name</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>CenterPointe, Inc</td>
<td>Glide PATH FY2019</td>
</tr>
<tr>
<td>CEDARS Youth Services</td>
<td>New Futures Renewal Application FY 2019</td>
</tr>
<tr>
<td>CenterPointe, Inc</td>
<td>Permanent Housing Project FY2019</td>
</tr>
<tr>
<td>CenterPointe, Inc</td>
<td>Veteran’s Permanent Housing Project FY2019</td>
</tr>
<tr>
<td>CenterPointe, Inc</td>
<td>Transitions Two FY2019</td>
</tr>
<tr>
<td>City of Lincoln</td>
<td>SHC for Chronically Homeless FY2019</td>
</tr>
<tr>
<td>City of Lincoln</td>
<td>Outreach Housing Project FY2019</td>
</tr>
<tr>
<td>Matt Talbot Kitchen &amp; Outreach Inc.</td>
<td>First HOPE Combined Renewal Expansion 2019</td>
</tr>
<tr>
<td>CenterPointe, Inc</td>
<td>Transitions FY2019</td>
</tr>
<tr>
<td>Friendship Home of Lincoln, Inc</td>
<td>Safe at Home</td>
</tr>
<tr>
<td>Community Action Partnership of Lancaster &amp; Saunders County</td>
<td>Supportive Housing Program</td>
</tr>
</tbody>
</table>

First Year Grants - Not Scored (First Year)

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Project Name</th>
<th>Grant Number</th>
<th>Project Component</th>
<th>Housing Type</th>
<th>85 regular points available</th>
<th>15-20 bonus points available</th>
<th>Total Score</th>
<th>Total Available Points</th>
<th>Percentage of Total Points</th>
<th>Adjustment for &lt;100 score project</th>
<th>Percent of Total Points for Adjusted Regular Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendship Home of Lincoln, Inc.</td>
<td>Safe To Home</td>
<td>NE0134D70022001</td>
<td>PH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Region V Systems</td>
<td>Lincoln Permanent Housing Program</td>
<td>NE0134L70022001</td>
<td>PH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

Other - System Applications not scored

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Project Name</th>
<th>Grant Number</th>
<th>Project Component</th>
<th>Housing Type</th>
<th>85 regular points available</th>
<th>15-20 bonus points available</th>
<th>Total Score</th>
<th>Total Available Points</th>
<th>Percentage of Total Points</th>
<th>Adjustment for &lt;100 score project</th>
<th>Percent of Total Points for Adjusted Regular Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Regents, University of Nebraska-Lincoln</td>
<td>FY2019 Lincoln HMIS</td>
<td>NE0094L70022005</td>
<td>HMIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Board of Regents, University of Nebraska-Lincoln</td>
<td>FY2019 Lincoln Coordinated Entry</td>
<td>NE0094L70022005</td>
<td>SSO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

New Grants

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Project Name</th>
<th>Grant Number</th>
<th>Project Component</th>
<th>Housing Type</th>
<th>85 regular points available</th>
<th>15-20 bonus points available</th>
<th>Total Score</th>
<th>Total Available Points</th>
<th>Percentage of Total Points</th>
<th>Adjustment for &lt;100 score project</th>
<th>Percent of Total Points for Adjusted Regular Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendship Home of Lincoln, Inc.</td>
<td>Safe To Home II Expansion</td>
<td>NE0134D70022001</td>
<td>PH</td>
<td>RRH</td>
<td>89</td>
<td>0</td>
<td>89</td>
<td>100</td>
<td>89%</td>
<td>89</td>
<td>89.0%</td>
<td>17</td>
</tr>
<tr>
<td>Family Services Inc</td>
<td>InResponse CoC</td>
<td>NE0134L70022001</td>
<td>PH</td>
<td>RRH</td>
<td>89</td>
<td>0</td>
<td>89</td>
<td>100</td>
<td>89%</td>
<td>89</td>
<td>89.0%</td>
<td>16</td>
</tr>
</tbody>
</table>

Adjusted Score Value  5

Highest Adjusted Total Score  100
There were no projects reduced or rejected for the 2021 Lincoln CoC-502 NOFO Competition.
Lincoln, NE Continuum of Care
October 22, 2021

Community Action Partnership of Lancaster & Saunders Counties:

This is to inform you that the following application has been accepted for inclusion in the Collaborative Application being submitted to HUD as part of the 2021 Continuum of Care NOFA competition.

Supportive Housing Program, NE0106

The specific ranking of your project and the Collaborative Application to HUD will be posted on the CoC website found at https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing

Many thanks for all of your efforts to prevent and end homelessness in Lincoln.

Bradd Schmeichel
Planner I
City of Lincoln
Urban Development Department
Lincoln, NE Continuum of Care
October 22, 2021

CEDARS:

This is to inform you that the following application has been accepted for inclusion in the Collaborative Application being submitted to HUD as part of the 2021 Continuum of Care NOFA competition.

New Futures (Joint TH-RRH), NE0016

The specific ranking of your project and the Collaborative Application to HUD will be posted on the CoC website found at https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing

Many thanks for all of your efforts to prevent and end homelessness in Lincoln.

Bradd Schmeichel
Planner I
City of Lincoln
Urban Development Department
Lincoln, NE Continuum of Care
October 22, 2021

CenterPointe, Inc:

This is to inform you that the following applications have been accepted for inclusion in the Collaborative Application being submitted to HUD as part of the 2021 Continuum of Care NOFA competition.

Glide PATH, NE0015
Permanent Housing Project, NE0017
Veteran's Permanent Housing Project, NE0045
Transitions TWO, NE0057
S+C for Chronically Homeless, NE0059
Outreach Housing Project, NE0073
Transitions, NE0098

The specific ranking of your project and the Collaborative Application to HUD will be posted on the CoC website found at https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing

Many thanks for all of your efforts to prevent and end homelessness in Lincoln.

Bradd Schmeichel
Planner I
City of Lincoln
Urban Development Department
Lincoln, NE Continuum of Care  
October 22, 2021  

Family Services Association of Lincoln  

This is to inform you that the following applications have been accepted for inclusion in the Collaborative Application being submitted to HUD as part of the 2021 Continuum of Care NOFA competition.

InResponse CoC  

The specific ranking of your project and the Collaborative Application to HUD will be posted on the CoC website found at https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing  

Many thanks for all of your efforts to prevent and end homelessness in Lincoln.

Bradd Schmeichel  
Planner I  
City of Lincoln  
Urban Development Department
Lincoln, NE Continuum of Care  
October 22, 2021

Friendship Home:

This is to inform you that the following applications have been accepted for inclusion in the Collaborative Application being submitted to HUD as part of the 2021 Continuum of Care NOFA competition.

Safe at Home, NE0105  
Safe to HOME Expansion, NE0133

The specific ranking of your project and the Collaborative Application to HUD will be posted on the CoC website found at https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing

Many thanks for all of your efforts to prevent and end homelessness in Lincoln.

Bradd Schmeichel  
Planner I  
City of Lincoln  
Urban Development Department
Lincoln, NE Continuum of Care  
October 22, 2021

Matt Talbot Kitchen and Outreach:

This is to inform you that the following application has been accepted for inclusion in the Collaborative Application being submitted to HUD as part of the 2021 Continuum of Care NOFA competition.

First HOPE Combined Renewal, NE0097

The specific ranking of your project and the Collaborative Application to HUD will be posted on the CoC website found at https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing

Many thanks for all of your efforts to prevent and end homelessness in Lincoln.

Bradd Schmeichel  
Planner I  
City of Lincoln  
Urban Development Department
Lincoln, NE Continuum of Care  
October 22, 2021  

Region V Systems:

This is to inform you that the following application has been accepted for inclusion in the Collaborative Application being submitted to HUD as part of the 2021 Continuum of Care NOFA competition.

Lincoln Permanent Housing Program, NE0135

The specific ranking of your project and the Collaborative Application to HUD will be posted on the CoC website found at https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing

Many thanks for all of your efforts to prevent and end homelessness in Lincoln.

Bradd Schmeichel  
Planner I  
City of Lincoln  
Urban Development Department
Lincoln, NE Continuum of Care  
October 22, 2021

**Board of Regents, University of Nebraska-Lincoln**

This is to inform you that the following applications have been accepted for inclusion in the Collaborative Application being submitted to HUD as part of the 2021 Continuum of Care NOFA competition.

Lincoln HMIS, NE0095  
Lincoln Coordinated Entry, NE0096

The specific ranking of your project and the Collaborative Application to HUD will be posted on the CoC website found at [https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing](https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing)

Many thanks for all of your efforts to prevent and end homelessness in Lincoln.

---

*Bradd Schmeichel*  
Planner I  
City of Lincoln  
Urban Development Department
Chad,

Please see the attached notification that your renewal application has been accepted for inclusion in the Collaborative Application as part of the 2021 Continuum of Care NOFO competition. The ranking will be posted to the webpage very shortly.
Homelessness

To assist persons experiencing homeless or those at immediate risk, the City of Lincoln, with the Lincoln Homeless Coalition. The Homeless Coalition is a member organization experiencing homelessness or those at risk, including State, County, and City government, public housing authorities, local business partners, foundations, community members, and representatives with lived experience.

The main objective of the Urban Development Department and the Lincoln Homeless Coalition is outreach, homelessness prevention, housing assistance and supportive services in order to improve the quality of life of homeless people in the community.

Under the umbrella of the Lincoln Homeless Coalition is the Lincoln Continuum of Care. The Continuum of Care facilitates and completes an annual application for funding from the U.S. Department of Housing and Urban Development. The duties of the Lincoln Continuum of Care include but are not limited to:

1. An annual point in time count, which surveys the number of sheltered and unsheltered single night within the last 10 days of January
2. A ongoing system response planning and implementation
3. Coordination and Implementation of the All Doors Lead Home Coordinated Entry System

The Lincoln Homeless Coalition meetings are currently held via Zoom at 9:00 am. For more information, please send inquiries to lincolnhomelesscoalition@gmail.com.

The subcommittee of the Lincoln Continuum of Care meets via Zoom at 11:30 am. For more information, please contact the Continuum of Care Planning Administration.

For immediate housing assistance, please contact an All Doors Lead Home Coordinator at https://cflunet.community-services-management/docs/lincoln-hours-public-contact.

Provider Resources

- 2021 Lincoln CoC Project Ranking [PDF, 292KB]
- 2021 Lincoln CoC Ranking, Rating and Reallocation Policy [PDF, 143KB]
- 2021 Lincoln CoC Renewal Evaluation Performance Standards [PDF, 159KB]
- Lincoln Continuum of Care Governance Charter July 2022 [PDF, 32KB]