

## Before Starting the CoC Application

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

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

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

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

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

### Answering Multi-Part Narrative Questions

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

### Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

## 1A. Continuum of Care (CoC) Identification

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

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

**1A-1. CoC Name and Number:** KS-507 - Kansas Balance of State CoC

**1A-2. Collaborative Applicant Name:** Kansas Statewide Homeless Coalition

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

**1A-4. HMIS Lead:** Kansas Housing Resources Corporation

## 1B. Coordination and Engagement–Inclusive Structure and Participation

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

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

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

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

**(limit 2,500 characters)**

The CoC actively collaborates with underserved communities, particularly Black, Brown, and Indigenous communities, to design and operate COC programming. The CoC Governance Charter ensures that persons of marginalized communities maintain leadership seats and status on the CoC Steering Committee. The CoC’s goal is to maintain a Steering Committee that mirrors the communities the CoC serves. The CoC explicitly solicits members of overrepresented communities to enhance CoC programming. The CoC Equity sub-committee developed an inventive and directive Diversity, Equity, and Inclusion plan which was adopted by the CoC in late 2023. The implemented CoC DEI plan outlined 3 specific goals. The first goal outlines a direct strategy to provide adequate and factual training opportunities for all CoC members on a variety of topics such as: systemic racism, age-related bias, LGBTQIA bias, implicit bias substance use stigma among minority populations. Secondly, the plan provides CoC members with direct assistance in creating and implementing DEI policies, procedures, and best practices. The CoC’s Lived Experience Action Board (LEAB) and the Youth Action Board (YAB) have led the charge in developing a CoC Equity Policy Toolkit for CoC members. Finally, the CoC has developed an effective outreach strategy aimed at engaging underserved and overrepresented populations via its HMIS Outreach Tool and local and regional street outreach activities. While the CoC continues to improve its ability to serve these communities we have seen immense success since the implementation of the CoC DEI plan. According to the 2024 CoC Racial & Disparities Report the CoC saw a 12% decrease in the time of homelessness of black households and a 16% decrease of time homelessness in multiracial households. The CoC also saw a 66% increase in the number of Indigenous households served by CoC members as our outreach and identification strategies fruition.

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

(limit 2,500 characters)

1)The CoC Planning & Compliance Committee actively recruits diverse stakeholders representing all facets of the homeless service sector to the CoC general membership and the CoC Steering Committee. The Committee hosts an annual New and Renewal Membership Drive throughout January. However, new members are continuously solicited during the nine BoS-CoC regional planning meetings, through the BoS (Balance of State) CoC Collaborative Applicant’s email listserv that goes out to over 950 organizations across the BoS, and on the KS BoS website and through social media platforms throughout the year. CoC membership forms are posted and available on the CoC website. 2) To ensure effective communication with individuals with disabilities, the BoS CoC’s website is accessible to persons with disabilities through the AccessiBe platform embedded into the website. CoC meetings and sessions are recorded and placed on the website with closed captions, all meetings are provided with a virtual format for those with mobility issues. The calendar page on the CoC website provides easy access to all CoC meeting and event invitations. The CoC’s Collaborative Applicant, Kansas Statewide Homeless Coalition (KSHC) hired a website developer who is currently updating the CoC website to allow site visitors to view the site’s contents in multiple languages and have a safe exit for persons in abusive situations. 3) The CoC’s Lived Experienced Advisory Board (LEAB) actively recruits people with lived experience to join the COC membership and to participate in leadership and decision-making roles as part of the CoC Steering Committee, and on the board of directors of our funded agencies. The goal of the CoC is to establish a substantive voice for communities serving those with lived experience especially for underrepresented communities including Black, Latino, Indigenous, LGBTQIA+, and persons with disabilities in CoC leadership to participate in regional planning meetings, activities, regional and CoC wide decision-making roles. The CoC has created formal partnerships with the KS Department of Aging and Disability Services (KDADS), Managed Care Organizations (MCOs), and tribal nations all of which currently participate in CoC activities and leadership, serving on the CoC Steering Committee.

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

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

**(limit 2,500 characters)**

1)The CoC solicits and considers opinions from a broad array of organizations by providing an opportunity for public comments on the CoC website. The CoC website offers a private feedback option for the public that allows for and encourages those who are interested to freely express their opinions in a welcoming and open environment. Regionally, service providers conduct various needs assessments aimed at garnering information from other types of service providers or anyone who has an interest in preventing and ending homelessness. Service providers are also invited and strongly encouraged to attend CoC Regional Planning meetings. 2) All CoC meetings are open to the public for any person interested in participating and are recorded and placed on the CoC website for public viewing. These open meetings serve as open spaces to express questions, comments, and concerns regarding homelessness throughout the 101-county geographic area of the CoC. CoC documents are placed on the CoC public comment page for the CoC membership to provide feedback regarding CoC policies and procedures, the documents are then sent back to the committees to make appropriate changes. 3) To ensure effective communication with individuals with disabilities, the BoS CoC made its website accessible to persons with disabilities through the AccessiBe platform. CoC meetings and sessions are recorded and placed on the website with closed captions, all meetings are provided with a virtual format for those with mobility issues. The calendar page on the CoC website provides easy access to all CoC meeting and event invitations. Most meetings are held virtually, and the minutes are captured by artificial intelligence APP (Advanced Procurement Portal). 4) The CoC regularly solicits input from its members to develop and establish policies and procedures. This happens during committee work, on the CoC website on the policy page, and the CoC public comment page. To promote adequate feedback the CoC has created Ad Hoc workgroups and/or subcommittees conducted by those with expressed strong interest in specific matters that takes place during the policy development process, such as when the Steering Committee established a special workgroup to construct the CoC Strategic Plan for FY2023-2025. The CoC uses the information it has gathered when developing and/or updating internal policies and procedures.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section V.B.1.a.(4)		
Describe in the field below how your CoC notified the public:		
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1) On 7/24/24, the CoC notified the public that the CoC competition was accepting new and renewal applications through the CoC membership listserv, the CoC website, social media. Recipients were encouraged to forward the communication to any organizations, especially if not previously funded, who could be interested in applying for the FY24 Competition. The CoC purposefully communicated that the CoC welcomes all project applications aimed at addressing gaps in the CoC's homeless response system. The CoC encouraged interested parties to apply for funding during regional meetings, committee meetings, the monthly CoC Membership call, and other community events. The CoC received a record number of letters of intent from agencies who have not previously received CoC funding for the FY24 Competition. 2) The CoC held a new applicant training on 6/25/24 where the CoC described the application process in detail. On 8/16/24, the CoC provided mandatory applicant training for agencies intending to apply for the FY24 Competition. The training outlined the steps applicants must take to submit their applications. The two training courses were recorded and placed on the CoC website for FY24 applicants to reference. The CoC's website also lists all FY24 Competition policies and procedures for the NOFO process, including the NOFO Competition Overview Policy & Procedure which explains the process to apply for funds, the FY24 timeline of events, and all other documentation. Applicants who provided letters of intent were added to the CoC document and communication listserv for quick and easy access to the FY24 Competition. 3)The CoC Rank and Review Policies and Procedures and the Reallocation and Appeals Policy explains how applicants submit projects, the CoC's reallocation policy, and the CoC's appeal policy. After the Rank and Review Panel has completed its work, the panel submits the priority ranked slate of applications recommended for funding to the Steering Committee for final approval. The CoC individually notifies applicants that their projects were accepted or denied by the CoC, then notifies the entire membership of the final priority listing through the listserv and via the CoC's website. 4) The CoC's website is accessible through AccessiBe. The CoC will share the results of the FY24 NOFO Competition at the November 2024 CoC membership meeting. All CoC meetings are recorded and can be accessed via the CoC website. As evidence we had 13 new applicants this year.



# 1C. Coordination and Engagement

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

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<b>1C-1.</b>	<b>Coordination with Federal, State, Local, Private, and Other Organizations.</b>	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

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

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

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

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

<b>1C-3.</b>	<b>Ensuring Families are not Separated.</b>	
	NOFO Section V.B.1.c.	

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

<b>1C-4.</b>	<b>CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

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

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

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

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

**(limit 2,500 characters)**

The CoC Governance Charter designates a seat on the CoC Steering Committee for the education community. This seat is currently occupied by a public-school member. The CoC maintains a strong working relationship with the Kansas State Department of Education (KSDE) McKinney-Vento program and its staff. Since 2022 the Ks-BoS-CoC has participated in KSDE's state conference to educate attendees on the CoC and its work. As a result, the CoC formed substantial partnerships with local school districts. Several of the KSDE McKinney-Vento liaisons actively participate in and chair CoC Standing Committees. The CoC, through KSHC as its collaborative applicant, has Memorandums of Understanding (MOU) with all its CoC-funded Agencies states that grantees must establish policies and practices that are consistent with, and do not restrict, the exercise of rights provided by, the education subtitle of the McKinney-Vento Act, and that is consistent with other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. The CoC Written Standards outline that funded agencies must employ a dedicated staff person to ensure that all program participants have adequate access to the participant's educational needs. CoC Regional Coordinators along with KSHC's Director of Regional Coordination, Director of Planning and Compliance and the Education Representative of the Steering Committee serve as direct resources for all CoC member organizations to ensure that children are enrolled in school and connected to appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Also, the CoC has executed an MOU with the Kansas Head Start Association to cross train on each other's systems and to fill seats on each other's leadership committees.

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

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

**(limit 2,500 characters)**

Through the executed MOU between KSHC and funded agencies, the CoC requires funded agency programs to inform families and unaccompanied youth of their educational rights, enroll all children in early childhood education programs, or in school, as appropriate, and connect to appropriate services in the community. The funded agency is required to designate in policy who has the responsibility to educate and inform the responsible party of the educational services that are available and/or are needed. In most cases programs have designated the participant’s case manager for this role. Program staff have established relationships with area school districts and other youth educational partners to assist with enrollment and connect with the liaison and/or educational provider for the youth in the home. The funded agency program also ensures children in the home are enrolled and maintain enrollment. The CoC Monitoring & Technical Assistance Guidelines outlines the monitoring process that KSHC utilizes to ensure that funded agency programs adhere to the executed MOU and all established CoC policies and procedures. The adopted CoC Monitoring & Technical Assistance Guidelines also encourages funded agencies to request Technical Assistance through KSHC to establish these formal relationships if agencies need assistance. The MOU with funded agencies also tasks KSHC, as the collaborative applicant, to ensure that CoC adopted policies and practices are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act and are consistent with other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.

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

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

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

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

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

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

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

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC’s geographic area are trauma-informed and can meet the needs of survivors.	

**(limit 2,500 characters)**

1) The CoC Survivor Centered Services Committee (SCSC) coordinates the CoC response to homelessness among persons who are victims/survivors of domestic violence, stalking, sexual violence, sex trafficking, and dating violence. This committee ensures survivor issues are incorporated in all considerations and operations of the CoC including, but not limited to, policies and procedures, coordinated entry protocols, comparable database participation, trauma informed intake practices, and annual training provided to all member agencies of the BoS CoC regardless of funding source. The Kansas Coalition Against Sexual and Domestic Violence (KSCDV) is the accrediting agency who maintains a network of 25 coalition member programs located across Kansas. KSCDV member programs provide direct client services to victims and survivors of sexual and domestic violence in their respective areas of Kansas. A representative from KSCDV sits on the HMIS Oversight Committee and is a key proponent for establishing policies, procedures, and protocols for functions essential to the viability and success of a comparable database (s) including, but not limited to, data privacy, data quality, analysis, reporting. Over 15% of the CoC Steering Committee is comprised of accredited Victim Service Provider agencies including KSCDV. 2)The CoC ensures all housing and services provided in the CoC geographic area including CoC, ESG, SSVF, and all other funded housing providers are trauma-informed and can meet the needs of survivors. The SCSC provides annual training for all CoC member agencies regarding understanding trauma informed care, systems advocacy services and collaboration, safety planning, understanding the intersections of domestic and sexual violence and homelessness, and understanding barriers that victims face in rural communities. The SCSC in collaboration with KSCDV helps, supports, advocates, assists, and troubleshoots for and with CoC member programs on topics such as trainings for new leadership and board members, legal assistance, legislation, trauma-informed care, how to work with local law enforcement, communication strategies and more. Upon request, agencies may request technical assistance from the SCSC Committee. All required and optional trauma-informed care training is recorded and placed on the CoC website in its Learning Management System for project staff to view.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1)The CoC has established Domestic & Sexual Violence Safety Planning policies within the CE Policies and Procedures including a CoC Emergency Transfer Plan to ensure survivor safety. CE access points are adequately trained on the complex dynamics of domestic and sexual violence, stalking, trauma-informed care, privacy and confidentiality, and safety planning, including how to handle emergencies. Households in need of emergency services, such as shelter, can access these services outside of the operating hours of the CE Assessment processes. The CoC provides Safety Planning tools for all service providers to utilize. These tools include guides on Safety During an Explosive Incident, Safety When Preparing to Leave, Safety in your Own Home, Safety on the Job, Safety and Emotional Health, Safety and Your Children, Items to Take with You When You Leave and Crisis Resources and the CoC’s website has a safe exit. 2) CE access points screen all incoming households to determine the household’s need for individualized survivor-based services. Victim Service Providers (VSPs) are prohibited from contributing personally identifiable information (PII) to the Homeless Management Information System (HMIS) to protect confidentiality of survivors. Non-VSPs are required to provide every household with the opportunity to enter their PII into HMIS anonymously for any reason including safety reasons. CoC policy states that VSPs may decide to participate in CE either through an established manual process or through the CoC HMIS utilizing the established safeguards protecting PII to ensure confidentiality. VSPs have the option to access HMIS via a “view-only” option. This option allows VSPs to search for clients who are already engaged with non-VSPs, determining if clients have completed a CE Assessment, printing the CE Assessment for their records, and/or checking if clients are on the CE List for services. Those who do not consent to have PII entered in HMIS will be assigned a randomly generated number to maintain confidentiality. Non-VSP providers must offer Survivors with the following choices: A. An immediate offer of a warm handoff to a VSP for services, including safety planning and a CES Assessment; B. Receive a CES Assessment from the non-VSP who will enter the household’s information into the Coordinated Entry System via HMIS with or without PII and offer or refer to safety planning, limited services, and/or connection with a VSP advocate.

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

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

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

	Other? (limit 500 characters)	
7.		

**&nbsp;nbsp;**

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

Describe in the field below:

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

**(limit 2,500 characters)**

1)The CoC has implemented an Emergency Transfer Plan (ETP) and Notice of Occupancy Rights under the Violence Against Women’s Act (VAWA) policy to develop the CoC’s published policy. The CoC used the HUD and VAWA model ETP to ensure that the appropriate care is provided for participants who report that they are under actual or imminent threat with the opportunity to secure safe housing, which includes unit transfers, a notice of occupancy rights and prohibitions for denial/termination of assistance or eviction on the basis or as a direct result that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. 2)The CoC ETP and project monitoring policies require that all program participants are made aware and receive a copy of the ETP during intake. The CoC ETP clearly explains how participants can use their rights to an emergency transfer and details options for housing and services on pages 2-10 of the ETP. 3)By CoC policy, Housing Providers (HP) are required to keep emergency transfer (ET) requests confidential. With assistance from their HP, survivors can file a request for ET. HPs must make a copy of its ET request for the survivor's records. HP can, but is not required to, ask for documentation to “certify” that the survivor is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. Such requests must be in writing and HP must give the survivor 14 days after they receive the request to provide the documentation. HP may extend the deadline for the submission of documentation upon the survivor’s request. HP must accept any of the following as documentation: A completed HUD-5382 form, a record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident (police report, protective/restraining order, etc.), a signed statement by the survivor along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional from whom the survivor sought assistance, or any other statement or evidence the HP has agreed to accept. 4)Once the request is processed by the HP, they will notify the survivor by phone, text, or email. If a survivor must relocate, the HP will follow CE policies. The current HP will assist the survivor throughout the process. If the survivor must transfer to a new HP, a warm handoff to the new HP is required.



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

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

**(limit 2,500 characters)**

The CoC consistently evaluates its policies and procedures to ensure that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all the housing and services available within the CoC's 101-county geographic area. The CoC's Coordinated Entry System, HMIS and comparative HMIS each ensure survivors have safe access to all housing and services in the CoC. CoC CE & HMIS policies and procedures provide concise directions and expectations for CoC member agencies to follow when referring survivors through CE. The CoC CE and referral processes create an efficient way for Victim Service Providers to safely and securely refer survivors to non-VSP housing providers to ensure that survivors have fair and adequate access to housing. The CoC partners with the Kansas Coalition Against Sexual and Domestic Violence to provide on-going trainings and consultation efforts for CoC member agencies to ensure that the CES process and its assessment tool is client-driven, trauma-informed, is culturally relevant, and addresses program participants' physical, emotional, safety, privacy, and confidentiality needs. The CoC offers regular training on VAWA and state housing protections for survivors on proactive awareness and landlord engagement. The CoC trains to move quickly to relocate survivors or rehouse due to awareness of safety concerns. Also, the CoC provides training for CoC members to gain a thorough understanding of the unique challenges survivors may face such as: having multiple returns or longer periods of homelessness due to moving numerous times for safety reasons. The CoC facilitates regional involvement of local VSPs to address regional-specific barriers and resources, confidentiality, housing stock, geographic differences, unique barriers in rural areas.

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

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

- |    |   |
|----|---|
| 1. | identifying barriers specific to survivors; and |
| 2. | working to remove those barriers.               |

**(limit 2,500 characters)**

1)The Survivor Centered Services Committee, HMIS Oversight Committee, CoC Steering Committee, CoC Coordinated Entry Committee, CoC Planning and Compliance Committee, KCSDV and KSHC are always actively working to identify specific systemic barriers within our homeless response system that create obstructions to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, and/or stalking. The previously mentioned CoC Committees identified that our largest barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking is how to make appropriate survivor referrals via the Coordinated Entry System, effective access to the Homeless Management Information System, and connecting survivors to indirect housing resources such as food, clothing, and furniture banks. 2) The CoC updated its CE DV Policy aiming to eliminate these specific HMIS and CES impediments that Victim Service Providers were experiencing for them to adequately and efficiently participate in Coordinated Entry and HMIS data entry and data viewing. The new CE DV Policy allows VSPs to input and view information within HMIS with ensured confidentiality and allows VSPs to participate in CE case conferencing in an extremely safe and confidential environment. To further enhance its capacity to best serve those fleeing from violence the CoC is seeking DV bonus funding through the FY2024 CoC Competition to expand its CE capabilities to provide a dedicated CES DV liaison to coordinate and manage the specific safety and confidentiality needs of survivors. This liaison will ensure accurate and up-to-date information in the HMIS and CE systems while maintaining compliance with the Violence Against Women Act (VAWA) and other relevant privacy regulations regarding VSP participation in CE case conferencing and HMIS contribution. The CoC has established a significant relationship with Unite Us which provides a closed-loop, safe and secure platform to allow participating agencies to make confidential referrals to indirect housing resources for resources that survivors require to maintain housing stability.

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

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

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

Describe in the field below:

1. how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;

2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

**(limit 2,500 characters)**

1) The CoC annually updates its written CoC-wide anti-discrimination policy based on stakeholder feedback to ensure that LGBTQIA+ individuals and families receive supportive services, shelter, and housing free from discrimination. The policy originated in the CoC Equity Workgroup where the policy went through an intensive dissection process certifying that the updated CoC-wide anti-discrimination policy meets the explicit and implied requirements delineated in HUD's Equal Access to Housing Final Rule. The CoC-wide anti-discrimination policy is reviewed at least annually by the CoC Equity Workgroup incorporating stakeholder feedback, then CoC Steering Committee then evaluates the policy confirming policy effectiveness. 2)The CoC assists housing providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQIA+ participants and participant families receive supportive services, shelter, and housing free from discrimination by offering regular CoC-wide training, and technical assistance when needed. The Equity Workgroup conducts annual training courses with providers on how to effectively implement Equal Access in accordance with 24 CFR 578.93. 3). In accordance with its CES and HMIS policies and procedures, KSHC annually reviews data from the system to determine if any race, gender, or other types of disparities exist. The analysis aims to understand where gaps in services may exist and will be disseminated to CoC Housing Providers to allow for input. The CoC Monitoring and TA guidelines, policies, and procedures require Housing Providers to provide documentation of compliance with fair housing requirements 24 CFR 578.87(b), 24 CFR 578.103(a)(14) and (17), 24 CFR 578.93(c)(1), as well as its Grievance Policy as required by 24 CFR 578.9 during the monitoring process and must be readily available for all interested parties. 4) CoC agencies administering a project that is determined to be non-compliant with the CoC's anti-discrimination policies and procedures will receive notification in writing from KSHC outlining the alleged violations and needed corrective action within 5 business days. Corrective actions could include updating organizational and or program policies and practices, technical assistance from KSHC, additional training, or other corrective measures.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	
	<p>You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.</p> <p>Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:</p>	

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Lawrence Public Housing Authority	19%	Yes-Both	Yes
Manhattan Public Housing Authority	37%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	
	Describe in the field below:	
	1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
	2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1)The CoC actively works with several PHAs within the geography of the COC in our efforts to end homelessness. The Lawrence/Douglas Housing Authority, the Manhattan Housing Authority, the Pittsburg Housing Authority, the Southeast Kansas Community Action Program, the Northeast Kansas Community Action Program, the Wichita Public Housing Authority which covers several counties in our south-Central Region and the Salina Public Housing Authority are all active members of the CoC and have partnered with the CoC on many projects such as the emergency Housing Voucher and Stability Vouchers programs along with serving on several of our CoC standing Committees including the CoC Steering Committee. The Manhattan PHA has a limited preference with 10 admissions per year for Housing Choice Voucher and 10 for Public Housing. Lawrence/Douglas County PHA also has a homeless preference for housing Choice Voucher and Public Housing units. They also are a Moving to Work agency and created Moving-on Vouchers. Another example of our strong housing authority partnerships is with the Lawrence/Douglas County PHA and the Pittsburg PHA. They both applied for and received HOME Tenant-based Rental Assistance from Kansas Housing Resources Corporation. Each has established a homeless preference for those vouchers. The CoC, through its regional planning, has continual discussions with these three active PHAs and with others about establishing a homeless preference for other housing authority programs and a move-on strategy from CoC-funded programs. 2) N/A- The CoC is always actively engaging all PHAs within the its geographic area to break down barriers barring PHAs in adopting a homeless admission preference.

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		<b>Program Funding Source</b>
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	N/A

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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## 1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	21
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	21
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

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

**(limit 2,500 characters)**

1) During the CoC Local Competition process, the CoC evaluates every project application to determine that it is using a housing first approach. Renewal and expansion project applicants must participate in a housing first monitoring process outside of and before the local competition. New projects must complete a housing first self-assessment derived from HUD’s housing first self-assessment tool found on the HUD exchange and information developed from the established CoC Housing monitoring tool. The scores from the project monitoring and the new applicant self-assessment are used in the local competition rank & review process. 2) The CoC uses factors like A. compliance with appropriate linkages to program enrollments in the Coordinated Entry System; B. program housing first monitoring; C. housing first monitoring and assessments; D. CES Program Evaluation; E. CoC NOFO Scorecard. 3) Prior to the CoC local competition the KSHC, as the CoC lead agency conducted a Housing First monitoring process and scoring tool with every CoC funded program. KSHC created the utilized housing first monitoring tool with Dr. Sam Tsemberis and Kathleen O’Hara with Pathways Housing First and the other 4 CoCs in Kansas. The CoC developed housing first monitoring assessment tool score for each project was factored into their application for the local competition rating and ranking process. The CoC housing first monitoring process assessed housing-first compliance in 2 steps, first KSHC examined program policies and procedures to ensure that programs have policies and procedures in place to certify the program has an effective housing-first framework. Secondly, KSHC conducted live interviews with project staff to determine that housing first principles were actively practiced effectively. The CoC also utilized indicators like Access 6 to determine if the projects are actively participating in Coordinated Entry and Access 2 to determine that projects do not deny or delay assistance for unnecessary reasons. 4) Through a formal partnership with the Kansas Dept. of Aging and Disabilities KSHC employs a position dedicated to providing housing first fidelity training to not only CoC funded agencies but for all CoC member agencies free of charge. KSHC also has a formal partnership with Dr. Sam Tsemberis, the architect of the housing-first concept, and Pathways Housing First. This partnership provides housing first fidelity consultation for all CoC members.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	
	Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.	

**(limit 2,500 characters)**



The CoC covers 101 mostly rural and frontier counties, therefore, the CoC’s street outreach efforts are developed and planned at a regional level as each region has unique outreach barriers. These efforts are supported through regional planning, coordinated entry, and regional community partnerships. 85% of Kansas is rural or frontier and lacks urban/semi-urban resources. Many, disproportionately, have an elderly population and lack transportation and healthcare options. Despite that, the CoC has built strong relationships with law enforcement, housing authorities, community mental health centers and other area social service providers, including foodbanks, public libraries, schools, and hospitals in these counties who provide outreach to persons who are homeless. The CoC’s Lived Experience Action Board (LEAB) provides training for CoC members on outreach techniques and protocols. The CoC also practices a no-wrong-door approach, using mobile telecommunication technologies to perform CES-Assessments and to enter participants into the Coordinated Entry System. Additionally, the CoC recently implemented a new outreach Geo-mapping HMIS tool for street outreach workers for quicker identification and entry into CES. These outlined methods have ensured that the KS BoS CoC street outreach is able to cover 100% of all 101 counties served by the CoC. Each of the nine regions within the CoC completes outreach on an ongoing basis with a strong commitment to completing it at a minimum of once a year. The Lawrence Douglas, North Central, and Flint Hills regions perform outreach more frequently as these regions are more populated. The CoC employs 4 Regional Coordinators covering 7/9 regions to assist CoC member agencies in coordinating regular and continuous street outreach efforts. If not performed by bilingual staff, the CoC utilizes technologies to contract with third parties to access language interpretation for persons with disabilities and with limited English proficiency served by their programs. The CoC collaborative applicant, KSHC, held a Statewide Summit in 2024 where training was held focusing on the essential elements of street outreach and on how to coordinate and implement effective street outreach that is trauma-informed, and culturally responsive to populations who have been less likely to seek assistance.

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

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

	Your CoC’s Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		

Advocate for policies that expunge eviction records to reduce housing barriers	Yes	Yes
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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2023	2024
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	280	402

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1)KSHC strongly markets CoC training to the project staff who assist program participants in locating, applying, and receiving appropriate healthcare resources. The CoC works collaboratively with the Kansas Department of Health and Environment, three Medicaid Managed Care Organizations (MCO’s), KDADS, local substance abuse treatment providers, and local mental health centers to ensure program participants access to needed healthcare services. The Regional Coordinator workgroup (RCW) provides regular up-to-date information and training to the entire CoC membership regarding mainstream resources. The workgroup regularly provides virtual presentations performed by mainstream benefit providers and experts, such as Wichita State University’s ombudsman’s office, the 3 Medicaid Managed Care Organizations, the Department of Children and Families (DCF), Mental Health Centers, and substance use programs. These training courses take place during the monthly CoC membership meeting. KSHC has partnered with Kansas Legal Services to provide monthly training for the CoC membership regarding legal rights and resources available to those served by CoC membership agencies. Through a formal partnership with KDADS, the CoC is conducting a seminar series for transitional-aged youth on preventing homelessness and substance misuse in each of the CoC regions. This training series offers local mainstream resource information regarding education, employment, substance abuse, healthcare, financial literacy, and housing prevention. This training is provided in a live setting in all nine regions and the sessions are recorded for public viewing.

2) The CoC, in a strong partnership with KDADS, encourages and provides information for all CoC member agencies to either hire SOAR-certified staff and/or train current employees to become SOAR-certified to deliver SOAR services for qualified program participants. Through its partnership with KDADS, the CoC regularly and continuously produces regular material on topics such as obtaining SOAR certifications, SAMHSA-published information, and other continued educational opportunities. KSHC employs a “boundary spanner” to work with uninsured persons with severe service needs. The Boundary Spanner assists to navigate households to housing and services, the boundary spanner is SOAR certified and completes SSI/SSDI applications.

ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1)The CoC Infectious Disease Control Policies and Procedures are updated annually and offer guidance to the CoC’s membership on how to respond to and prevent infectious disease outbreaks among people experiencing homelessness. The Kansas Statewide Homeless Coalition (KSHC) and the CoC Regional Coordinator Workgroup promptly inform the Ks BoS CoC Membership of any updated regulation information concerning infectious diseases made by the Center for Disease Control (CDC), the Kansas Department of Health (KDHE), and local Health Departments. The state’s regional Public Health Nursing Supervisor, a former member of the CoC Steering Committee, assisted the CoC in developing and updating the CoC’s Infectious Disease Control Policy and Procedures. 2) Due to the decentralization of the 102 health departments, Regional Coordinators the KSHC Director of Regional Coordination, and the Director of Planning and Compliance work strongly together to ensure the respective regional health departments are key participants during the regional planning process. The CoC is developing formal agreements with local health departments to best prevent infectious disease outbreaks among people experiencing homelessness. Through partnership with local health departments and KDHE Regional Plans, we can effectively promote congregate responsive options. In an informal partnership with KDHE, KDHE provides regular education and training for the entirety CoC membership and service providers in Infectious Disease Understanding, Infectious Disease Control, and Emergency Responsiveness. When needed the CoC has been able to effectively collaborate with local health departments, KDHE, KDADS, and other local health professional to provide physical materials such as printed literature, Personal Protective Equipment (PPE), and other materials to the CoC membership when needed.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

**(limit 2,500 characters)**

1) The CoC’s continues to work with the Kansas Department of Health and Environment (KDHE) and local health departments to implement an effective strategy in an elaborate partnership to address public health concerns such as the prevention and limitation of infectious disease outbreaks among the homeless population residing in the CoC. This strategy outlines specific procedures for

communicating information between KDHE and the CoC membership. KDHE updates the CoC membership during the monthly CoC-wide call to discuss current and potential infectious disease trends and outbreaks, and to inform the CoC on resources such as vaccines, distribution of Personal Protective Equipment (PPE), and other up to date necessary information when needed. KSHC also provides several training courses throughout the year to different healthcare organizations and coalitions to educate healthcare providers, workers, and advocates. KSHC has also formally partnered with the Kansas University Center of Telemedicine and Telehealth project ECHO, which provides and distributes information about homelessness and public health concerns. 2) The CoC Infectious Disease Control Policies and Procedures, which were developed in coordination with KDHE, state that KSHC will be the voice and action arm of the CoC Steering Committee in any all planning and coordination meetings for the response to an infectious disease outbreak to streamline the process for immediate response and information dissemination to the CoC membership. CoC policies and procedures outline how KDHE, local health departments, local healthcare providers and other specialized entities to provide targeted outreach training for street outreach providers and shelter and housing providers to effectively conduct safe practices when providing necessary outreach services. The CoC wide Infectious Disease Control Policies and Procedures dictate for Regional Planning Committees to incorporate local response and emergency management teams in the development of local emergency infectious disease responses to ensure that outreach, shelter, and housing providers are best equipped to prevent or limit infectious disease outbreaks among program participants.

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

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

**(limit 2,500 characters)**

1) The CoC has implemented a successful Coordinated Entry System (CES) across the 101 counties of the KS BoS CoC, covering the entire geographic area. The Coordinated Entry Committee (CEC) oversees the entire CES and works on behalf of the CoC to plan, train, market, and evaluate the entire CES. The CoC offers a remote access point that covers more rural and even frontier. 2)The CoC CES has a “No Wrong Door” approach, all agencies agreeing to be part of the CES receive full training and are considered an Access Point. All Access Points agree to provide full CES participation to any individual or family who requests housing assistance. These Access Points are trained to conduct the Assessment in a standardized process. The CoC’s Coordinated Entry Assessment establishes scoring criteria that translate the participant’s current living situation and barriers impacting the participant’s ability to obtain and/or maintain housing into a numerical score that can inform the prioritization process. In cases where the assessment tool does not produce the entire body of information necessary to determine a household’s prioritization, agency case managers provide additional information through regular case conferencing. The CES assessment/score and case conferencing prioritize households as defined in the HUD CE Notice: Section II.B.3. 3) The Survivor Centered Services Committee (SCSC) was heavily involved in the creation and establishment of the CES assessment to ensure that the CES assessment collects information in a trauma-informed way. The SCSC provides regular trainings for those conducting the CES assessment so that assessors have the skills and confidence to conduct the assessment in a trauma-informed manner. 4) The annual CES Evaluation solicits feedback from participating programs and participants to update the CES policies. The KS BoS CoC opens the Policies and Procedures to a public comment period of 30 days (about 4 and a half weeks) to allow those experiencing homelessness and the community at large to provide input. The HMIS has been designed to offer households in the system an opportunity to provide feedback and attend meetings to improve the system. The CES participating agencies also bring their client’s input to the CE committee to relay their input as we revise policies.

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

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

(limit 2,500 characters)

1)To reach persons who are most vulnerable to unsheltered homelessness, experiencing homelessness, or who may have barriers to accessing programs and resources, the CoC CES Policies and Procedures create a framework that ensures access points to local homeless systems and resources are well advertised to the entire community. The CES Policies and Procedures outline agency responsibilities to ensure resources are eligible to all people regardless of race, color, national origin, religion, sex, age, familial status actual/perceived sexual orientation, gender identity, marital status, or disability. 2)The KS BoS CoC CES ensures that people with more severe service needs and levels of vulnerability are prioritized before those with less severe service needs. The CES assessment establishes scoring criteria that translates the participant’s current living situation and barriers impacting participant’s ability to obtain and/or maintain housing into a numerical score that can be used to inform the prioritization process. In cases where the assessment tool does not produce the entire body of information necessary to determine a household’s prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions, the KS BoS CoC allows case managers working with households to provide additional information through case conferencing. 3)To ensure rapid referrals and program intake, if an agency is aware that they will be requesting a referral, they notify the CES team immediately. Once an opening is available, the CES team will have three business days to provide the agency with a referral and will help connect the referred household to the agency as much as practical. 4) The CoC implemented its current CES assessment on October 1st, 2023, The CoC contracted with an outside 3rd party consultant to evaluate the assessment's scoring matrix, the assessment’s ability to prioritize those most in need, ability to collect needed informational data, and that the questions within the assessment are easy for household members being assessed to understand and interpret and that the questions are non-invasive over the first 12 months of the assessment’s utilization. Each region manages its own regional CES list and provides referrals within their independent regions to avoid forcing households to move long distances to be served.

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

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

**(limit 2,500 characters)**

1)The CES Policies and Procedures ensure that access to local homeless systems and resources are well advertised to the entire community including explicit steps to make advertising and communications materials easy to understand, making the system easily accessible, and taking specific action to reach out to those who may be least likely to seek out resources on their own. CE participating programs must develop and implement advertising and outreach strategies that clearly communicate how people in need can access CES. These strategies and related materials are explicitly aimed at persons who are homeless, vulnerable to homelessness, and/or who are unsheltered, disabled, and/or currently not connected to services regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. 2) CES policies require agencies to inform program participants of their rights and remedies under

Equal Access Rule, Fair Housing, and Discrimination policies. A copy of the policies are required to be provided to each participant which also prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender

identity, or marital status and fair housing provision at 24 CFR 578, 576 and 574. CES policies ensure that participants are not “steered” toward any housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children. 3) The process for filing a complaint is as follows: The CES participant can make a verbal or written complaint to the agency/organization who conducted the assessment for resolution. If the complaint is not resolved at the agency/organization level or if the CES participant does not feel comfortable making the complaint to the agency/organization, they may make this complaint to the Coordinated Entry Committee at ces@kshomeless.com.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/15/2024

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

Describe in the field below:

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



**(limit 2,500 characters)**

1)The CoC Equity Workgroup, HMIS Oversight Committee, and the CoC CES Committee utilizes the HUD published CoC Racial Equity Analysis Tool, Stella data, the 2023 COC Gaps Analysis, and the 2023 CoC CES Evaluation Report to determine if and what racial disparities were present in the provision or outcomes or CoC outcomes of homeless assistance. The CoC Collaborative Applicant informed the results of the assessment to the CoC during the October 2024 CoC Monthly meeting and placed the information on the CoC website.

2)The CoC CES Evaluation Report showed that relative to the State of Kansas' population at large, homelessness disproportionately affects people of color. This is especially pronounced for the Black/African American and American Indian/Alaskan Native (AIAN) population. While being 6% and 1% of the general population respectively, they represent 14% and 3% of the homeless population and were identified through the Coordinated Entry System. The data from the HUD published CoC Racial Equity Analysis Tool and Stella show that Black, AIAN, and other/multi-racial identities are overrepresented in the CoC's homeless system. The data CoC racial disparity data are consistent throughout all CoC data sources. The CoC Equity Committee, HMIS Oversight Committee, and CoC CES Committee recently implemented a strategic plan to address the identified disparities. This strategic plan hopes to address the underlining goal to equip CoC, ESG, and other non- CoC funded housing provider member agencies with appropriate action tools and supports to address disparities within their respective programs.

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

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

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

	Other:(limit 500 characters)	
12.		

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

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

**(limit 2,500 characters)**

The CoC has established several venues through its regional committees, workgroups, and general membership to ensure the participation and active input from persons of different races, particularly those who are overrepresented in the local homeless population when determining the rating factors used to review project applications for CoC funding. The CoC actively invited persons of different races to participate in the CoC's Ratings and Rankings panel to ensure the CoC selection and ranking process provided appropriate representation in its selection process. The CoC rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics based on project descriptions, applications, and performance measures. Recently, the CoC implemented a DEI plan to assist agencies in understanding identified racial disparities within the CoC and service provider programs. This plan includes action steps to provide educational and training opportunities, and technical assistance for policy and practice development. Throughout the CoC, service providers continue to increase the participation of persons who are over-represented in the homeless population through the creation and establishment of advisory boards and joining standing committees. These advisory boards have a strong influence on the practices performed by these housing providers in addressing the identified racial disparities in the provisions and outcomes of the homeless assistance provided. The CoC offers the opportunity via its HMIS intake form asking every enrolled person if they would like to offer feedback to the CoC. The CoC has used this list to solicit members to join the CoC Lived Experience Advisory Board and to identify individuals who want to serve on other CoC standing committees. In addition, the CoC's Youth Action Board, under the guidance of the National Network for Youth, Champions 4 Teens LLC, and other Youth lead organizations is working to assess the needs of Kansas youth who are experiencing homelessness, including youth from underserved populations in various capacities.

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

Describe in the field below:

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

**(limit 2,500 characters)**

1) The CoC through the leadership of the CoC Equity Workgroup and in collaboration with the CoC HMIS Oversight Committee, and CoC CES Committee is tracking its progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance. To ensure that information is collected, analyzed, and tracked appropriately, members of the two bodies have participated and continue to participate in training provided by the HUD-assigned technical assistance providers and other educational opportunities such as the Kansas Legal Services' training on Redlining in Kansas: Its Racist History, Devastating Impacts, and Continuing Influence. Training is offered to all members of the CoC. Once the information is collected in full, the information is shared by the CoC Equity Workgroup in collaboration with the HMIS Oversight Committee, to the entire CoC during the CoC monthly meeting. The information is then published on the CoC website including the recording of the presented informational session and other printed materials. The information is also broken down by region and shared at each regional planning meeting to be used to improve access to the CoC system and equity among its housing and service provision. Also, the CoC evaluation of each funded project's racial equity data is incorporated into the project's monitoring score which is then used during the CoC local competition scorecard. 2)The CoC tracks its progress on preventing and eliminating disparities related to race, gender identity, and other inequalities utilizing localized HMIS data, PIT/HIC raw data, and the American Community Survey by using the HUD Analysis Tool on Race and Ethnicity, the CoC Gaps Analysis, and the annual CoC CES Evaluation Report. The data is then used to evaluate the individual projects' progress in addressing and eliminating racial and ethnic disparities present in the program.

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

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

**(limit 2,500 characters)**

The CoC's Lived Experience Advisory Board (LEAB) oversees all outreach and recruitment activities to garner involvement of those with lived experience. The CoC's current outreach efforts to engage those with lived experience of homelessness in leadership roles and decision-making processes include social media postings, virtual Coordinated Entry Access Points, data derived from the questionnaire on the CoC HMIS intake form to assess everyone's interest in offering feedback or participating in an advisory group/standing committee as well as other virtual recruitment campaigns but includes a strong targeted outreach effort utilizing developed partnerships throughout the CoC. The formation of the LEAB has provided the CoC with needed feedback to regions and communities working throughout the CoC in developing appropriate mediums for those with lived experience to express their voice. The LEAB provides a cohesive and welcoming environment for those with lived experience to feel comfortable in providing consultation, advice, and policy implementation within their own community. 10% of the CoC's Steering Committee is made up of people with lived experience. Regionally, the CoC has people with lived experience regularly attending regional planning meetings and offering feedback and guidance for regional plans. The CoC Survivor Centered Services Committee (CSC) is made up of primarily survivors with a wide range of lived experiences. Members of this committee directly participate in the decision-making process of CoC policies have been recruited by CoC Victim Service Providers through targeted outreach to ensure consistent participation. The CoC's Youth Action Board (YAB) is currently developing effective social media marketing plan utilizing several social media platforms such as Discord, GroupMe, Instagram, "X" (formally Twitter) and other platforms targeting transitional-aged youth to participate in the YAB and to attend homeless prevention and substance use prevention training offered by the Collaborative Applicant in a partnership with the Kansas Department of Aging and Disabilities. The Collaborative Applicant KSHC hosts the annual Kansas Summit on Homelessness and Housing where several learning sessions are hosted by those with Lived Experience teaching attendees how to effectively engage those with lived experience.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	10	7
2.	Participate on CoC committees, subcommittees, or workgroups.	10	7
3.	Included in the development or revision of your CoC's local competition rating factors.	3	3
4.	Included in the development or revision of your CoC's coordinated entry process.	3	3

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

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

**(limit 2,500 characters)**

Over 30% of the Kansas Statewide Homeless Coalition’s (KSHC), the CoC’s Collaborative Applicant, staff is made up of persons with lived experience, where 60% of its leadership team are persons with lived experience. The CoC’s Director of Coordinated Entry along with the Director of Community Engagement are both formerly homeless along with others who are not in leadership positions. KSHC also provides continuing education opportunities for its board members with lived experience of homelessness. All training the CoC offers is available to all members of the CoC, including paying for people with lived experience to attend national and statewide conferences. The CoC annually sponsors members of the Lived Experience Advisory Board (LEAB) and the Youth Action Board (YAB) to attend several conferences including the National Association to End Homelessness Capitol Hill Day, the National Symposium on Solutions to End Youth Homelessness, the National Lived Experience Leadership Conference, the Kansas Summit on Homelessness and Housing where our LEAB and YAB members have been selected as presenters. These CoC members then use these experiences to bolster their resumes and have made vital connections with other conference attendees to further their careers. Currently, almost 20% of the CoC Steering Committee’s membership is made up of those with lived experience and are provided with ongoing continuing education opportunities. Through the leadership of the CoC Regional Coordinators, the CoC has formed strong partnerships with local employment agencies such as Labor Max and Express Employment to provide skill-based on-the-job training for eligible program participants. During the Regional Planning process, CoC Regional Coordinators and Representatives have partnered with Kansas Works to provide on-going continued-education and skill-based training for CoC program participants. KSHC in collaboration with the Kansas Department for Aging and Disabilities has developed a training series focused on the resources for transitional-aged youth, ages 16-24, who have lived experience of homelessness or being in Foster Care to avoid homelessness and substance abuse. The training focuses also focuses on employment, education, health, and safety. KSHC employs a Transitional Aged Youth (TAY) Training Specialist who travels throughout the CoC geographical area to provide the training to TAY ages 16-24.

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

Describe in the field below:

- |    |  |
|----|--|
| 1. | how your CoC gathers feedback from people experiencing homelessness;       |
| 2. | how often your CoC gathers feedback from people experiencing homelessness; |

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

**(limit 2,500 characters)**

1) The CoC added a question to its HMIS intake form asking persons being enrolled into the CoC’s HMIS if they wanted to offer feedback and or join an advisory group or standing committee. This has generated hundreds of people who have received program assistance from the CoC system willing to give the CoC feedback. The CoC LEAB provides direct counsel to the CoC and its membership on how to appropriately engage those with lived experience to obtain authentic feedback. The CoC also has a webpage on the CoC website for those who have received CoC program assistance to express their voice in a welcoming and confidential environment. CoC program agencies collect internal participant surveys to receive appropriate and necessary feedback to improve the services each program provides. The CoC has formed a Youth Action Board (YAB) to guide the CoC in its efforts to engage homeless youth ages 16-24. 2) The CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs through collaboration with the state ESG applicant, through the Regional Planning Meetings, through the YAB and through membership surveys conducted throughout the year. The CoC LEAB is continuously and consistently providing opportunities for those with lived experience to provide feedback not only during their regular meetings but also through their outreach and recruitment efforts. 3)The information gathered from feedback from people who have received assistance by the CoC, ESG, SSVF and any other federal or non-federally funded housing program i through the Regional Planning Meetings, the CoC LEAB and YAB and via membership surveys conducted throughout the year, all of which are evaluated by the CoC Performance & Compliance Committee. The committee then utilizes the gathered information to improve CoC program policies, procedures, and practices. Regional Coordinator Workgroup also gathers feedback from Regional CoC Programs and members to implement actions taken on a regional level to enhance programmatic and homeless persons who serve on CoC committees is income for their time. As a result, over the last 2 years the CoC has utilized several funding sources including CoC Planning Grant match funding, to pay wages to persons with lived experience of homelessness for providing their input in all levels of the CoC programming, planning, including CES, HMIS, committees, workgroups, and focus groups.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC’s geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

**(limit 2,500 characters)**

1) In its ongoing efforts to engage city, county, and state governments to establish realistic solutions to increase the supply of affordable housing supply within the CoC's geographic area the Kansas Statewide Homeless Coalition sponsored the first ever Kansas Capitol Hill Day on February 13, 2024. During this event COC members were able to mee with their state Senators and Representatives throughout the day where the topic on increasing the supply of affordable housing was a leading topic. The CoC effectively engaged the city of Paola Kansas to reform its zoning policies to permit more housing development within the city. Prior to 2024 the city did not allow for tiny homes or small cottages to be built within city limits. However, after effective engagement the city reformed its zoning policies to allow for the building of tiny homes, since then CoC member agencies operating within the city were able to build new homes for permanent supportive housing ventures. CoC Regional Coordinators and other CoC members actively attend community zoning meetings and city hall meetings to obtain information regarding land use policies regarding the development of low-income affordable housing. 2) CoC Regional Coordinators, CoC-funded programs, and CoC Collaborative Applicant staff often attend "Coffee Hours" with local and state representatives throughout the CoC geographic area over the past 12 months to discuss barriers such as zoning, funding, and community perception for low-income and affordable housing development. Through its engagement efforts with the city of Paola Kansas the city reduced regulatory barriers to housing development to allow landowners to build affordable rental housing on current residential properties to allow the development of affordable housing. Landowners have now begun to construct smaller homes on their property that are then being rented by individuals and persons in families with lived experience. The Ks BoS CoC has a strong relationship with U.S. Senator Jerry Moran and his office as he has worked to decrease barriers to housing development in the U.S. Senate Committee on Veterans Affairs to promote housing developments for homeless Veterans residing within the CoC geographic area. Senator Moran has often extended invitations for CoC members to participate in Senate Roundtables and hearings to be the voice for those with lived experience.

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

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

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/16/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/16/2024

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

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

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



6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.  NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	63
2.	How many renewal projects did your CoC submit?	13
3.	What renewal project type did most applicants use?	PH-RRH

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

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

(limit 2,500 characters)

1) The CoC’s HMIS Administrator utilized HMIS programming information that was entered by the CoC program from the grantees last completed grant cycle to create CoC program “Score Cards” which was used during the Rating and Ranking process. The CoC utilizes several data points such as APR, LSA, and SPM when determining an applicant’s score that is used for the CoC Programs were then asked to attend CoC HMIS office hours to discuss the HMIS-generated Score Cards to ensure the accuracy of the HMIS information described on the Score Cards. 2) The CoC Performance and Compliance Committee developed a sub-committee to analyze the data, for example, how long it took for CoC-funded projects to house people in permanent housing. The CoC sub-committee used HMIS, APR, LSA, and PSM data to determine the average length of time housing providers took to house people into permanent housing. The CoC then used this recommendation to establish a baseline for the rating and ranking scoring tool point range settings. Programs were specifically rated based on the length of time it takes from project enrollment for participants to obtain permanent housing placement. 3) The CoC utilized the 2023 CoC Gap Analysis, HMIS, APR, LSA, and other data points along with CoC Program, and program participant feedback when developing its FY 2024 Rating and Ranking Prioritization Policies. This information was used to fill gaps in the CoC and to promote the development of CoC projects that can best assist those with severe needs and vulnerabilities. 4) To address the severe barriers identified by the CoC, the CoC determined that due to the prevalence of individuals and persons in families experiencing chronic homelessness the CoC instructions to the 2024 competition Rating and Ranking Panel was to prioritize development of new permanent supportive housing projects, especially in geographic regions where PSH programming is either limited or non-existent for CoC-Bonus and reallocated project funding.

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

Describe in the field below:

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

**(limit 2,500 characters)**

1) The CoC obtained input and included Black, Hispanic, and Indigenous persons particularly those over-represented in the local homelessness population by creating numerous settings when determining the rating factors used to review project applications for CoC funding. These settings include virtual participation campaigns led by the CoC Steering Committee and Equity Workgroup and by individual CoC funded programs. Based on the feedback received by the CoC, it was determined that a minimum of 10% of the points awarded during the COC Monitoring that happens outside of the CoC competition, projects were monitored and scored on their ability to address equity disparities ranging from project representation to project implementation. These factors were used when scoring expansion and renewal project applications. Based on the feedback received by the CoC, it was determined that 10% of the total points awarded were scored on their ability to address equity disparities ranging from project representation to project implementation.

2) The CoC actively invited persons of different races, particularly those over-represented in the local homelessness population, to serve on the CoC Rating and Ranking Panel to enhance the CoC’s ranking, review, and selection process. Over 20%, a significant increase from the FY2023 competition, of the Ranking & Review Panel was made up by individuals with lived experience of different races, particularly the Black community who is over-represented in the local homelessness population

3) The CoC determined that new, expansion, and renewal PSH projects were scored and ranked based on how the projects addressed the following factors: employing underrepresented individuals in managerial and leadership positions, having a relational process for accruing and incorporating feedback from underrepresented populations, reviewing internal policies and procedures through an equity lens and has a plan to implement equitable policies that do not create undue barriers.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	NOFO Section V.B.2.f.	

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

**(limit 2,500 characters)**

1) The approved reallocation policy states the BoS CoC funded agencies who are identified as underperforming according to federal benchmarks, have HUD monitoring findings that have not been resolved, or with inadequate financial standards are candidates for reallocation and will receive technical assistance from the BoS CoC lead agency. The policy also determines that any program within the BoS CoC that has expended less than 95 percent of project funds in both the last two operating years may have funds partially or fully reallocated during the next CoC Program Competition. KSHC as the collaborative applicant reviews the elements outlined in the CoC Reallocation and Appeals Policy for each CoC funded agency annually, prior to the opening of the CoC Program Competition to determine the need of program reallocation. 2) No projects were identified as low performing or less needed as described in the CoC determining process based on the CoC policies and procedures as described in element 1. 3) While no projects were identified requiring reallocation and deemed as low-performing or in need of reallocation based on CoC policy, a project was deemed low performing during the FY2024 CoC Competition. Catholic Charities of Northeast Kansas Leavenworth County Rapid Rehousing project was selected for reallocation as it had one of the lowest scores during the open competition for FY2024. During the CoC FY2024 open competition 3 other renewal projects voluntarily chose to partially reallocate funding back to the COC as the projects had consistently spent less money than they had previously. 4) The CoC fully reallocated 1 project and partially reallocated 3 other projects.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/09/2024

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/09/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/25/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	10/25/2024
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## 2A. Homeless Management Information System (HMIS) Implementation

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

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

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus Clarity Human Services
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<b>2A-2.</b>	<b>HMIS Implementation Coverage Area.</b>	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/09/2024
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<b>2A-4.</b>	<b>Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.</b>	
	NOFO Section V.B.3.b.	

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

**(limit 2,500 characters)**

1)The CoC and the Kansas Coalition Against Sexual and Domestic Violence (KCSDV) works with Victim Service Provider (VSP) agencies including all VSPs who have applied for new projects for DV-Bonus Funding throughout Kansas to collect and record in a comparable database, Osnum, which is consistent with the FY 2024 HMIS Data Standards. 2)The CoC and KCSDV work with victim service provider (VSP) agencies throughout Kansas to collect and record in a comparable database to the KS BoS CoC HMIS system, Clarity Human Services. VSPs use Osnum, which is consistent with HMIS Data and Technical Standards and meets the FY2024 HMIS Data Standards, detailed in the Comparable Database Vendor Checklist provided by the vendor. Currently, all 20 of the VSP programs within the Kansas Balance of State CoC coverage area use Osnum. ESG and CoC grantees use Osnum to upload required reports into SAGE. Staff from the Kansas Housing Resources Corporation (KHRC), who operate as both the CoC’s HMIS Lead Agency and ESG program manager, then use the data to submit the annual CAPER report. A similar process is in place for CoC grantees, who submit APR (Annual Progress Report) reports into SAGE. 3) KS- 507 Kansas Balance of State Continuum of Care is compliant with the FY2024 HMIS Data Standards.

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	845	265	624	61.90%
2. Safe Haven (SH) beds	11	0	11	100.00%
3. Transitional Housing (TH) beds	233	3	63	26.10%
4. Rapid Re-Housing (RRH) beds	201	0	201	100.00%
5. Permanent Supportive Housing (PSH) beds	324	0	68	21.00%
6. Other Permanent Housing (OPH) beds	60	0	1	1.70%

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

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

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

**(limit 2,500 characters)**

1)The CoC’s HMIS Oversight Committee has identified the Emergency Shelter, Safe Haven, Transitional Housing, and Permanent Supportive Housing providers residing in the 101-county catchment area of the CoC who do not participate in the coordinated entry process or enter data into HMIS. Coupled with the HMIS Oversight Committee, the CoC’s Gap Analysis, for 2002 and 2023 identified the entities who are not participating in HMIS. The CoC’s HMIS Oversight Committee has determined that the next step for the CoC to take over the next 12 months to increase bed coverage rate to at least 85% is to strengthen its partnership with federal, state, and local partners who do not participate in HMIS, by educating on the use and importance of participating in HMIS. The CoC will work with the Department of Veterans Affairs Medical Centers (VAMCs), who operate HUD-VASH and the only SH (Safe Haven) project in the continuum. The CoC will also continue its work with the Kansas Department for Aging and Disability Services, who have influence over several housing projects throughout the CoC, and with Kansas Housing Resources Corporation, who funds several local emergency shelters and local transitional housing programs. The CoC has identified other non-federally programs who participate during the HIC but do not participate in HMIS and working with those agencies to determine and eliminate barriers for HMIS participation. 2) Through diligent research conducted by the HMIS and CES Oversight Committees, the CoC learned that the largest barrier for non-HUD funded shelters and other housing programs are the affordability of HMIS user licenses. The CoC took the much-needed step in requesting an expansion for the CoC Supportive Housing HMIS project during the FY2023 open CoC Competition to ease the cost for these local non-profit housing programs to increase HMIS participation. The CoC Regional Coordinator Workgroup is working with federal, state, and local partners to effectively communicate the benefits of HMIS utilization for the projects’ participants, staff, and the communities they serve. The HMIS Oversight Committee is working with the two VAMC’s to add VASH data entry to the CoC’s HMIS through the HOMEs to HMIS Translator tool. When the Committee successfully meets this goal, the PSH bed coverage rate will be at 100%, based on our most recent HIC.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC’s FY 2024 HDX Competition Report to the 4B. Attachments Screen.	
	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes



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

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

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

<b>2B-1.</b>	<b>PIT Count Date.</b>	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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<b>2B-2.</b>	<b>PIT Count Data–HDX Submission Date.</b>	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/09/2024
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<b>2B-3.</b>	<b>PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.</b>	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1)The CoC committed to implement an unsheltered youth count in 2024 that included consultation and participation from youth serving organizations and youth with lived experience. The CoC’s PIT/HIC committee consists of the CoC’s Regional Coordinators and other key stakeholders to help plan the PIT/HIC count. During the planning process the CoC had immense participation in the PIT/HIC committee from homeless youth providers throughout the CoC’s geographic region. These stakeholders included youth housing providers, educational resources, and family resource providers. 2) Determining locations where homeless youth were most likely to be identified was conducted by the CoC’s Youth Action Board. Members of the YAB would lead the regional planning process to identify locations where youth were known or could possibly be residing in an unsheltered setting. The YAB led educational sessions for youth resource leaders, Mckinney-Vento liaisons, outreach teams, youth peer volunteers, and all other surveyors to provide essential information on how to approach and effectively communicate with homeless youth. 3)To garner involvement from youth with lived experience and their peers in the actual count, Regional Coordinators teamed with the CoC’s Youth Action Board and local youth providers to recruit youth volunteers to assist in the count.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
	3. describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and	
	4. describe how the changes affected your CoC’s PIT count results; or	
	5. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.	

(limit 2,500 characters)

1) There were no changes in the methodology of the 2024 sheltered PIT count, however, the most notable change in implementation from the 2023 sheltered PIT count is that the CoC utilized a new digital application called Hyperion for the count. In 2023, the CoC did improve from 2022 in receiving complete sets of PIT surveys for some of the non-HMIS participating projects that participated in the Housing Inventory Count by utilizing a purchased 3rd party mobile application. However, the utilization of our in-house CoC mobile application created by the Collaborative Applicant created another substantial decrease in the 2024 gap in data from the 2023 count as non-HMIS participating projects now had a tool where the COC provided direct technical assistance during the count allowed surveyors to efficiently collect and submit appropriate data. 2) There were no changes in the methodology of the 2024 unsheltered PIT count, however, the most notable change in implementation from the 2023 unsheltered PIT count is that the CoC utilized a new digital application that was created by the Kansas Statewide Homeless Coalition for the count. The CoC application database entails data quality and deduplication tools designed to improve data collection and create a better deduplicated data set, allowing for a more Userfriendly experience for PIT surveyors. 3) The Ks-BoS-CoC PIT was not affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance. 4) The implementation of the CoC application allowed for a more streamlined process and engagement for surveyors. This improved engagement promoted a more adequate data count capturing gaps in data that were present during the 2023 sheltered and unsheltered PIT count. The utilization of the CoC application provided superior data quality collection specifically because the CoC was able to provide immediate technical assistance and the application's deduplication and geolocator tools. 5) The addition of the CoC application created minor changes in the functionality but not in the methodology of the 2024 sheltered and unsheltered PIT count from 2023.

## 2C. System Performance

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

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

<b>2C-1.</b>	<b>Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

**(limit 2,500 characters)**

1)The CoC determined risk factors in identifying persons experiencing homelessness for the first time by utilizing section 5.2 within the System Performance Measures along with data obtained via the CoC Homeless Prevention (HP) Assessment. The HP CES Assessment not only allows the CoC an essential tool to provide appropriate referrals between CoC partners but also to evaluate and to identify those who are in immediate danger of experiencing homelessness for the first time. 2)The CoC has implemented several strategies to assist those at risk of becoming homeless over the past 2 years that have produced amazing outcomes. First, the CoC placed an emphasis actively pursuing non-HUD funded projects to participate in HMIS including prevention projects. During the FY2023 CoC Competition the CoC expanded its HMIS CoC grant to allow capacity for non-HUD funded programs to participate in HMIS at no-cost to their agency as incentive to participate. We have seen a substantial increase each year since 2022 in new agencies participating in HMIS. Next, the creation and increased utilization of the CoC HP CES Assessment, HP CES list, and HP Case Conferencing has allowed the CoC to properly identify and quickly intervene to prevent households from entering into homelessness. This strategy has led to essential formal and informal partnerships with state and local entities who provide essential prevention resources. The CoC strongly acknowledges that effective prevention must include strategies to address youth who are at immanent risk of homelessness. The CoC's Youth Action Board along with KSHC has developed an effective outreach strategy to provide information and resources for youth at immanent risk through the monthly Transitional Aged Youth Seminar Series, and other engaging activities. 3)The Kansas Statewide Homeless Coalition as the Collaborate Applicant is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

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

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

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

<b>2C-2.</b>	<b>Reducing Length of Time Homeless—CoC's Strategy.</b>	
	NOFO Section V.B.5.c.	

In the field below:

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

**(limit 2,500 characters)**

1) The CoC’s successful coordinated entry and HMIS strategies used to reduce the length of time individuals and persons in families remain homeless include regular regional case conferencing, an emphasis on HMIS participation, and through effective and efficient community engagement. The CoC has also placed a greater emphasis through its monitoring and scoring process to encourage CoC, ESG, SSVF, and other non-federally funded projects to reduce the time households remain homeless. The CoC has begun to enhance its training processes for CoC member agencies to provide technical assistance for projects to enhance their ability to rapidly house households enrolled in programs who are struggling to obtain permanent housing placement. 2) In 2023 the CoC entered a formal partnership with Community Solutions to establish a CoC wide Built for Zero (BFZ) plan to reach functional zero for households experiencing chronic homelessness. The CoC’s emphasis on achieving functional zero has taken the CoC By Name List to the next level to identify households experiencing chronic homelessness to ensure these households receive connections to appropriate housing referrals via the coordinated entry system and other resource systems. The BFZ plan has also created strategy building in identifying and addressing systemic barriers for households experiencing chronic homelessness on a local level. Also, KSHC’s Destination Home project provides boundary spanning services which allows households experiencing elongated lengths of homelessness to have someone to directly contact and then that boundary spanner will directly advocate for these households to receive necessary services via case conferencing, and other means. 3) The Kansas Statewide Homeless Coalition as the Collaborate Applicant is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.

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

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

**(limit 2,500 characters)**

1) The CoC’s successful coordinated entry and HMIS strategies used to increase the rate that individuals and persons residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing include regular regional case conferencing, an emphasis on HMIS participation, and through effective and efficient community engagement. The CoC has implemented a housing first strategy located within its written standards requiring permanent housing projects to ensure that programs incorporate a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions and only evict participants only when they are a threat to self or others. Clear eviction appeal processes and due processes are provided for all participants. The CoC partnered with the Kansas Department of Aging and Disabilities, Pathways to Housing to provide ongoing housing first training. Sam Tsemberis, the founder and creator of the housing first fidelity model provided multiple training courses to the CoC including one-on-one sessions with individual agencies to improve their program’s fidelity in using the housing first model. The CoC regularly monitors CoC and ESG funded projects regarding their data quality to ensure projects have a clear perspective of their data quality for housing retention and exiting to permanent housing destinations. The CoC utilizes regular coordinated case conferencing, an emphasis on HMIS participation, and effective community engagement strategies such as housing navigation, and community resource development to increase the rate that individuals and persons in families in permanent housing projects to retain their permanent housing or to exit to permanent housing destinations. These continued practices have allowed households residing in sheltered spaces to obtain housing more quickly and efficiently and remain housed more permanently as our data shows since 2022.

3) The Kansas Statewide Homeless Coalition as the Collaborative Applicant is responsible for overseeing the CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.

<b>2C-4.</b>	<b>Reducing Returns to Homelessness—CoC’s Strategy.</b>	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate that individuals and families return to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

**(limit 2,500 characters)**

1)The CoC also uses data from the LSA and section 2a within the System Performance Measures, which includes exits to a permanent housing destination from Street Outreach (SO), Emergency Shelters (EH), Transitional Housing (TH), Safe Havens (SH), and Permanent Housing (PH), to identify individuals and families who return to homelessness. The implementation of the Built for Zero (BFZ) plan and the BFZ Data Dashboard has given the CoC and its members a much-needed tool to assist in the identification of individuals and persons in families who return to homelessness. The CoC’s HMIS Outreach Module has also proven instrumental in assisting the CoC in locating and identifying households who have returned to homelessness. 2) The CoC has implemented several successful strategies to reduce the rate individuals and persons in families return to homelessness such as regular coordinated entry case conferencing, an ongoing emphasis on HMIS participation, effective and efficient community engagement activities such as developing working and formal partnerships with street outreach teams and through partnerships with state and local mainstream benefit providers. The Kansas Statewide Homeless Coalition offers Life Coaching certifications to provide program case managers the ability to enhance their skills and knowledge base to assist program participants to maintain housing success, such as utilizing temporary institutionalization benefits through Social Security benefits to ensure that if a program participant is institutionalized for medical reasons, that participant will not lose their housing. The CoC’s housing first monitoring and scoring policies/procedures for CoC, ESG, and other federally funding mechanisms are heavily focused on retention outcomes as well. 3) The Kansas Statewide Homeless Coalition as the Collaborative Applicant is responsible for overseeing the CoC’s strategy to increase and reduce the rate individuals and family members return to homelessness.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.	

**(limit 2,500 characters)**



1) Through the leadership of the CoC’s Regional Coordinator Workgroup the CoC provides numerous supports for the entirety of the CoC’s member organizations through to connect individuals and families with programs such as: the Ks Economic & Employment Work Program sponsored by the Ks Dept. of Children and Families (DCF), temporary employment agencies, and regional supportive employment teams. The CoC also promotes access to regional community mental health providers who offer supportive employment and supportive education case management. 2) In a direct formal partnership with the Kansas Department for Aging and Disability Services (KDADS) the CoC is strengthening member agencies efforts and case management through evidence-based practices. KDADS is cross-training behavioral health providers on housing practices, employment assistance, and SOAR/mainstream benefits to ensure each case manager can offer support in all three areas. KDADS has developed a relationship with Kansas Legal Services for expungement to

alleviate employment barriers. The CoC also provides referrals to Kansas workforce centers, vocational rehabilitation (work trial), job coaching, paid job training and workforce development. The CoC HMIS system tracks mainstream benefits, earned income and non-cash income and that information is accessible to KSHC staff to assess if additional concentrated efforts are needed

within any of the respective regions. During the CoC regional planning meetings, regional agencies develop regional strategies like outreach to prospective employers and staffing agencies. Through its Transitional Aged Youth program, the Kansas Statewide Homeless Coalition works with youth by connecting them to local youth specific employment opportunities and programs. 3) The Kansas Statewide Homeless Coalition, with support of Regional Coordinator Workgroup is responsible for overseeing the CoC’s employment strategy. The CoC promotes partnerships and access to employment opportunities with private employers and private employment organizations on a regional level. During the CoC regional planning meetings and CoC regional CES meetings CoC regional Coordinators and agency staff discuss prospective job leads, job fairs and other resources for program participants.

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) The CoC's partnership with (KDADS) and Community Mental Health Centers helped clients connect to SOAR-Medicaid-Mainstream Benefit certified staff advocates. Through this formal partnership the KSHC employs a Housing Crisis team to effectively connect program participants needed non-employment resources and housing support. 2) The Coc Collaborative Applicant has partnered with KDADS to implement statewide SOAR training for the entire CoC membership. CoC member agencies also receive support for training of mainstream benefits, such as Medicaid, Temporary Assistance for Needy Families (TANF), the Supplemental Assistance Nutrition Assistance Program (SNAP) and other mainstream benefits to ensure long-term sufficiency. The goal is to provide guidance to allow all agencies to have access to SOAR staff training, to increase SOAR-certified staffing and to provide support for SOAR and other mainstream benefits, as well as refer clients to additional support resources when appropriate. Case management plans include follow up and assistance with maintenance of benefits to ensure long-term self-sufficiency. The CoC is working to strengthen the efforts of the CoC Regional Coordinators to ensure agencies have the support and training needed for this endeavor. 3. As stated in the MOU, KSHC as the collaborative applicant is responsible for overseeing this strategy. KSHC works closely with the CoC Regional Coordinator workgroup, KDADS, Kansas Dept. of Children and Families (DCF), Kansas Dept. of Health and Environment (KDHE), Disability Determination Services (DDS), and Policy Research Associates, Inc. (PRAinc), and the Substance Abuse and Mental Health Services Administration (SAMHSA) to ensure the implementation of this strategy.

### 3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Housing First for...	Joint TH-RRH	15	Both
PrarieView PSH Ex...	PH-PSH	16	Both

### 3A-3. List of Projects.

1. What is the name of the new project? Housing First for Domestic Violence Victims
2. Enter the Unique Entity Identifier (UEI): SK9NM8EKM8G1
3. Select the new project type: Joint TH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 15
5. Select the type of leverage: Both

### 3A-3. List of Projects.

1. What is the name of the new project? PrarieView PSH Expansion
2. Enter the Unique Entity Identifier (UEI): MKGDEK2DG6V5
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 16
5. Select the type of leverage: Both

### 3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,500 characters)**

Ks-507 KS-BoS-CoC is not requesting funding for the rehabilitation or construction of a new project

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

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

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

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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

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

(limit 2,500 characters)

N/A

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

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

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

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section I.B.3.j.(3)	

Enter in the chart below information about the project applicant that applied for the new SSO-CE DV Bonus project:

1.	Applicant Name	Kansas Statewide Homeless Coalition
2.	Project Name	DV CES SSO

4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.j.(3)(c)	
	Describe in the field below:	
	1. the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and	
	2. how the proposed project addresses inadequacies identified in element 1 of this question.	

**(limit 2,500 characters)**

1)The CoCs current CE system faces multiple inadequacies in serving survivors of domestic violence (DV), dating violence, sexual assault, and stalking. A major limitation is the lack of integration between the CoCs CE system and the specialized victim service provider (VSP) systems. When VSPs and CE systems don't communicate effectively, survivors must navigate multiple, disconnected systems, making it harder to transition from DV shelters to housing resources. This can result in delays in housing placements. 2)This proposed project is focused on hiring a CE DV Liaison. The CE DV Liaison will enhance coordination between victim service providers (VSPs) and the Coordinated Entry System (CES), ensuring households fleeing domestic violence receive timely services. The liaison will lead VSP case conferencing meetings to review CES lists and coordinate services across regions. They will ensure client data is accurately maintained in CES and HMIS, while adhering to Violence Against Women Act (VAWA). Regular updates will prevent clients from being removed due to inactivity, ensure accurate exits, and improve service coordination, resource allocation, and regulatory compliance.

4A-2b.	Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.j.(3)(d)	
	Describe in the field below how the new project will involve survivors:	
	1. with a range of lived expertise; and	
	2. in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**



1) The project will actively recruit survivors from diverse backgrounds—including those who have experienced domestic violence, sexual assault, trafficking, and other forms of abuse—across various geographic regions served by the Kansas Balance of State Continuum of Care (KS BoS CoC). These individuals will be engaged through focus groups, advisory boards, and peer-led committees, ensuring the full spectrum of survivor experiences informs decision-making. 2) They will serve as key stakeholders in the project’s planning, implementation, and evaluation phases. They will be invited to participate in regular feedback sessions and advisory meetings where their insights can directly influence policies related to trauma-informed care, safety protocols, and service delivery improvements. Survivors will also have input into the design and revision of programmatic tools, such as assessment processes, ensuring that these tools are culturally relevant, sensitive to trauma, and reflective of the real needs of survivors. Compensation will be provided to honor their contributions, and all involvement will be structured to empower survivor voices in the decision-making process.

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

1.	Enter the number of survivors that need housing or services:	7,363
2.	Enter the number of survivors your CoC is currently serving:	3,227
3.	Unmet Need:	4,136

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

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

**(limit 2,500 characters)**

1) The Ks BoS CoC calculated the number of DV survivors needing housing or services and the number of survivors our CoC is currently serving through entered HMIS data, data reported by the Kansas Housing Resources Cooperation to the CoC regarding reported survivor data from ESG subrecipients, and data reported by the Kansas Coalition against Sexual and Domestic Violence (KCSDV) to the CoC. The data was provided by 25 Victim Service Provider (VSP) member programs and other non VSP programs serving survivors. In cases where data was missing, the option of 'unknown' was used to complete the data set. The data in this report can be beneficial in recognizing success areas and potential growth areas. 2) This data is sourced in a comparable database called Osnum managed by KCSDV as well as the CoC HMIS system that non-DV projects who utilize a DV survivor preference for project enrollment. In the Southeast Region of the CoC Catholic Charities inc. And the 3 VSPs conducted a regional needs assessment from July 1st, 2022- June 30th, 2023, to determine permanent housing needs for survivors, the assessment showed 558 survivors in the region needed permanent housing solutions. 3) The CoC saw the number of Victims in need of housing services increase by almost double from 2022-2023. The CoC is unable to meet the needs of all survivors due to lack of safe and affordable housing resources. Permanent Housing options are extremely limited in the rural and frontier counties residing in the BoS CoC for survivors are a significant barrier in meeting Victim housing needs. VSP Emergency Shelter programs are consistently operating at full capacity. Transportation and location are an issue, in the northwest region of the BoS CoC all survivors in the 18-county radius are served by one shelter located in Hays, Ks with limited beds.

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

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

Applicant Name
Domestic Violence...
Options Domestic ...
Family Life Cente...
The Crisis Center...

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

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

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

1.	Applicant Name	Domestic Violence Association of Central Kansas
2.	Rate of Housing Placement of DV Survivors–Percentage	100%
3.	Rate of Housing Retention of DV Survivors–Percentage	57%

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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1)To determine the rate of housing placement, DVACK calculated the rate of housing placement by dividing the number of housing program applicants who exit to permanent housing by the total number of housing program applicants who exit the program during the reporting period. This calculation is expressed as a percentage. DVACK used took the number of exits to permanent housing then divided by the total number of exits. 2)Yes, the calculated rate of housing placement accounts for exits to safe housing destinations. 3) DVACK calculated the housing retention rate by tracking participants who exit to permanent housing and determining the percentage who remain housed after 6 months and 12 months post program exit. DVACK calculation formula took the number of participants still housed at the follow-up intervals after program exit divided by the number of participants placed in permanent housing. DACK's program policies ensure that follow-ups occur at 6 and 12 months post-exit to gather this data. 4)As a domestic violence service provider, DVACK utilizes a comparable database to HMIS, Osnium, that is compliant with local CoC, HUD, VAWA and FVPSA confidentiality requirements. DVACK uses a multi-source approach to maintain a comprehensive and accurate picture of their housingplacement and retention rates while prioritizing client safety and confidentiality.

<b>4A-3c.</b>	<b>Applicant's Experience Housing DV Survivors.</b>	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
	1. ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
	2. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
	3. determined survivors' supportive services needs;	
	4. connected survivors to supportive services; and	
	5. moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

**(limit 2,500 characters)**

1)DVACK employs a housing first approach, prioritizing immediate safety and stable housing. This approach includes a 24/7 crisis response for immediate safety planning, rapid housing search and placement assistance, flexible financial assistance for move-in costs, and strong relationships with landlords. 2)DVACK uses the trauma-informed Coordinated Entry process outlined in the CoC CES policies & procedures specifically designed for DV survivors including the CoC's emergency transfer plan. DVACK uses the separate confidential prioritization list for DV survivors, a safety-focused vulnerability assessment tool, prioritization based on immediate danger, length of homelessness, and vulnerability. 3)DVACK determines survivors' supportive services needs by conducting a comprehensive, trauma-informed assessments to identify each survivor's unique needs. This process includes: an initial safety and basic needs assessment and in-depth service needs evaluation covering areas such as mental health, employment, childcare, legal needs, and ongoing safety concerns. 4)DVACK connects survivors' supportive services using a wraparound service model to connect survivors to both in-house and community-based services. Survivors are assigned a dedicated case manager to each survivor, and provided warm hand-offs to partner agencies for specialized services, are offered on-site services including counseling, support groups, and life skills training. DVACK focuses on long-term permanent and stable housing by prioritizing survivor choice, empowerment, and confidentiality. DVACK's approach is flexible and tailored to each individual's unique circumstances and needs, recognizing that the path to stable housing and healing is different for each survivor.

<b>4A-3d.</b>	<b>Applicant's Experience in Ensuring DV Survivors' Safety.</b>	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping survivors' information and locations confidential;	

4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

**(limit 2,500 characters)**

1)DVACK operates several housing programs dedicated to providing housing solutions for victims of Domestic/Sexual/Dating Violence and Stalking such as a Domestic Violence Emergency Shelter (DVES) and operating several RRH programs utilizing multiple funding sources. DVACK ensures all meetings with program participants including those happening at intake are held privately in a confidential space away from the survivor’s abuser and/or anyone else who may cause distraction or coercion to ensure the survivor’s safety. All meetings between staff and clients will be held in a space that can ensure the safety and wellbeing of the client free from any potential coercion of abusers or other individuals. Offices will be maintained to provide this space utilized through a variety of community partners so that CCI can meet clients where they feel safe and secure. 2)DVACK policy dictates that the housing stabilization planning is completely directed by the survivor and makes all determinations in choosing their home while DVACK staff provide all necessary support as previously outlined. 3)DVACK policy also dictates that all client information including client locations are kept secure. DVACK utilizes mobile advocacy to provide services in safe, and convenient locations. DVACK policies and procedures also provide survivors with regular reassessments to address changing needs. When possible, all survivor locations and addresses will be stricken from the files to avoid any potential security risks. 4) DVACK project staff directly train with the local state coalition and work alongside regional partners to ensure that DVACK policies and practices are compliant and utilized efficiently. 5) DVACK ensures survivors’ physical safety and safeguards that the Survivors’ location remains confidential through several safety measures including but not limited to: obtaining an off-site mailing and delivery address, obtaining security equipment such as cameras, efficient locks, and home improvements as needed. DVACK also provides follow-up support after program exits and confirms connections to community resources for ongoing security supports.

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

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

**(limit 2,500 characters)**

DVACK implemented a comprehensive approach to evaluate and ensure the safety of DV survivors served, employing multiple strategies and continuously refining processes throughout its operation. Key evaluation methods included:

1. Regular safety assessments: Trained staff conducted individualized safety assessments with survivors upon intake and at regular intervals. These assessments helped identify immediate risks and develop personalized safety plans.
2. Confidential feedback mechanisms: Anonymous surveys and secure feedback channels allowed survivors to report safety concerns without fear of repercussion. This provided valuable insights into potential gaps in safety protocols.
3. Staff training and competency evaluations: All staff underwent extensive training on trauma-informed care, risk assessment, and safety planning. Regular competency evaluations ensured staff maintained high standards in safety practices.
4. Interagency collaboration: Regular meetings with law enforcement, legal services, and other community partners helped coordinate safety efforts and address systemic issues affecting survivor safety.

Through these evaluation methods, several areas for improvement were identified and addressed:

1. Improved transportation safety: Feedback highlighted risks during survivor transportation to appointments. In response, the project developed partnerships with vetted transportation services and implemented safety protocols for staff drivers.
2. Expanded language access: Evaluations identified gaps in safety planning for non-English speaking survivors. The project expanded interpreter services and translated safety materials into other languages.
3. Strengthened child safety measures: Incident reviews revealed the need for more robust child safety protocols within the shelter environment. Additional staff training and child-specific safety planning were implemented.
4. Enhanced aftercare safety planning: Follow-up assessments indicated a need for more comprehensive safety planning post-program exit. The project developed an extended aftercare program with ongoing safety check-ins and support.

By maintaining a strong focus on evaluation and continuous improvement, the project demonstrated its commitment to ensuring the highest standards of safety for DV survivors. This adaptive approach allowed for timely identification and resolution of safety concerns, ultimately strengthening the project's ability to protect and empower those it served.

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

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

**(limit 2,500 characters)**

1)DVACK has extensive experience prioritizing placement & stabilization of survivors, placing them in permanent housing, & doing so consistently with their preferences & stated needs: DVACK prioritizes survivor placement & stabilization through comprehensive homeless prevention services, conducting rapid assessments to identify urgent needs. Staff aids with short & medium-term rental assistance, utilities, rental arrears, security deposits & moving costs to prevent homelessness & stabilize survivors. Additionally, DVACK offers ongoing case management & economic advocacy programming, focusing on budgeting, credit repair, resume building, job training, employment services, support groups and referrals to address individualized needs. These services are crucial to addressing the impacts of financial abuse & fostering long-term stability & self-efficacy for survivors. By addressing financial challenges & empowering survivors to achieve financial independence, we improve long-term housing placement success. 2)DVACK also emphasizes survivor autonomy with a tailored approach centered on individual needs & preferences. Survivors complete an intake form that guides housing placement based on their specific needs and desires. The flexible assistance offered by the program affords DVACK the ability to address survivors' diverse needs & preferences. By addressing financial abuse endured, including utility in arrears & credit damage caused by abusers, DVACK responds to stated needs that directly impact housing stability. Furthermore, our victim-centered protocols, intake & ongoing case management ensure DVACK effectively empowers survivors & meets their unique needs. 3) DVACK has effectively managed over \$991,511 in Emergency Solutions Grant funding since 2006, demonstrating its capability to meet survivor unique needs. DVACK's track record in shelter operations and homeless prevention services highlights its commitment & expertise in addressing the complex needs of survivors. 4) DVACK continuously evaluates program effectiveness and participant progress to ensure our services meet the evolving needs of survivors. This adaptive approach, combined with comprehensive support, enables DVACK to effectively place and stabilize survivors while respecting their preferences and addressing their needs.

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

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

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

**(limit 5,000 characters)**

1)DVACK RRH project services are administered through a survivor lead-voluntary based lens. DVACK acknowledges that “Survivors know their stories and themselves best” and it is KCSDV policy that services include the assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing. DVACK policy specifically restricts punitive interventions. DVACK not only recognizes that punitive Interventions are ineffective but are extremely derogative toward humanity of its project participants. The DVACK RRH project employs a diverse advocacy staff who are extensively trained in creating safe and non-threatening environments to ensure that survivors interactions with staff are based on equality and minimizes power differentials. 2)DVACK project staff work hard to ensure that survivors are made aware of any trauma-based assistance and services available to program participants via DV advocacy programs and community partners Project participants learn the availability of possible assistance and services by providing accessible information, including the location of assistance and services. All project staff training is through a trauma informed lens. 3) DVACK project staff work with program participants to design survivor-lead advocacy plan built on survivor strengths and needs. During the advocacy planning process, survivors participate in goal setting assessments that allow the survivor to identify their goals then to build a plan with their project advocate to design an action plan to accomplish those aspirations through realistic action steps. 4)The project ensures meaningful and equitable access to individuals who use languages other than English and follow KCSDV’s Language Access Plan. DVACK programs are not subject to the immigration restrictions in Section 214 of the Housing and Community Development Act of 1980, thus Individuals can access the DVACK RRH Program regardless of their immigration status. All project staff are required to participate in annual and ongoing cultural humility training. 5)Program participants are effectively and efficiently connected to internal and external resources to address physical, mental, and spiritual health needs through collaborative work with local VSPs and other formal partnerships designed for simple accessibility to needed services. 6) Survivors are provided access to parenting support such as counseling, classes, and safe and affordable childcare resources during the development of the program participant’s advocacy plan.

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

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

**(limit 5,000 characters)**



DVACK's project has implemented a comprehensive array of supportive services designed to rapidly transition domestic violence survivors into permanent housing while prioritizing their safety. These services are tailored to address the unique challenges faced by survivors & provide a holistic approach to recovery & stability. Examples of these supportive services include:

- 1. Rapid Housing Placement:** Emergency Housing Location: DVACK maintains a network of safe houses & partnerships with local hotels to provide immediate, temporary housing for survivors in crisis. Housing Search Assistance: Advocates work directly with survivors to identify suitable permanent housing options, considering safety, affordability, & individual preferences. Landlord Mediation: The project includes a dedicated liaison who works with landlords to address concerns, negotiate leases, & educate them about the unique needs of domestic violence survivors.
- 2. Financial Assistance:** Rental Assistance: The project provides short to medium-term rental assistance, helping survivors establish themselves in new, safe housing without immediate financial pressure.
  - Security Deposit Coverage: DVACK covers security deposits, removing a significant barrier to housing access for many survivors.
  - Utility Assistance: The project aids with both current utility payments & arrears, addressing a common tactic of financial abuse.
  - Moving Cost Support: Funds are allocated to cover moving expenses, including truck rentals & professional movers when necessary for safety reasons.
- 3. Safety Planning & Implementation:** Individualized Safety Assessments: Trained advocates conduct thorough safety assessments for each survivor, identifying potential risks in their new living situation. Home Security Upgrades: The project partners with local security companies to install safety features in survivors' new homes, such as reinforced locks, security cameras, & alarm systems. Technology Safety: Survivors receive assistance in securing their digital presence, including changing passwords, checking for tracking software, & setting up new, secure communication methods. Emergency Response Planning: Advocates work with survivors to develop personalized emergency response plans, including escape routes, safe contact procedures, & coordination with local law enforcement.
- 4. Legal Advocacy:**
  - Protective Order Assistance: The project provides support in obtaining protective orders, including court accompaniment & follow-up.
  - Housing Rights Education: Survivors receive information about their housing rights, particularly regarding lease termination in cases of domestic violence.
- 5. Economic Empowerment:** Financial Literacy Workshops: The project offers regular workshops on budgeting, credit repair, & financial planning, tailored to the unique challenges faced by survivors. Job Readiness Program: This includes resume writing assistance, interview preparation, & professional attire provision to support survivors in securing employment.
- 6. Mental Health Support:** Trauma-Informed Counseling: The project provides access to licensed therapists specializing in domestic violence trauma, offering individual therapy sessions.
  - Support Groups: Regular support groups are facilitated, allowing survivors to connect with others who have similar experiences, fostering a sense of community & shared healing.
- 7. Physical Health Services:**
  - Medical Advocacy: Advocates accompany survivors to medical appointments when requested, ensuring proper care.
  - Health Insurance Navigation: The project assists survivors in obtaining health insurance coverage, often crucial for ongoing medical & mental health care.
- 8. Transportation Assistance:** Emergency Transportation: The project provides immediate, safe transportation for survivors fleeing dangerous situations. Public Transit Passes: Monthly public transportation passes are provided to survivors to ensure they can attend job interviews, medical appointments, & court dates.
- 9. Cultural & Language Support:** DVACK ensures that all services are available in multiple languages,

with trained interpreters available for less common languages. 10. Long-term Follow-up: Graduated Independence Program: As survivors stabilize, the project offers a graduated reduction in services, ensuring a smooth transition to independence. 11. Substance Abuse Support: Dual Diagnosis Treatment Referrals: For survivors struggling with substance abuse, DVACK facilitates referrals to specialized dual diagnosis treatment programs. Addiction Support: DVACK hosts on-site addiction counseling tailored to the unique experiences of domestic violence survivors. These comprehensive supportive services work in tandem to address the multifaceted challenges faced by domestic violence survivors. By providing this holistic support, DVACK's project not only facilitates rapid moves into permanent housing but also lays the groundwork for long-term stability & safety.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
NOFO Section I.B.3.j.(1)(e)		
Describe in the field below how the project(s) will:		
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

(limit 2,500 characters)

1)DVACK has extensive experience prioritizing placement & stabilization of survivors, placing them in permanent housing, & doing so consistently with their preferences & stated needs: DVACK prioritizes survivor placement & stabilization through comprehensive homeless prevention services, conducting rapid assessments to identify urgent needs. Staff provide aid with short & medium-term rental assistance, utilities, rental arrears, security deposits & moving costs to prevent homelessness & stabilize survivors. Additionally, DVACK offers ongoing case management & economic advocacy programming, focusing on budgeting, credit repair, resume building, job training, employment services, support groups and referrals to address individualized needs. These services are crucial to addressing the impacts of financial abuse & fostering long-term stability & self-efficacy for survivors. By addressing financial challenges & empowering survivors to achieve financial independence, we improve long-term housing placement success. 2)DVACK also emphasizes survivor autonomy with a tailored approach centered on individual needs & preferences. Survivors complete an intake form that guides housing placement based on their specific needs and desires. The flexible assistance offered by the program affords DVACK the ability to address survivors' diverse needs & preferences. By addressing financial abuse endured, including utility in arrears & credit damage caused by abusers, DVACK responds to stated needs that directly impact housing stability. Furthermore, our victim-centered protocols, intake & ongoing case management ensure DVACK effectively empowers survivors & meets their unique needs. 3) DVACK has effectively managed over \$991,511 in Emergency Solutions Grant funding since 2006, demonstrating its capability to meet survivor unique needs. DVACK's track record in shelter operations and homeless prevention services highlights its commitment & expertise in addressing the complex needs of survivors. 4)We continuously evaluate program effectiveness and participant progress to ensure our services meet the evolving needs of survivors. This adaptive approach, combined with comprehensive support, enables DVACK to effectively place and stabilize survivors while respecting their preferences and addressing their needs.

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

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

**(limit 5,000 characters)**

1) DVACK's new project is designed to create a supportive, empowering environment for domestic violence survivors while providing comprehensive services. The project will prioritize creating a non-punitive, respectful environment that empowers survivors using trauma-informed policies. All project policies will be developed through a trauma-informed lens, emphasizing choice and autonomy for survivors. Survivors will be involved in decisions about their case plans and services. Regular staff training sessions will focus on power dynamics, emphasizing the importance of minimizing power differentials between staff and participants. Anonymous feedback systems will be implemented, allowing survivors to voice concerns or suggestions without fear of repercussion. Staff will be trained to use empowering language, avoiding terms that may disempower survivors. Services will be offered with flexible scheduling and options, recognizing that survivors have individual needs and responsibilities. Clear communication of both staff and participant rights and responsibilities will ensure mutual understanding and respect. A fair, transparent conflict resolution process will be established, emphasizing mediation and understanding rather than punitive measures. 2) DVACK will provide program participants access to information on trauma through A library of trauma-informed resources, including books, pamphlets, and online materials, will be available to all participants. All staff members will undergo extensive training on trauma, enabling them to provide accurate, sensitive information to survivors. Information about trauma will be woven into all services, from housing assistance to job readiness programs, ensuring a holistic understanding. 3) DVACK emphasizes program participants strengths through their intake procedures and ongoing assessments will include tools that identify and highlight survivors' strengths and resilience. In addition, case plans will be developed collaboratively, focusing on survivor defined goals and leveraging identified strengths. All communication will use language that emphasizes capabilities and potential rather than deficits. Survivors will be assisted in creating a comprehensive skills inventory, helping them recognize transferable skills they may not have acknowledged. The new RRH project will center on cultural responsiveness and inclusivity through diverse staffing efforts, cultural competence training, language access, customized service plans, and inclusive policies. DVACK prides itself on hiring staff from diverse backgrounds, reflecting the communities served. Ongoing training for all staff will cover topics such as cultural sensitivity, implicit bias, and inclusive practices. Interpretation services will be readily available, and key materials will be translated into commonly spoken languages in the community. Service plans will be tailored to respect and incorporate cultural values and practices important to each survivor. All policies will be reviewed regularly to ensure they promote inclusivity and do not inadvertently discriminate against any group. 5)The RRH project will provide a variety of opportunities for program participants' connections through a range of support groups will be offered, including general survivor groups, culturally specific groups, and groups focused on particular issues (e.g., parenting, substance abuse recovery). Participants will also have access to an alumni network, allowing former participants to maintain connections and potentially mentor current participants. 6)The project will offer several supports for survivor parenting such as: on-site childcare that will be provided during program activities, and assistance in finding long-term childcare solutions will be offered. Structured child bonding activities will be organized to support healthy parent-child relationships. Age-appropriate support groups for children who have witnessed domestic violence will also be facilitated. Supports for survivors who must co-parent with their abuser, specialized support and strategies will be offered to manage this challenging situation safely. The implementation of

these comprehensive approaches, DVACK's new project will create an empowering, inclusive, and supportive environment for survivors.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**

1)DVACK's new project will actively involve survivors with a range of lived expertise and incorporate their insights into policy and program development throughout the project's operation DVACK recognizes the invaluable perspective that survivors bring to the table. The project will intentionally engage survivors from diverse backgrounds and experiences to ensure a comprehensive approach to service delivery. This includes: a)Peer Support Program: The project will implement a peer support initiative, employing survivors as peer advocates. These individuals, with their first-hand knowledge of the challenges faced by clients, will provide unique insights and relatable support. b) Diverse Representation: DVACK will actively recruit survivors from different age groups, cultural backgrounds, gender identities, and socioeconomic statuses to participate in program activities. This ensures that the project addresses the needs of a wide range of survivors. c) Mentorship Opportunities: Survivors who have successfully navigated the housing and financial recovery process will be invited to mentor current program participants, sharing their lived expertise in a supportive, one-on-one setting. 2)DVACK is committed to integrating survivor voices into all aspects of policy and program development. This commitment will be realized through: a)Program Evaluation Team: Survivors will be integral members of the team responsible for evaluating the project's effectiveness. Their insights will be crucial in identifying areas for improvement and innovative solutions. b)Continuous Feedback Mechanisms: The project will implement ongoing surveys and feedback sessions with current and past program participants. This constant flow of input will allow for real time adjustments to program operations. c)Annual Program Review: DVACK will conduct an annual comprehensive review of the project, with survivors playing a key role in assessing the program's impact, relevance, and areas for growth. d) Staff Training Input: Survivors will contribute to the development and delivery of staff training programs, ensuring that all team members understand the nuanced realities of survivor experiences.

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

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

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

<b>1.</b>	<b>Applicant Name</b>	Options Domestic and Sexual Violence Services
<b>2.</b>	<b>Rate of Housing Placement of DV Survivors–Percentage</b>	20%
<b>3.</b>	<b>Rate of Housing Retention of DV Survivors–Percentage</b>	37%

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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

<b>1.</b>	<b>how the project applicant calculated the rate of housing placement;</b>
<b>2.</b>	<b>whether the rate for housing placement accounts for exits to safe housing destinations;</b>
<b>3.</b>	<b>how the project applicant calculated the rate of housing retention; and</b>
<b>4.</b>	<b>the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).</b>

**(limit 1,500 characters)**

1)Options calculates the rate of housing placement by dividing the number of housing program applicants who exit to permanent housing destinations by the total number of housing program applicants who exit the program during the reporting period. 2)Yes, the rate of housing placement accounts for exits to safe housing destinations. Options also track exits to other safe, though not permanent, destinations (e.g., transitional housing) separately to get a comprehensive view of positive outcomes. 3)Options calculates the housing retention rate by tracking participants who exit to permanent housing and determining the percentage who remain housed after a 12 month period. 4)Options utilizes a comparable HMIS database, Vela, that is compliant with CoC, HUD, VAWA, VOCA, and FVPSA confidentiality requirements. This database allows Options to track client outcomes while maintaining the data collection requirements for numerous grant funders. The software ensures confidential maintaining strict confidentiality and safety protocols. Options data policies requires program staff to conduct regular monthly, quarterly, and annual data quality checks. Program staff must participate in ongoing training on the importance of quality data management.

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

Describe in the field below how the project applicant:

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

(limit 2,500 characters)

1) Options ensures survivors experiencing homelessness are quickly moved into safe and affordable housing by connecting survivors with a trained advocate who will conduct a comprehensive needs assessment and develop a personalized service plan tailored to each unique circumstance. Throughout this process survivors retain full-control over their housing decisions. 2) Options utilizes a trauma-informed Coordinated Entry process specifically designed for survivors. Options follows all established CoC CES policies and procedures and actively attends the CoC's monthly Survivor-Centered CES case conferencing meetings. Options prioritizes survivors based on immediate danger, length of homelessness, and vulnerability as outlined in CoC CES policies. Options also utilizes the CoC Emergency transfer protocols for clients needing immediate relocation. 3) Options conducts comprehensive, trauma-informed assessments to identify each survivor's unique needs. upon establishing an effective relationship with the survivor program staff conduct a safety basic needs assessment and an in-depth service needs evaluation covering areas such as mental health, employment, childcare, legal needs, and ongoing safety concerns. 4) Throughout the program survivors will retain full-control over their housing decisions as program staff collaborate and coordinate with community partners, including landlords, housing authorities, social service agencies, and other stakeholders. The primary goal is to address immediate safety concerns, stabilize housing situations, develop long-term strategies for housing stability and self-sufficiency while maximizing resources and ensuring a seamless continuum of care for survivors and their children. 5) Options ensures survivors obtain sustainable affordable housing after the the housing subsidy ends by addressing underlying survivor needs that lead to their housing instability. Options addresses initial needs early in the process such as rental and utility arrears so the client has the ability to focus on moving forward. Options also prioritizes the participants mental health, income, and educational needs. Options also offers follow up supports after program exit such as continued connection to community resources. Options prioritizes survivor choice, empowerment, and confidentiality tailored to each individual's unique circumstances and needs, recognizing that the path to stable housing and healing is different for each survivor.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping survivors' information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	



5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.
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**(limit 2,500 characters)**

1)Options operates several housing programs dedicated to providing housing solutions for victims of Domestic/Sexual/Dating Violence and Stalking such as a Domestic Violence Emergency Shelter (DVES) and operating several RRH programs utilizing multiple funding sources. Options ensures all meetings with program participants including those happening at intake are held privately in a confidential space away from the survivor's abuser and/or anyone else who may cause distraction or coercion to ensure the survivor's safety. All meetings between staff and clients will be held in a space that can ensure the safety and wellbeing of the client free from any potential coercion of abusers or other individuals. Offices will be maintained to provide this space utilized through a variety of community partners so that CCI can meet clients where they feel safe and secure. 2)Agency policy dictates that the housing stabilization planning is completely directed by the survivor and makes all determinations in choosing their home while Options staff provide all necessary support as previously outlined. 3)Options policy also dictates that all client information including client locations are kept secure. Options utilizes mobile advocacy to provide services in safe, and convenient locations. Options policies and procedures also provide survivors with regular reassessments to address changing needs. When possible, all survivor locations and addresses will be stricken from the files to avoid any potential security risks. 4) Options project staff directly train with the local state coalition and work alongside regional partners to ensure that Options policies and practices are compliant and utilized efficiently. 5) Options ensures survivors' physical safety and safeguards that the Survivors' location remains confidential through several safety measures including but not limited to: obtaining an off-site mailing and delivery address, obtaining security equipment such as cameras, efficient locks, and home improvements as needed. Options also provides follow-up support after program exits and confirms connections to community resources for ongoing security supports.

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

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.
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**(limit 2,500 characters)**

The primary goal of the grant is to partner with survivors who retain full-control over housing choices by providing advocacy services to eliminate barriers to safe and comfortable housing that addresses the immediate safety concerns, achieves housing stability and self-sufficiency while maximizing resources to ensure a seamless continuum of care for survivors and their children. To achieve this goal Options offers participant surveys, exit interviews, and focus groups. Additionally the agency tracks and responds to incidents of violence and security breaches while offering relocation services or voluntary exits for personal safety reason. All staff must participate in extensive training on trauma-informed care, risk assessment, and safety planning. Regular competency evaluations ensure staff are maintaining high standards in safety practices.

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

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

**(limit 2,500 characters)**

1)Options has extensive experience prioritizing placement & stabilization of survivors, placing them in permanent housing, & doing so consistently with their preferences & stated needs. OPTIONS is the only victim service provider for survivors of domestic and sexual violence services in Northwest Kansas. For the past 40 years, OPTIONS has assisted men, women, and children fleeing abusive relationships in a 17,000 square mile radius in eighteen counties. OPTIONS is the only organization that provides emergency shelter and rapid rehousing services in rural, geographically isolated Western Kansas. Options prioritize survivor placement & stabilization through trauma-informed survivor-centered homeless prevention and rehousing services since 1983. Options prides itself in ongoing case management & economic advocacy programming, focusing on budgeting, credit repair, resume building, job training, employment services, support groups and referrals to address individualized needs. These services are crucial to addressing the impacts of financial abuse & fostering long-term stability & self-efficacy for survivors. By addressing financial challenges & empowering survivors to achieve financial independence, we improve long-term housing placement success. 2)Options ensure survivor autonomy by centering on individual needs & preferences. Survivors complete an intake form that guides housing placement based on their specific needs and desires. The flexible assistance offered by Options programming addresses survivors' diverse needs & preferences. By tackling financial abuse endured, including utility in arrears & credit damage caused by abusers, Options responds to stated needs that directly impact housing stability. Furthermore, their survivor-centered protocols, intake & ongoing case management ensure Options effectively empowers survivors & meets their unique needs. 3)Options geographic coverage area spans the the largest area in the state. Options has a tremendous track record in shelter operations, homeless prevention, and rehousing services allowing survivors to obtain/maintain permanent housing that is consistent with the survivors' preferences of location, space, and resource connection while also addressing all safety needs. 4)Options continuously evaluate program effectiveness and participant progress. This survivor-centered approach, combined with comprehensive support, Options has been able to place and stabilize survivors while respecting their preferences.

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

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

6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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**(limit 5,000 characters)**

1)All of Options’ project services are administered through a survivor lead-voluntary based lens. DVACK acknowledges that “Survivors know their stories and themselves best” and it is Options policy that services include the assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing. Options practices specifically restrict any punitive interventions. Options not only recognizes that punitive Interventions are ineffective but are extremely derogative toward humanity of its project participants. Options employs a diverse advocacy staff who are extensively trained in creating safe and non-threatening environments to ensure that survivors interactions with staff are based on equality and minimizes power differentials. 2)The agency’s staff work hard to ensure that survivors are made aware of any trauma-based assistance and services available to program participants via DV advocacy programs and community partners. Project participants learn the availability of possible assistance and services by providing accessible information, including the location of assistance and services. All project staff training is through a trauma informed lens. 3) Agency staff work with program participants to design survivor-lead advocacy plan built on survivor strengths and needs. During the advocacy planning process, survivors participate in goal setting assessments that allow the survivor to identify their goals then to build a plan with their project advocate to design an action plan to accomplish those aspirations through realistic action steps. 4)The project ensures meaningful and equitable access to individuals who use languages other than English and follow the state DV Coalition’s Language Access Plan. Options programs are not subject to the immigration restrictions in Section 214 of the Housing and Community Development Act of 1980, thus Individuals can access the Options Programming regardless of their immigration status. All project staff are required to participate in annual and ongoing cultural humility training. 5)Program participants are effectively and efficiently connected to internal and external resources to address physical, mental, and spiritual health needs through collaborative work with local VSPs and other formal partnerships designed for simple accessibility to needed services. 6) Survivors are provided access to parenting support such as counseling, classes, and safe and affordable childcare resources during the development of the program participant’s advocacy plan. In addition to these services, OPTIONS shares a guidebook with program participants that offers resources on safe shelter options, parenting needs (i.e. schools and daycare), emotional support animals, crime victim compensation, public assistance programs (i.e. WIC, SNAP, TANF, Catholic Charities, Harvest America), clothing resources, transportation services, 12-step programs, and free or low cost medical treatment.

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

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

**(limit 5,000 characters)**

OPTIONS currently pays for document recovery services, immediate health & safety needs, relocation assistance, rental assistance, security deposit assistance, and transportation costs associated with obtaining safe housing. Even with these services, survivors have unmet financial needs that extend their stay in temporary housing. We are respectfully requesting financial assistance for the following services: 1)Rental assistance. Survivors would benefit from having the capacity to receive assistance for up to 6 months after placement into permanent placement. This will reduce the probability that a survivor will abandon safe housing because of a financial emergency. 2)Rental arrears. Many survivors may face eviction due to unpaid rent which places them at risk of homelessness. After engaging in negotiated repayment plans with landlords we will offer support to help survivors clear rental arrears to remain in their homes and avoid displacement. 3)Support services. We plan to allocate some funding to the mental health and physical health needs of survivors. Some of the wages of advocates who are performing case management services, housing counseling, employment assistance, legal advocacy will be paid by the grant. Additionally, we want to include some direct funding to survivors for childcare services to aid in the establishment of a long-term path to recovery. 4)Property rehabilitation and security. Some of our survivors may have economic opportunities in the current community. In this event, we want to be able to invest in local property renovations to limit the disruption to a survivors life. This may include installing security enhancements, making structural repairs to residences (i.e. a new roof window replacements, hot water heater, AC repairs or replacement), pest extermination and control services, etc. In addition to these services, OPTIONS shares a guidebook with program participants that offers resources on safe shelter options, parenting needs (i.e. schools and daycare), emotional support animals, crime victim compensation, public assistance programs (i.e. WIC, SNAP, TANF, Catholic Charities, Harvest America), clothing resources, transportation services, 12-step programs, and free or low cost medical treatment. Supportive services included but were not limited to services such as: Credit repair, legal services, and Housing Navigation. The Credit Repair-program funds were used for credit counseling and other services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report, and resolving personal credit problems. Options staff will employ housing navigation services to assist participants in locating, obtaining, and retaining suitable permanent housing, include the following: Assessment of housing barriers, needs, and preferences; Development of an action plan for locating housing; Housing search; Outreach to and negotiation with landlords, assistance with submitting rental applications and understanding leases; assessment to ensure identified housing is in compliance with, federal housing quality standards, lead-based paint, and rent reasonableness. Project staff assist with obtaining utilities and making moving arrangements. Project staff will also provide tenant counseling. Each supportive service was provided in direct collaboration with the participating survivor and each housing stability plan action step is Survivor lead in its creation.

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

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

(limit 2,500 characters)

1)Options has extensive experience prioritizing placement & stabilization of survivors, placing them in permanent housing, & doing so consistently with their preferences & stated needs. OPTIONS is the only victim service provider for survivors of domestic and sexual violence services in Northwest Kansas. For the past 40 years, OPTIONS has assisted men, women, and children fleeing abusive relationships in a 17,000 square mile radius in eighteen counties. OPTIONS is the only organization that provides emergency shelter and rapid rehousing services in rural, geographically isolated Western Kansas. Options prioritize survivor placement & stabilization through trauma-informed survivor-centered homeless prevention and rehousing services since 1983. Options prides itself in ongoing case management & economic advocacy programming, focusing on budgeting, credit repair, resume building, job training, employment services, support groups and referrals to address individualized needs. These services are crucial to addressing the impacts of financial abuse & fostering long-term stability & self-efficacy for survivors. By addressing financial challenges & empowering survivors to achieve financial independence, we improve long-term housing placement success. 2)Options ensure survivor autonomy by centering on individual needs & preferences. Survivors complete an intake form that guides housing placement based on their specific needs and desires. The flexible assistance offered by Options programming addresses survivors' diverse needs & preferences. By tackling financial abuse endured, including utility in arrears & credit damage caused by abusers, Options responds to stated needs that directly impact housing stability. Furthermore, their survivor-centered protocols, intake & ongoing case management ensure Options effectively empowers survivors & meets their unique needs. 3)Options geographic coverage area spans the the largest area in the state. Options has a tremendous track record in shelter operations, homeless prevention, and rehousing services allowing survivors to obtain/maintain permanent housing that is consistent with the survivors' preferences of location, space, and resource connection while also addressing all safety needs. 4)Options continuously evaluate program effectiveness and participant progress. This survivor-centered approach, combined with comprehensive support, Options has been able to place and stabilize survivors while respecting their preferences.

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

	Describe in the field below examples of how the new project(s) will:
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;

3.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	provide a variety of opportunities for program participants’ connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1)All of Options’ project services are administered through a survivor lead-voluntary based lens. DVACK acknowledges that “Survivors know their stories and themselves best” and it is Options policy that services include the assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing. Options practices specifically restrict any punitive interventions. Options not only recognizes that punitive Interventions are ineffective but are extremely derogative toward humanity of its project participants. Options employs a diverse advocacy staff who are extensively trained in creating safe and non-threatening environments to ensure that survivors interactions with staff are based on equality and minimizes power differentials. 2)The agency’s staff work hard to ensure that survivors are made aware of any trauma-based assistance and services available to program participants via DV advocacy programs and community partners. Project participants learn the availability of possible assistance and services by providing accessible information, including the location of assistance and services. All project staff training is through a trauma informed lens. 3) Agency staff work with program participants to design survivor-lead advocacy plan built on survivor strengths and needs. During the advocacy planning process, survivors participate in goal setting assessments that allow the survivor to identify their goals then to build a plan with their project advocate to design an action plan to accomplish those aspirations through realistic action steps. 4)The project ensures meaningful and equitable access to individuals who use languages other than English and follow the state DV Coalition’s Language Access Plan. Options programs are not subject to the immigration restrictions in Section 214 of the Housing and Community Development Act of 1980, thus Individuals can access the Options Programming regardless of their immigration status. All project staff are required to participate in annual and ongoing cultural humility training. 5)Program participants are effectively and efficiently connected to internal and external resources to address physical, mental, and spiritual health needs through collaborative work with local VSPs and other formal partnerships designed for simple accessibility to needed services. 6) Survivors are provided access to parenting support such as counseling, classes, and safe and affordable childcare resources during the development of the program participant’s advocacy plan. In addition to these services, OPTIONS shares a guidebook with program participants that offers resources on safe shelter options, parenting needs (i.e. schools and daycare), emotional support animals, crime victim compensation, public assistance programs (i.e. WIC, SNAP, TANF, Catholic Charities, Harvest America), clothing resources, transportation services, 12-step programs, and free or low cost medical treatment.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

1) Options dedication of inclusion of survivors with lived experience over the last 41 years is the key contributor to the success of all our program success. 25% of OPTIONS 12-member board has lived experiences with homelessness or housing insecurity because of sexual or domestic violence, stalking or human trafficking. 70% of OPTIONS 26 person staff has lived experience with homelessness or housing insecurity because of sexual or domestic violence, stalking and human trafficking. The staff recently completed an 18-month program called Creating Presence, a biocratic trauma-informed, trauma responsive, and trauma resilient program designed to improve staff morale and service delivery. The organization routinely and regularly administers client feedback surveys, hosts focus groups, and completes exit interviews to measure the value of services to survivors accessing services. 2) With the development and enhancement of the RRH program through CoC funds, Options has begun to implement a formal survey process that respects anonymity and confidentiality while ensuring it is accessible and equitable. Surveys will be utilized in the development and improvement of policies, procedures, and service delivery in Options RRH program. Survivor voices are often silenced, yet they are the most important and impactful voices in this work. Options values survivor leadership, input, and experience and intends to use this type of leadership by survivors to serve survivors authentically and effectively across the Ks BoS CoC.

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

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

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

1.	Applicant Name	Family Life Center Safehouse
2.	Rate of Housing Placement of DV Survivors–Percentage	85%
3.	Rate of Housing Retention of DV Survivors–Percentage	85%



<b>4A-3b.1.</b>	<b>Applicant's Housing Placement and Retention Data Explanation.</b>	
	NOFO Section I.B.3.j.(1)(d)	
	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
	1. how the project applicant calculated the rate of housing placement;	
	2. whether the rate for housing placement accounts for exits to safe housing destinations;	
	3. how the project applicant calculated the rate of housing retention; and	
	4. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

**(limit 1,500 characters)**

1)The Family Life Center (FLC) calculated the rate of housing placement by dividing the number of housing program applicants who exit to permanent housing by the total number of housing program applicants who had exited the program during the same reporting period. 2)Yes, the rate of housing placement accounts for exits to safe housing destinations. 3) FLC calculated the housing retention rate by tracking participants who exit to permanent housing and determining the percentage who remain housed after a 12 month period. The Family Life Center uses the Osmium database, the same HMIS compliant data base as the Kansas Coalition Against Sexual & Domestic Violence CoC RRH project, to record and manage all service activities and agency operations on a daily basis. Our Data Analyst enters key information into the system, including client demographics, their current status in agency programs, and any available exit details. This database is used to generate reports on a monthly, quarterly, and annual basis. These reports are fundamental to keeping funders informed, tracking progress, and assessing future needs. For clients exiting shelter or agency programs, if they move to another safe destination that is deemed a long-term solution, their exit may be included in the housing placement rate. With the client's permission, follow-up calls are conducted at 3 and 6 months after their exit to evaluate safety and stability.

<b>4A-3c.</b>	<b>Applicant's Experience Housing DV Survivors.</b>	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
	1. ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
	2. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
	3. determined survivors' supportive services needs;	
	4. connected survivors to supportive services; and	
	5. moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

**(limit 2,500 characters)**

1)FLC’s current ESG RRH program quickly moves survivors of sexual and domestic violence and their families, who are experiencing homelessness into permanent housing by utilizing a Housing First approach. The RRH program provides housing navigation, rental assistance, and stabilization services such as: financial literacy and economic empowerment. 2)FLC prioritizes survivors based on the BoS CoC DV-CES policies and procedures. FLC uses trauma-informed, and survivor centered assessment tools such as the CoC CES assessment tool, the CoC’s emergency transfer plan, and other factors when determining prioritization. 3)Clients are encouraged and guided by advocates to cultivate personalized goals and enhance independent living skills, empowering them to proactively shape their futures. This ensures their outlined objectives are client-centered and individually prioritized. Our program also utilizes HUD’S self-sufficiency matrix at program entry and exit to help focus on strengths and progress.4) FLC staff are required to attend a minimum of 20 hours of continuous education annually. These continuing education hours include training for trauma-informed-care, safety planning, and confidentiality. 5) To ensure housing stability, all FLC services are voluntary and directed by the program participant. FLC policy requires advocates to attempt to meet with each program participant once a month to ensure the survivor’s long-term housing stability. A Housing Stability Plan (HSP) is developed to assist the survivor to retain permanent housing after the support and assistance ends. The survivor lead HSP considers all relevant considerations, such as the survivor’s current or expected income and expenses; other public or private assistance for which the survivor will be eligible and likely to receive; and the relative affordability of available housing in the area.

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

(limit 2,500 characters)

1)FLC operates several housing programs including scattered site RRH and a single site Transitional-Rapid Rehousing program dedicated to providing housing solutions for victims of Domestic/Sexual/Dating Violence and Stalking such as a Domestic Violence Emergency Shelter (DVES) and operating several RRH programs utilizing multiple funding sources. FLC ensures all meetings with program participants including those happening at intake are held privately in a confidential space away from the survivor’s abuser and/or anyone else who may cause distraction or coercion to ensure the survivor’s safety. All meetings between staff and clients will be held in a space that can ensure the safety and wellbeing of the client free from any potential coercion of abusers or other individuals. Offices will be maintained to provide this space utilized through a variety of community partners so that FLC can meet clients where they feel safe and secure. 2)Agency policy dictates that the housing stabilization planning is completely directed by the survivor and makes all determinations in choosing their home while staff provide all necessary support as previously outlined. 3)Agency policy also dictates that all client information including client locations are kept secure. Much like many other Kansas VSPs FLC utilizes mobile advocacy to provide services in safe, and convenient locations. Agency policies and procedures also provide survivors with regular reassessments to address changing needs. 4) FLC project staff directly train with the local state coalition and work alongside regional partners to ensure that Options policies and practices are compliant and utilized efficiently. 5) FLC ensures survivors’ physical safety and safeguards that the Survivors’ location remains confidential through several safety measures including but not limited to: obtaining an off-site mailing and delivery address, obtaining security equipment such as cameras, efficient locks, and home improvements as needed. FLC also provides follow-up support after program exits and confirms connections to community resources for ongoing security supports.

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

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

(limit 2,500 characters)

The Family Life Center collaborates closely with each program participant to develop a personalized safety plan, tailored to their unique circumstances and evolving needs. This safety plan is not a one-size-fits-all solution but rather a dynamic document that is continuously reassessed and adjusted throughout the participant’s journey in our program. As survivors progress through different phases of their recovery and housing stabilization, the safety plan evolves to reflect any new challenges, opportunities, or concerns they may face. Our safety planning process takes into account the broader context of the survivor’s life, including their current living situation, work, relationships, and any ongoing risks posed by the abuser. We consider not only the immediate dangers but also the long-term safety needs as survivors transition to permanent housing or navigate other life changes. Confidentiality is a cornerstone of every safety plan. Survivors must feel confident that their information, strategies, and personal details will remain private. We make every effort to ensure that all communications, documentation, and action steps are securely managed, providing survivors with the peace of mind that their safety plans are protected from unintended disclosure. This is especially critical when dealing with sensitive issues such as housing locations, protection orders, and legal actions. FLC prioritizes survivor autonomy throughout the safety planning process. Survivors have full control over the development of their safety plans, and we respect their right to make decisions about their own safety and well-being. Rather than dictating actions, our staff works collaboratively with survivors, offering guidance, resources, and options while empowering them to choose the strategies that work best for their specific situations. By centering the survivor’s voice, we ensure that the safety plan aligns with their comfort level, personal preferences, and long-term goals.

4A-3e.	<b>Applicant’s Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.</b> NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below the project applicant's experience in:	
	1. prioritizing placement and stabilization of survivors;	
	2. placing survivors in permanent housing;	
	3. placing and stabilizing survivors consistent with their preferences; and	
	4. placing and stabilizing survivors consistent with their stated needs.	

**(limit 2,500 characters)**

1)FLC has experience prioritizing placement & stabilization of survivors, placing them in permanent housing, & doing so consistently with their preferences & stated needs. FLC prioritize survivor placement & stabilization through trauma-informed survivor-centered homeless prevention, emergency shelter, and rehousing services since 1990 in Butler Elk Chautauqua and Greenwood counties. FLC prides itself in ongoing case management & economic advocacy programming, focusing on budgeting, credit repair, resume building, job training, employment services, support groups and referrals to address individualized needs. These services are crucial to addressing the impacts of financial abuse & fostering long-term stability & self-efficacy for survivors. By addressing financial challenges & empowering survivors to achieve financial independence, we improve long-term housing placement success. 2)FLC ensures survivor autonomy by centering on individual needs & preferences. Survivors complete an intake form that guides housing placement based on their specific needs and desires. FLC has operated a rapid rehousing project since 2018. Consistently assisting 8-10 households per year with short-term and mid-term rental assistance, utilities, deposits, etc. We have used all allocated dollars each year and fallen short of funding on occasion. This program has operated under ESG and HUD requirements and protocols with satisfactory external review from ESG. 3) FLC has a track record in shelter operations, homeless prevention, and rehousing services that allow survivors to obtain/maintain permanent housing that is consistent with the survivors' preferences of location, space, and resource connection while also addressing all safety needs. 4) FLC continuously evaluate program effectiveness and participant progress to ensure services meet the evolving needs of survivors. Options survivor-centered approach, combined with comprehensive support, Options has been able to place and stabilize survivors while respecting their preferences and addressing their needs for over 20 years.

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

(limit 5,000 characters)

1) FLC take pride creating spaces where survivors and staff interact on an equal footing, without punitive measures or power imbalances. Our focus is on supporting and empowering survivors, not penalizing them for unmet expectations. When clients face difficulties meeting expectations, rather than exiting them from the program, we engage in dialogue to understand their perspectives and work together on solutions that keep them on track toward their goals. Staff is also trained to use non-hierarchical language to disarm power differentials, ensuring clients feel supported by the entire team, available 24/7 for their needs. 2) All staff members receive comprehensive training on trauma and its effects to ensure they can educate and inform survivors effectively. We emphasize that understanding trauma is key to recovery, and we strive to empower survivors by providing them with this essential knowledge in a way that respects their autonomy. 3) Our approach to case management is rooted in strength-based methodologies. Through tools like strength-based assessments and coaching, we highlight survivors' inherent strengths. Case plans are tailored to everyone's goals and aspirations, empowering them to build their future based on their personal desires rather than imposed objectives. 4) Inclusivity and cultural competence are central to the services we offer. Staff undergo annual training to ensure that our services are accessible, culturally responsive, and nondiscriminatory. We are committed to ensuring that survivors from all backgrounds feel welcome and supported, and we provide language access services as needed. 5) The agency facilitates a range of connection opportunities for survivors, including multiple support groups, group activities and shared meals. While we are not a faith-based organization, we provide resources for spiritual support, including listings of local churches, mosques, and synagogues, to ensure all clients' spiritual needs are respected. 6) We partner with various community organizations to provide parenting education and childcare resources. Clients also receive referrals to Kansas Legal Services and access to legal resources for family matters. Recently, we added a budget for client legal assistance, covering fines and court costs for minor legal matters. This ensures that survivors have the support they need not just for their immediate safety but also for legal and family-related challenges. FLC fosters a trauma-informed, strength-based environment of respect, inclusivity, and empowerment, providing a wide range of resources tailored to the holistic needs of survivors.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.	

(limit 5,000 characters)

Our project provides a comprehensive range of supportive services tailored to meet the immediate and long-term needs of domestic violence survivors as they transition into permanent housing. Our focus is on addressing survivors' safety concerns, financial stability, and overall well-being while ensuring a rapid and smooth transition into secure housing. Below are some examples of the supportive services we offer:

1. Assistance with Public Benefits Applications: Many survivors face economic hardships as they exit abusive situations. To support their financial stability, we assist survivors in completing applications for public benefits, including SNAP, TANF, SSI, SSDI, and LIEAP. Our staff ensures that survivors understand the application process, helping them secure critical financial resources to support their transition into permanent housing.
2. Advocacy in Family Re-Integration and Social Services: Navigating family reunification or child welfare systems can be overwhelming for survivors, especially when domestic violence is involved. We offer advocacy services to survivors working through family re-integration or who are developing case plans with agencies such as the Department for Children and Families (DCF) and other social services. This includes working with case managers to ensure that survivors and their families are treated fairly and respectfully throughout the process.
3. Transportation Services: Many survivors lack reliable transportation, which can impede their ability to attend critical appointments, court dates, or housing opportunities. Our project offers transportation assistance to ensure survivors can attend court hearings, housing viewings, and appointments with social services, healthcare providers, or other essential services. We work to eliminate transportation barriers so survivors can focus on rebuilding their lives.
4. Employment Support: Economic independence is crucial for survivors. To facilitate this, we provide resume/CV building assistance, interview preparation, and transportation to job interviews. These services help survivors secure employment that will enable them to maintain permanent housing. By empowering them with the tools and resources they need to enter the workforce, we enhance their self-sufficiency.
5. Financial Literacy and Budgeting Assistance: Understanding and managing finances is a critical part of maintaining stable housing. Our team offers budgeting assistance, provides survivors with information on credit-building, and connects them with banking options. This service ensures that survivors can manage their finances effectively, build financial independence, and overcome common barriers to maintaining permanent housing.
6. Landlord/Tenant Mediation: Establishing a positive and respectful relationship with landlords is key to ensuring long-term housing stability. We act as a landlord/tenant liaison, advocating on behalf of survivors to address any issues that may arise. Our team ensures that discussions with landlords are handled with sensitivity and respect, reducing stress for survivors and ensuring that any disputes or concerns are resolved promptly.
7. Enhanced Security Measures: Safety remains a top priority for survivors moving into permanent housing. We provide Ring doorbells, help with installing new door locks, or offer wireless security lighting to enhance home security. These measures empower survivors by giving them control over their safety in their new homes, reducing anxiety and increasing their sense of security.
8. Court Advocacy and Legal Referrals: Survivors often need legal assistance for protection orders, custody arrangements, or other legal matters. We provide court advocacy, accompanying survivors to court and guiding them through the legal process. Additionally, we offer legal referrals to connect survivors with attorneys who specialize in domestic violence cases. This ensures survivors receive the legal support they need to address both immediate safety concerns and long-term legal matters. By providing these

supportive services, our project aims to holistically address the unique challenges that domestic violence survivors face as they transition into permanent housing. These services are designed to promote safety, stability, and long-term self-sufficiency while ensuring that survivors receive the support they need throughout the process.

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

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

**(limit 2,500 characters)**

1) FLC has experience prioritizing placement & stabilization of survivors, placing them in permanent housing, & doing so consistently with their preferences & stated needs. FLC prioritize survivor placement & stabilization through trauma-informed survivor-centered homeless prevention, emergency shelter, and rehousing services since 1990 in Butler Elk Chautauqua and Greenwood counties. FLC prides itself in ongoing case management & economic advocacy programming, focusing on budgeting, credit repair, resume building, job training, employment services, support groups and referrals to address individualized needs. These services are crucial to addressing the impacts of financial abuse & fostering long-term stability & self-efficacy for survivors. By addressing financial challenges & empowering survivors to achieve financial independence, we improve long-term housing placement success. 2) FLC ensures survivor autonomy by centering on individual needs & preferences. Survivors complete an intake form that guides housing placement based on their specific needs and desires. FLC has operated a rapid rehousing project since 2018. Consistently assisting 8-10 households per year with short-term and mid-term rental assistance, utilities, deposits, etc. We have used all allocated dollars each year and fallen short of funding on occasion. This program has operated under ESG and HUD requirements and protocols with satisfactory external review from ESG. 3) FLC has a track record in shelter operations, homeless prevention, and rehousing services that allow survivors to obtain/maintain permanent housing that is consistent with the survivors' preferences of location, space, and resource connection while also addressing all safety needs. 4) FLC continuously evaluate program effectiveness and participant progress to ensure services meet the evolving needs of survivors. Options survivor-centered approach, combined with comprehensive support, Options has been able to place and stabilize survivors while respecting their preferences and addressing their needs for over 20 years.

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



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

(limit 5,000 characters)

1) FLC take pride creating spaces where survivors and staff interact on an equal footing, without punitive measures or power imbalances. Our focus is on supporting and empowering survivors, not penalizing them for unmet expectations. When clients face difficulties meeting expectations, rather than exiting them from the program, we engage in dialogue to understand their perspectives and work together on solutions that keep them on track toward their goals. Staff is also trained to use non-hierarchical language to disarm power differentials, ensuring clients feel supported by the entire team, available 24/7 for their needs. 2) All staff members receive comprehensive training on trauma and its effects to ensure they can educate and inform survivors effectively. We emphasize that understanding trauma is key to recovery, and we strive to empower survivors by providing them with this essential knowledge in a way that respects their autonomy. 3) Our approach to case management is rooted in strength-based methodologies. Through tools like strength-based assessments and coaching, we highlight survivors' inherent strengths. Case plans are tailored to everyone's goals and aspirations, empowering them to build their future based on their personal desires rather than imposed objectives. 4) Inclusivity and cultural competence are central to the services we offer. Staff undergo annual training to ensure that our services are accessible, culturally responsive, and nondiscriminatory. We are committed to ensuring that survivors from all backgrounds feel welcome and supported, and we provide language access services as needed. 5) The agency facilitates a range of connection opportunities for survivors, including multiple support groups, group activities and shared meals. While we are not a faith-based organization, we provide resources for spiritual support, including listings of local churches, mosques, and synagogues, to ensure all clients' spiritual needs are respected. 6) We partner with various community organizations to provide parenting education and childcare resources. Clients also receive referrals to Kansas Legal Services and access to legal resources for family matters. Recently, we added a budget for client legal assistance, covering fines and court costs for minor legal matters. This ensures that survivors have the support they need not just for their immediate safety but also for legal and family-related challenges. FLC fosters a trauma-informed, strength-based environment of respect, inclusivity, and empowerment, providing a wide range of resources tailored to the holistic needs of survivors.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**

1) To ensure that survivors with a range of lived experiences are actively involved in the development and ongoing improvement of the new project, we have implemented multiple feedback mechanisms designed to encourage their voices and insights at every stage of the process. 2) This involvement will influence both policy and program development throughout the project's operation. We use several methods to solicit survivor input: Program Surveys: We distribute surveys across a range of advocacy services to capture participants' thoughts on their experiences, needs, and suggestions for improvement. These surveys are carefully designed to be trauma-informed, allowing survivors to express their feedback in a safe and respectful way. Shelter Exit Interviews: As survivors leave our shelter program, we conduct exit interviews to gather insights on their time with us, including areas that were beneficial and opportunities for growth. These interviews are integral to refining our services and ensuring they continue to meet the evolving needs of future participants. Follow-up Calls: We reach out to past program participants at 3 and 6 months post-exit to check in on their progress and well-being. These calls not only provide us with valuable feedback on how our programs have impacted long-term stability but also help us maintain ongoing relationships and offer continued support as needed. Anonymous Feedback Drop Boxes: For those who prefer to provide input privately, we have anonymous drop boxes located at both our administrative offices and shelter locations. This allows survivors to share their thoughts candidly, without fear of judgment or repercussions, ensuring we capture authentic feedback. Regular Meetings with Case Managers: Ongoing dialogue between survivors and their case managers is a cornerstone of our approach. These regular meetings serve as a check-in to gauge each participant's success, challenges, and overall satisfaction with the services provided. Case managers also serve as advocates for survivors, ensuring that their voices are elevated to leadership as part of our continuous improvement process. Going forward, we plan to ask previous clients to participate in periodic focus groups to discuss specific aspects of policy and program changes. Their lived experiences will directly shape decisions related to program structure, resource allocation, and service delivery models.

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

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

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

1.	Applicant Name	The Crisis Center Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	52%
3.	Rate of Housing Retention of DV Survivors–Percentage	52%

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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1)The Crisis Center Inc. (CCI) calculated the rate of housing placement by dividing the number of housing program applicants who exit to permanent housing by the total number of housing program applicants who had exited the program during the same reporting period. 2)Yes, the rate of housing placement accounts for exits to safe housing destinations. 3) CCI calculated the housing retention rate by tracking participants who exit to permanent housing and determining the percentage who remain housed after a 12 month period. 4)CCI uses the Osmium database, the same HMIS compliant data base as the Kansas Coalition Against Sexual & Domestic Violence CoC RRH project, to record and manage all service activities and agency operations on a daily basis. CCI enters key information into the system, including client demographics, their current status in agency programs, and any available exit details. This database is used to generate reports on a monthly, quarterly, and annual basis, These reports are fundamental to keeping funders informed, tracking progress, and assessing future needs. For clients exiting shelter or agency programs, if they move to another safe destination that is deemed a long-term solution, their exit may be included in the housing placement rate. With the client's permission, follow-up calls are conducted at 3 and 6 months after their exit to evaluate safety and stability.

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

Describe in the field below how the project applicant:

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

(limit 2,500 characters)

1)CCI will ensure that survivors experiencing homelessness are quickly moved into safe, affordable housing through a trauma-informed and survivor-centered approach. CCI works closely with local landlords and housing authorities to secure housing options for survivors. The Housing Navigator will help expedite this process by building relationships with landlords, completing HUD inspections, and securing leases for safe, affordable housing units. CCI follows the CoC DV-CES policies and procedures to develop an acceptable prioritization model. 2)CCI is dedicated to following and utilizing the established CoC DV-CES policies. Upon intake, CCI conducts a thorough needs assessment that evaluates each survivor's physical, emotional, legal, housing, and financial needs. This assessment is survivor-driven, ensuring that services are tailored to their unique circumstances. Survivors' preferences and input are central to determining the types of support they require for stabilization. 3)CCI provides access to a comprehensive range of supportive services, including legal aid, mental health services, financial literacy, and job skills development. Through partnerships with Pawnee Mental Health, Kansas Legal Services, and local banks, we ensure survivors receive the resources necessary for healing and long-term independence. 4) CCI emphasizes housing stability beyond the assistance period by helping survivors transition to sustainable housing. Our Housing Navigator and Housing Advocate will work with survivors to build skills in budgeting, employment, and financial independence. Through these services, we ensure that survivors are prepared to maintain stable housing long after their housing subsidy ends. 5) CCI provides after-care services for survivors after program exit to ensure participants are maintaining stable housing well after program exit.

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

**(limit 2,500 characters)**

1)CCI operates several housing programs all of which are dedicated to providing housing solutions for victims of Domestic/Sexual/Dating Violence and Stalking such as Domestic Violence utilizing multiple funding sources. CCI ensures all meetings with program participants including those happening at intake are held privately in a confidential space away from the survivor's abuser and/or anyone else who may cause distraction or coercion to ensure the survivor's safety. All meetings between staff and clients will be held in a space that can ensure the safety and wellbeing of the client free from any potential coercion of abusers or other individuals. Offices will be maintained to provide this space utilized through a variety of community partners so that CCI can meet clients where they feel safe and secure. 2)Agency policy dictates that the housing stabilization planning is completely directed by the survivor and makes all determinations in choosing their home while staff provide all necessary support as previously outlined. 3)Agency policy also dictates that all client information including client locations are kept secure. Much like many other Kansas VSPs CCI utilizes mobile advocacy to provide services in safe, and convenient locations. Agency policies and procedures also provide survivors with regular reassessments to address changing needs. 4) CCI project staff directly train with the local state coalition and work alongside regional partners to ensure that CCI policies and practices are compliant and utilized efficiently. 5) CCI ensures survivors' physical safety and safeguards that the Survivors' location remains confidential through several safety measures including but not limited to: obtaining an off-site mailing and delivery address, obtaining security equipment such as cameras, efficient locks, and home improvements as needed. CCI also provides follow-up support after program exits and confirms connections to community resources for ongoing security supports.

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

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

**(limit 2,500 characters)**

CCI evaluates its ability to ensure the safety of survivors through a combination of ongoing assessments, feedback mechanisms, and partnerships with safety-focused organizations. Safety is prioritized at every stage, and our processes are designed to adapt based on survivor input and identified needs. Upon intake and throughout a survivor’s participation in services, staff conduct comprehensive safety plans to evaluate potential risks and threats. These assessments include evaluating the survivor’s current situation, their abuser’s proximity, and any safety concerns in their temporary or permanent housing. As survivors’ circumstances evolve, these assessments are revisited regularly to ensure that their safety remains intact and that appropriate interventions are in place. CCI actively seeks feedback from survivors through anonymous surveys, exit reviews, and one-on-one check-ins with advocates. Survivors are encouraged to report any concerns about their safety or suggest improvements. This feedback is reviewed regularly, and adjustments to services are made accordingly. For example, if a survivor reports feeling unsafe in a specific area, we take immediate steps to relocate them or enhance their security measures. All staff members receive regular training on safety protocols specific to domestic violence, ensuring they are equipped to respond to any safety concerns or crises. Through the Empower Safe project, this would include ensuring that survivors can quickly be relocated if their safety is compromised. We also collaborate closely with law enforcement and legal services to secure protection orders and provide legal protections as needed. Throughout the project’s operation, CCI will have mechanisms to identify and act on areas for improvement. One such area is the need for enhanced confidentiality protocols to ensure that abusers cannot locate survivors through housing records or communication methods. Another is improved partnerships with landlords to ensure they are trained in trauma-informed practices and understand the importance of maintaining survivor anonymity, as well as abiding by applicable state and federal housing protections for survivors. By continuously evaluating safety through survivor feedback, staff training, and risk assessments, CCI remains committed to improving its ability to protect DV survivors and ensure they are housed in environments that promote their safety and well-being.

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

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

(limit 2,500 characters)

1)CCI has extensive experience prioritizing the placement and stabilization of survivors of sexual and domestic violence. CCI's approach is survivor-centered, ensuring that each individual's preferences and needs are at the forefront of housing efforts. Below are examples of how CCI meets these objectives. 2)CCI has developed a streamlined process for prioritizing survivors in need of housing and stabilization services. CCI works closely with our community partners, such as emergency shelters, legal aid, and mental health providers, to identify individuals at immediate risk of homelessness or further violence. By utilizing trauma informed practices, CCI advocates assess each survivor's situation to ensure timely placement permanent housing. This prioritization process ensures that survivors in the greatest need receive housing and services promptly, preventing them from returning to dangerous situations. CCI has a strong record of successfully placing survivors in permanent housing. Through our partnerships with local landlords, housing authorities, and income-based housing programs, we are able to secure long-term, safe housing for survivors. 3)CCI believes that survivors have the right to choice and self-determination, including choosing their housing. CCI takes a survivor-led approach, allowing individuals to express their housing preferences, such as location, proximity to support networks, and safety considerations. CCI ensures that these preferences are honored whenever possible, facilitating choices that empower survivors and respect their autonomy. By centering their preferences, we increase the likelihood of survivors feeling safe and supported in their new homes. 4)In addition to preferences, CCI places survivors based on their stated needs, which can vary from safety concerns to accessibility or proximity to services such as schools or medical facilities. Our advocates conduct comprehensive assessments of each survivor's needs, ensuring that the housing solution aligns with their unique circumstances. CCI provides survivors with ongoing support to address other essential needs, such as mental health services, employment opportunities, and legal assistance, ensuring long-term stabilization. CCI is committed to providing survivors with housing that promotes safety, stability, and empowerment.

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

**(limit 5,000 characters)**



1)Establishing and Maintaining an Environment of Agency and Mutual Respect: CCI is dedicated to creating an environment where survivors feel respected, valued, and empowered. We do not use punitive interventions; instead, we focus on building mutual respect and agency in all interactions between survivors and staff. Our trauma-informed practices ensure that survivors' voices are central to decision-making, minimizing power differentials. Staff members are trained to avoid re-traumatization by recognizing and addressing any potential power imbalances, fostering an environment where survivors are seen as partners in their healing journey. We prioritize non-judgmental support, providing options and resources that align with survivors' unique needs rather than enforcing strict requirements or consequences. 2)Providing Survivors Access to Information on Trauma: CCI equips survivors with a clear understanding of the effects of trauma and how it impacts their lives. Our staff receive extensive training on trauma-informed care, including how to educate survivors about trauma's physical, emotional, and psychological effects. This allows survivors to better understand their own responses and helps normalize their experiences. We provide survivors with resources that explain trauma in approachable terms and connect them with mental health professionals when necessary. By demystifying trauma, we empower survivors with knowledge that supports their healing process. 3)Emphasizing Survivors' Strengths: Recognition of survivors' inherent strengths is central to CCI's approach. CCI utilizes strength-based assessments and methods that highlight survivors' resilience, capabilities, and potential. Our advocates work alongside survivors to create case plans that are tailored to their personal goals and needs, rather than imposing agency-defined outcomes. These plans are reviewed regularly to ensure they reflect survivor-defined progress and achievements. Survivors are encouraged to identify their own strengths and use them as building blocks toward recovery, independence, and stability. 4)Centering on Cultural Responsiveness and Inclusivity: CCI is committed to ensuring that our services are culturally responsive and inclusive for all survivors, regardless of background, identity, or language. Our staff receives ongoing training in culturally relevant services, equitable access, and nondiscrimination to ensure that we meet the needs of marginalized populations, including people of color, LGBTQ+ individuals, and those with limited English proficiency. We provide language access services, such as interpreters and materials in Spanish, to ensure survivors can fully engage with our services. CCI actively seeks feedback from diverse survivor communities to improve the cultural responsiveness of our services, ensuring that our approach is inclusive and respectful of different cultural values and experiences. 5)Providing a Variety of Opportunities for Survivors' Connections: Understanding the importance of connection and support, CCI offers a wide range of opportunities for survivors to build meaningful relationships with others. We host peer support groups, which provide a safe space for survivors to share their experiences and gain encouragement from others who have faced similar challenges. By fostering these connections, we help survivors create supportive networks that aid in their recovery and long-term well-being. 6)Offering Support for Survivor Parenting: CCI recognizes that parenting is often an additional challenge for survivors, especially when they are dealing with the effects of trauma. To support survivor-parents, we employ a full-time Parent-Child Advocate who offers trauma-informed parenting education and tools for parents to better understand how trauma affects both themselves and their children. These resources focus on helping parents develop healthy, nurturing relationships with their children, while managing the unique stressors they may face. We also connect survivor-

parents to community services, such as childcare resources, WIC, or home visitation programs. Additionally, we provide legal advocacy to help survivors navigate complex family law issues, such as custody or child support, ensuring that their rights as parents are protected.

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

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

**(limit 5,000 characters)**

CCI is dedicated to providing a comprehensive array of supportive services that address both the immediate and long-term needs of survivors as they transition into permanent housing through the EmpowerSafe project. Examples of the supportive services offered:

1. Safety Planning and Crisis Intervention: From the moment survivors engage with our services, we conduct detailed safety planning tailored to their unique situations. Our trained advocates work with survivors to identify immediate risks and develop actionable steps to enhance their safety, including obtaining protection orders, arranging emergency transfers to safe housing, and securing personal safety devices if needed. Crisis intervention services are also available 24/7, allowing survivors to reach out whenever they feel their safety is threatened.
2. Rapid Rehousing and Housing Navigation: CCI will prioritize quickly moving survivors into permanent housing through rapid rehousing services. The Housing Navigator will collaborate with local landlords to identify safe, affordable housing units and help survivors secure leases that meet their needs and HUD requirements. CCI will expedite the housing process through HUD-compliant inspections and negotiate lease agreements to ensure survivors are housed in environments where they can feel secure. Financial assistance will fully covers rent for up to one year, providing survivors with the stability and time they need to rebuild their lives.
- 3) Comprehensive Case Management and Advocacy  
Each survivor will be paired with a dedicated Housing Advocate who will provide comprehensive case management and advocacy services. This includes regular check-ins, personalized goal-setting, and advocacy in various areas such as legal matters, employment, and access to community resources. Advocates support survivors in navigating complex systems like legal processes, child custody issues, and access to benefits such as healthcare or childcare. CCI ensures survivors are treated with respect, empathy, and autonomy, allowing them to take the lead in their healing process.
- 4) Trauma-Informed Counseling and Mental Health Supports:  
CCI recognizes the profound psychological impact of abuse and violence, CCI offers survivors access to trauma-informed counseling and mental health services. Through our partnership with mental health providers, survivors will be connected to licensed professionals trained in trauma recovery. Individual and group counseling sessions help survivors process their experiences, manage symptoms of trauma, and develop coping strategies. These services are offered in a supportive and confidential environment, ensuring survivors feel emotionally safe while they work through trauma.
- 5) Financial Empowerment and Economic Independence  
Financial stability is key to a survivor's ability to sustain long-term housing and independence. CCI will provide survivors with financial empowerment services, including budgeting, financial literacy, and access to employment resources. CCI utilizes curriculum from the Allstate Foundation and NNEDV, offering Life Skills classes that will teach resume building, job skills, and income management. Survivors will also have access to budgeting classes provided in partnership with local banks. Advocates are trained to help survivors navigate financial resources, access benefits, and create sustainable financial plans.
- 6) Legal Advocacy and Assistance:  
Survivors often face legal challenges related to the abuse, including protection orders, custody disputes, and divorce proceedings. Through our partnership with Kansas Legal Services and other attorneys who offer low- or pro-bono services, CCI connects survivors with legal resources who specialize in sexual and domestic violence cases. Survivors receive assistance in securing protection orders, navigating family court, and resolving housing disputes.
- 7) Peer Support and Community Connections: Survivors benefit from

opportunities to connect with others who have experienced similar challenges. CCI offers peer support groups where survivors can share their experiences, provide mutual support, and build relationships. These groups foster a sense of community and reduce the isolation that many survivors experience after leaving abusive situations. 8)Ongoing Housing Stabilization and Aftercare Services: Even after a survivor is placed in permanent housing, our commitment to their stability continues. CCI will provide ongoing housing stabilization services, including follow-up visits and ongoing support from advocates. As survivors transition out of housing assistance, we will work with them to develop sustainable housing plans, ensuring they can maintain their housing long-term. Our staff will help survivors build the necessary skills and resources to thrive independently, reducing the risk of returning to unsafe situations or homelessness.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
NOFO Section I.B.3.j.(1)(e)		
Describe in the field below how the project(s) will:		
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

(limit 2,500 characters)

1)CCI has extensive experience prioritizing the placement and stabilization of survivors of sexual and domestic violence. CCI's approach is survivor-centered, ensuring that each individual's preferences and needs are at the forefront of housing efforts. Below are examples of how CCI meets these objectives. 2)CCI has developed a streamlined process for prioritizing survivors in need of housing and stabilization services. CCI works closely with our community partners, such as emergency shelters, legal aid, and mental health providers, to identify individuals at immediate risk of homelessness or further violence. By utilizing trauma informed practices, CCI advocates assess each survivor's situation to ensure timely placement permanent housing. This prioritization process ensures that survivors in the greatest need receive housing and services promptly, preventing them from returning to dangerous situations. CCI has a strong record of successfully placing survivors in permanent housing. Through our partnerships with local landlords, housing authorities, and income-based housing programs, we are able to secure long-term, safe housing for survivors. 3)CCI believes that survivors have the right to choice and self-determination, including choosing their housing. CCI takes a survivor-led approach, allowing individuals to express their housing preferences, such as location, proximity to support networks, and safety considerations. CCI ensures that these preferences are honored whenever possible, facilitating choices that empower survivors and respect their autonomy. By centering their preferences, we increase the likelihood of survivors feeling safe and supported in their new homes. 4)In addition to preferences, CCI places survivors based on their stated needs, which can vary from safety concerns to accessibility or proximity to services such as schools or medical facilities. Our advocates conduct comprehensive assessments of each survivor's needs, ensuring that the housing solution aligns with their unique circumstances. CCI provides survivors with ongoing support to address other essential needs, such as mental health services, employment opportunities, and legal assistance, ensuring long-term stabilization. CCI is committed to providing survivors with housing that promotes safety, stability, and empowerment.

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

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

**(limit 5,000 characters)**

1)Establishing and Maintaining an Environment of Agency and Mutual Respect: CCI is dedicated to creating an environment where survivors feel respected, valued, and empowered. We do not use punitive interventions; instead, we focus on building mutual respect and agency in all interactions between survivors and staff. Our trauma-informed practices ensure that survivors' voices are central to decision-making, minimizing power differentials. Staff members are trained to avoid re-traumatization by recognizing and addressing any potential power imbalances, fostering an environment where survivors are seen as partners in their healing journey. We prioritize non-judgmental support, providing options and resources that align with survivors' unique needs rather than enforcing strict requirements or consequences. 2)Providing Survivors Access to Information on Trauma: CCI equips survivors with a clear understanding of the effects of trauma and how it impacts their lives. Our staff receive extensive training on trauma-informed care, including how to educate survivors about trauma's physical, emotional, and psychological effects. This allows survivors to better understand their own responses and helps normalize their experiences. We provide survivors with resources that explain trauma in approachable terms and connect them with mental health professionals when necessary. By demystifying trauma, we empower survivors with knowledge that supports their healing process. 3)Emphasizing Survivors' Strengths: Recognition of survivors' inherent strengths is central to CCI's approach. CCI utilizes strength-based assessments and methods that highlight survivors' resilience, capabilities, and potential. Our advocates work alongside survivors to create case plans that are tailored to their personal goals and needs, rather than imposing agency-defined outcomes. These plans are reviewed regularly to ensure they reflect survivor-defined progress and achievements. Survivors are encouraged to identify their own strengths and use them as building blocks toward recovery, independence, and stability. 4)Centering on Cultural Responsiveness and Inclusivity: CCI is committed to ensuring that our services are culturally responsive and inclusive for all survivors, regardless of background, identity, or language. Our staff receives ongoing training in culturally relevant services, equitable access, and nondiscrimination to ensure that we meet the needs of marginalized populations, including people of color, LGBTQ+ individuals, and those with limited English proficiency. We provide language access services, such as interpreters and materials in Spanish, to ensure survivors can fully engage with our services. CCI actively seeks feedback from diverse survivor communities to improve the cultural responsiveness of our services, ensuring that our approach is inclusive and respectful of different cultural values and experiences. 5)Providing a Variety of Opportunities for Survivors' Connections: Understanding the importance of connection and support, CCI offers a wide range of opportunities for survivors to build meaningful relationships with others. We host peer support groups, which provide a safe space for survivors to share their experiences and gain encouragement from others who have faced similar challenges. By fostering these connections, we help survivors create supportive networks that aid in their recovery and long-term well-being. 6)Offering Support for Survivor Parenting: CCI recognizes that parenting is often an additional challenge for survivors, especially when they are dealing with the effects of trauma. To support survivor-parents, we employ a full-time Parent-Child Advocate who offers trauma-informed parenting education and tools for parents to better understand how trauma affects both themselves and their children. These resources focus on helping parents develop healthy, nurturing relationships with their children, while managing the unique stressors they may face. We also connect survivor-

parents to community services, such as childcare resources, WIC, or home visitation programs. Additionally, we provide legal advocacy to help survivors navigate complex family law issues, such as custody or child support, ensuring that their rights as parents are protected.

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

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

**(limit 2,500 characters)**

1)CCI is committed to ensuring that survivors are not only beneficiaries of services but also active participants in shaping and guiding the development and operation of the new project. By centering survivors with a range of lived expertise, the project will incorporate their valuable insights to create responsive and effective services that meet their needs. 2)CCI recognizes the importance of including survivors with diverse backgrounds and experiences in the planning and implementation of the project. We will actively engage survivors with different lived experiences, including those from various socio-economic, racial, ethnic, and cultural backgrounds, as well as individuals who have faced intersecting challenges like homelessness, substance use, or legal involvement. Survivors will be invited to share their expertise through focus groups, survivor advisory boards, and/or individual feedback sessions to help identify gaps in services and inform key decisions related to housing, advocacy, and supportive services. Survivors will have a meaningful role in the ongoing development of the EmpowerSafe project, throughout the project's operation. CCI will utilize anonymous surveys and feedback mechanisms to gather survivor input. Survivor feedback will be directly incorporated into adjustments, such as changes in protocols, service accessibility, and trauma-informed practices. CCI is committed to creating a feedback loop where survivor input leads to tangible changes in the program, ensuring that survivors are partners in the ongoing improvement of the project. By actively involving survivors with lived expertise in both the strategic and operational aspects of the project, CCI ensures that the services provided reflect the needs, priorities, and preferences of those who have lived expertise.



## 4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	Manhattan PHA Hom...	10/28/2024
1C-7. PHA Moving On Preference	No	Lawrence PHA Movi...	10/28/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/28/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/28/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/28/2024
1E-2a. Scored Forms for One Project	Yes	PrarieView Renewa...	10/28/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/28/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/28/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/28/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting of th...	10/28/2024
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of A...	10/28/2024

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	10/28/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/28/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/28/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

## **Attachment Details**

**Document Description:** Manhattan PHA Homeless Preference

## **Attachment Details**

**Document Description:** Lawrence PHA Moving On Preference

## **Attachment Details**

**Document Description:** Lived Experience Support Letter

## **Attachment Details**

**Document Description:** Housing First Evaluation

## **Attachment Details**

**Document Description:** Local Competition Scoring Tool

## **Attachment Details**

**Document Description:** PrarieView Renewal Score Sheet

## **Attachment Details**

**Document Description:** Notification of Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** Notification of Projects Accepted

## **Attachment Details**

**Document Description:** Local Competition Results

## **Attachment Details**

**Document Description:** Web Posting of the Collaborative Application

## **Attachment Details**

**Document Description:** Notification of Approved Collaborative Application

## Attachment Details

**Document Description:** HUD's Homeless Data Exchange HDX Competition Report

## Attachment Details

**Document Description:** Housing Leveraging Agreements

## Attachment Details

**Document Description:** Healthcare Formal Agreements

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/07/2024
1B. Inclusive Structure	10/21/2024
1C. Coordination and Engagement	10/24/2024
1D. Coordination and Engagement Cont'd	10/25/2024
1E. Project Review/Ranking	10/24/2024
2A. HMIS Implementation	10/28/2024
2B. Point-in-Time (PIT) Count	10/24/2024
2C. System Performance	10/24/2024
3A. Coordination with Housing and Healthcare	10/28/2024
3B. Rehabilitation/New Construction Costs	10/24/2024
3C. Serving Homeless Under Other Federal Statutes	10/24/2024

<b>4A. DV Bonus Project Applicants</b>	10/25/2024
<b>4B. Attachments Screen</b>	10/28/2024
<b>Submission Summary</b>	No Input Required

## RESOLUTION NO. 092122-A

### Amendment To Housing Choice Voucher (HCV) Administrative Plan & Public Housing Admissions and Continued Occupancy Plan Establishing A Local Preference For Homeless Families and Individuals

**WHEREAS**, the Department of Housing and Urban Development allows implementation of local preferences for the purpose of administering the HCV and Public Housing Waiting Lists; and

**WHEREAS**, the Manhattan Housing Authority has been approached by the Manhattan Emergency Shelter, Inc. (MESI), regarding a partnership to reduce homelessness in our community; and

**WHEREAS**, the Manhattan Housing Authority wishes to work with MESI to ensure that housing needs of applicants who are experiencing homelessness are met; and

**WHEREAS**, establishing a Local Preference for homeless families and individuals, as referred by MESI, will help to meet the goal of reducing homelessness; and

**WHEREAS**, the Manhattan Housing Authority shall limit the number of applicants admitted to the HCV and Public Housing programs under this preference to ten (10) per calendar per program, so as not to significantly impact the waiting time for applicants currently on the Waiting List who do not qualify for this Local Preference; and

**WHEREAS**, by passing this Resolution, the HCV Administrative Plan and Public Housing Admissions and Continued Occupancy Plan shall be so amended; and

**WHEREAS**, this action shall not constitute a significant amendment to the Agency Plan.

**NOW, THEREFORE, BE IT RESOLVED** by the Manhattan Housing Authority Board of Commissioners that the HCV Administrative Plan and Public Housing Admissions and Continued Occupancy Plan be amended to establish a Local Preference for applicants who are determined to be homeless and referred to the Manhattan Housing Authority by the Manhattan Emergency Shelter, Inc.

SEAL:



*Aaron Estabrook*

Aaron Estabrook, Executive Director  
Manhattan Housing Authority

*Jane Clare Galitzer*  
\_\_\_\_\_  
Jane Clare Galitzer  
Manhattan Housing Authority  
Board of Commissioners



## Preferences and Waiting Lists

### Waiting List Management

The LDCHA shall maintain a combined waiting list for the Section 8 and public housing programs under the General Housing Program. The Elderly Housing program maintains a separate waiting list. An applicant may apply for all waiting lists that are open and for which the applicant is eligible.

The waiting list shall be maintained in accordance with the following:

- ▶ A permanent file will be established for each applicant with an accepted application.
- ▶ Applicants will be listed in order of verified preference and then by date and time of application. Site-based waiting lists will list applicants by size of bedroom needed.
- ▶ All applicants must meet federally determined income limits.
- ▶ The waiting list will be updated weekly and purged once a year.
- ▶ Applicants holding a Voucher from another jurisdiction will not be placed on any LDCHA waiting list, but will be treated under portability procedures.
- ▶ The LDCHA will maintain separate waiting lists for applicants referred through agencies that have contracted with the LDCHA to administer HOME TBRA grants.

### Closing the Waiting List

LDCHA is permitted to close its waiting lists, in whole or in part, if there is an adequate pool of households to fill its programs. LDCHA may close some or all of the waiting lists completely, or restrict intake by preference, type of project, or by size and type of dwelling unit. LDCHA will close the waiting list when the estimated waiting period for housing applicants on the list reaches 24 months for the most current applicants.

### Reopening the Waiting List

If the waiting list has been closed, it may be reopened at any time. LDCHA will publish a notice in local newspapers of general circulation, and other suitable media outlets announcing that LDCHA is reopening the waiting list. Such notice must comply with HUD fair housing requirements.

LDCHA will announce the reopening of the waiting list at least 5 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of households or unit sizes, this information will be contained in the notice. The notice will specify where, when, and how applications are to be received. LDCHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to community based organizations, newspapers, and the agency's website at [www.ldcha.org](http://www.ldcha.org). The notices will be made in an accessible format upon request by a person with a disability as a reasonable accommodation.

## **Waiting List Preferences**

### **A. Waiting List [24 CFR 982.202]**

As housing units and /or vouchers become available, households on the waiting list must be selected for assistance in accordance with HUD regulations and the policies described in this part.

An applicant does not have any right or entitlement to be listed on the LDCHA waiting list, to any particular position on the waiting list, or to admission to the programs. The preceding sentence does not affect or prejudice any right, independent of this rule, to bring a judicial action challenging an LDCHA violation of a constitutional or statutory requirement.

The order in which households are selected from the waiting list depend on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the household qualifies. The availability of targeted funding also may affect the order in which households are selected from the waiting list.

The LDCHA must maintain a clear record of all information required to verify that the household is selected from the waiting list according to the PHA's selection policies [ 24 CFR 982.204 (b) and 982.207].

### **Special Admissions [24 CFR 982.54(d), 982.203]**

If HUD awards LDCHA special program funding that is targeted for specifically eligible households, LDCHA will admit these households under a Special Admission Procedure.

Special admissions households will be admitted outside of the regular waiting list process according to the requirements of the Special Admission program. LDCHA will if applicable maintain separate records of these admissions.

Applicants who are admitted under Special Admission, rather than from the waiting list, are identified by codes in the automated system and are not maintained on separate lists.

### **Limited Targeted Funding [24 CFR 982.204 (C)]**

HUD may award the LDCHA special funding for certain types of households who qualify are placed on the waitlist. When a specific type of funding becomes available, the waiting list is searched for the first available household meeting the targeted funding criteria.

- The LDCHA must use targeted funding only to assist the households within the specified category. In order to assist families within a targeted funding category, the LDCHA has the following "Targeted" Programs: Non Elderly Disabled Mainstream Voucher Program. The preference is limited to applicants who qualify for the program and the program's preference criteria.

### **Local Preferences [24 CFR 982.207]**

LDCHA uses the following local preferences system:

- Date and time of receipt of completed application.
- Residency Preference for households who live, work or have been hired to work in Douglas

County, Kansas. The residency preference will not be based on how long an applicant resided or worked in the residency preference area; and the residency preference will not be the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, familial status, genetic information, sexual orientation, gender identity or age of any member of an applicant household.

- Designated Elderly housing

Eligible applicants will be placed on the LDCHA waiting list and receive preference in selection for available assistance if they meet local preference criteria.

Applicants will be placed on the waiting list according to information provided by them as to their qualification for local preference. Prior to executing a lease, any preference claimed will be re-verified at the time assistance is offered.

Applicant circumstances may change while awaiting an offer of assistance. These changes may affect entitlement to a preference.

General Housing

Non-Elderly, Disabled Mainstream  
Limited Targeted Preference

Local Residency Preference                    100 Points

Designated Elderly Housing

Local Residency Preference                    100 Points  
Elderly Preference                                101 Points

Peterson Acres I

Local Residency Preference                    100 Points  
Elderly Preference                                101 Points  
Non-Elderly Disabled Preference            100 Points (5 Peterson Acre units may be occupied by non-elderly disabled.)

**Local Residency Preference**

The definition of a Douglas County Resident is an applicant whose current or most recent residential address is in Douglas County, Kansas or who is relocating to the county for purpose of employment.

**The following documents will be accepted as verification of residency:**

- ▶ Current residential lease for an address in Lawrence or Douglas County, Kansas;
- ▶ Current driver's license with a Douglas County, Kansas residential address;
- ▶ If homeless, a current affidavit of receiving services by a local social service agency that can demonstrate a plan to become a permanent resident of Douglas County;
- ▶ Statement of current or guaranteed future employment located in Douglas County.

## **Designated Elderly Housing**

Elderly preference – In the projects that have an elderly designation approved by HUD, all individuals over the age of 62 will receive elderly preference points, and elderly applicants will be housed first over any near-elderly applicant. If the agency determines that there are insufficient numbers of elderly households to fill all the units in a project for occupancy by only elderly households, the agency may provide that near-elderly households may occupy dwelling units in the project. Near elderly tenants are defined as a person who is at least 50 years of age but below 62 years of age.

## **Non- Elderly Disabled Mainstream Voucher Program**

The Mainstream voucher program is a sub-set of the Housing Choice Voucher (HCV) program for age eligible disabled families. The eligibility criteria for Mainstream Vouchers are as follows:

- A. Eligible Household:
  - A household composed of one or more non-elderly persons with disabilities, which may include additional members who are not non-elderly persons with disabilities.
  - A household where the sole member is an emancipated minor is not an eligible household.
- B. Non-elderly person with disabilities:
  - A person 18 years of age or older and less than 62 years of age, and who:
  - Has a disability, as defined in 42 U.S.C. 423;
  - Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
    - Is expected to be of long-continued and indefinite duration;
    - Substantially impedes his or her ability to live independently, and
    - Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.; or
    - Has a developmental disability as defined in 42 U.S.C. 6001.
- C. Participants must maintain age qualification at the time of admission to the program but may continue as a program participant after aging out.

To be eligible, qualifying applicants with one of the below mentioned targeted preference living conditions. The targeted preferences are limited and will be applied to the first qualifying applicants based on application date and time on the current General Housing waiting list. The LDCHA will prescreen applicants by writing and giving the opportunity to apply and verify for preference.

- ▶ Transitioning out of institutional and other segregated settings
- ▶ Currently experiencing homelessness
- ▶ Previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project
- ▶ At risk of experiencing homelessness

## **Preference Verification/Denial**

- ▶ Preferences are cumulative.
- ▶ Preferences may be housing program waitlist restricted ( eg Elderly preferences are applied only to Elderly- Designated programs and not other General Housing or Special Housing waitlists)
- ▶ LDCHA will verify all preferences claimed at time of eligibility determination. If the LDCHA denies a

preference, the applicant will be placed on the waiting list without benefit of the preference. The LDCHA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for a review.

- ▶ The applicant will have 10 business days to request the review meeting in writing. If the preference denial is upheld as a result of the meeting, or the applicant does not request a meeting, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against. Applicants may appeal the decision to deny a preference to the LDCHA hearing officer in writing according to the procedures in Chapter 5.
- ▶ Any applicant who falsifies documents or makes false statements in order to qualify for any preference will be removed from the waiting list with notification to the household, and may not reapply for the time period specified in Chapter 5.

## **Waiting List Placement and Order Of Selection**

### **Placement**

After eligibility has been determined, applicant information is entered into the tenant records system for waiting list placement. When record entry is complete, waiting lists are generated with applicants are placed on the waiting list according to preference points, in order of the date and time of application.

### **Selection Priority**

Selection of applicants from the waiting list is based on priority as determined by eligibility. Single persons who are elderly, disabled or handicapped are given priority over other single persons on the waiting list with the same date and time of application.

### **Changes in Waiting List Placement**

If an applicant refuses any offer of assistance the applicant will be moved down on the particular waiting list from which the offer was made to the date the offer was made (referred to as a "pass penalty.") If a second offer is made and declined from a same form of housing assistance, but not all forms of eligible assistance have been offered, the applicant is dropped from all waitlists within the form of housing that has been offered twice. If a second offer is made and declined and the applicant has been offered all forms of housing assistance for which they are eligible, the applicant is removed from all waiting lists. This does not include developments with a site based waiting list (Clinton Place and Lawrence Expanded Housing.) The applicant removed will not be eligible to re-apply for six months. Forms of housing defined on page 31.

An applicant who accepts an offer of a Section 8 voucher but does not use the assistance to lease a unit within the maximum allowed number of days and their voucher expires as outlined in Chapter 7 will be removed from the waiting list and will not be eligible to re-apply for six months.

### **Reporting Changes in Household Composition**

While the applicant is on the waiting list, the applicant must inform LDCHA of changes in household size or composition, preference status, or contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing.

Changes in an applicant's circumstances while on the waiting list may affect the household's qualification for a particular bedroom size or entitlement to a preference. When an applicant reports a change that affects their placement on the waiting list, the waiting list will be updated accordingly. No change in

household composition will be made after an offer of assistance has been made by the LDCHA. The applicant will have the option of accepting the offer based on the original application or reject the offer and complete the requested change and being re-assigned to the waiting list accordingly.

## **Maintaining and Updating the Waiting List**

The LDCHA maintains an accurate waiting list in conformance with HUD regulations.

### **Maintaining Applicant Information**

Applicant information is entered into an automated system and verified for accuracy against original documents. Applicant records and reports generated by the automated system, including waiting lists, include the following information:

- ▶ Name of head of household;
- ▶ Date and time application was received;
- ▶ Size of unit required under occupancy standards;
- ▶ Preference status;
- ▶ Minority status;
- ▶ Social Security Numbers of all household members provided .

### **Updating/Purging the Waiting List**

The LDCHA regularly collects updated information on wait-listed applicants to insure the waiting list is current and accurate. Additionally the LDCHA waiting list may be purged from time to time at the discretion of the LDCHA based on an assessment of the vitality of the current waiting list.

Letters are mailed to the applicant's last known address requesting confirmation of their continued interest in LDCHA programs. The letter includes a form the applicant is to fill out and return within 15 days to retain their place on the waiting list. **If the form is not returned, either by mail, fax, email, or in person, the applicant's name is removed from the waiting list.**

### **Returned/Undelivered Mail**

The LDCHA is not responsible for an applicant's failure to respond for any reason due to postal delay or inability to deliver mail. Accurately addressed mail that is returned by the Post Office for lack of a forwarding address will cause the applicant to be removed from the waiting list.

1. All contact from the LDCHA is made through the US Postal Service in writing, except as a reasonable accommodation for an individual with a disability.
  2. Applicants are responsible for maintaining a valid mailing address with the LDCHA.
  3. Applicants that fail to respond to a mailing will be removed from all waiting lists.
- ▶ When there is an error by LDCHA, dropped applicants will have their applications reopened, and will be placed on the list at their former position.
  - ▶ Applicants who are withdrawn from the waiting list have the right to reapply after six (6) months from the date the applicant was removed from the waiting list.

### **Reinstatement on the Waiting List as Reasonable Accommodation**

The LDCHA's decision to remove an applicant with a disability from the waiting list for failure to respond is subject to reasonable accommodation in accordance with the reasonable accommodation policies outlined

in Chapter 1. Applicants reinstated on the waiting list as a result of a reasonable accommodation for a disability, or as a result of removal in error, will be placed on the list at their former position.

## Attachment 3

### Chapter Two: Tenant Application & Selection Process

The Tenant Selection Plan (this “Plan”) outlines the procedures that will be followed in selecting tenants for The Cottages. Management is responsible for implementing these procedures. The procedures specifically address the standards set by the various funding sources. The Cottages policy maintains strict adherence to non-discriminatory and Fair Housing laws.

#### 2.1 Non-Discriminatory Policy

The Cottages does not discriminate on the ground of race, color, sex, religion, national or ethnic origin, familial status, sexual orientation, or disability, or otherwise exclude from participation in, be denied the benefits of, or otherwise subject applicants to discrimination under LDCHA’s housing programs. All applicants are considered with impartiality, and information about an applicant is taken into consideration and related solely to the attributes and behavior that could affect residency.

#### 2.2 Eligibility Requirements

- Have a gross annual income below the Douglas County Kansas low income guidelines for their household size.
  - Below 30% of Area Median Income (AMI) for their household size per the Douglas Co. Kansas low-income guidelines (updated annually) for Housing Trust Fund (HTF) units.
  - Below 50% of Area Median Income (AMI) for their household size per the Douglas Co. Kansas low-income guidelines (updated annually) for Project Based Housing Choice Voucher units.
- Be a citizen of the United States or have INS documentation of eligible immigration status.
  - Birth certificates, Social Security card or Alien Identification, and valid state or federal photo identification cards must be submitted for each family member.
- Not be listed or required to register for any State’s Sexual Predator List.
- Not ever have been convicted of the manufacture, distribution, or sale of methamphetamine.

#### 2.3 Waitlist and Preference for Services

The Cottages is a Permanent Supportive Housing project that is located on the Treatment & Recovery Campus of Douglas County (the “Campus”). The Campus provides services for persons with a Severe and Persistent Mental Illness and/or Substance Use Disorder who need supportive services to maintain their tenure in permanent housing.

All applicants must have a referral from a partner agency that provides support services including Bert Nash Community Mental Health Center (Bert Nash), DCCCA, Inc. (DCCCA), or Heartland RADAC. These agencies have signed Memorandums of



Understanding (MOU) agreeing to provide necessary support services for all referrals accepted into The Cottages.

After eligibility has been determined, applicant information is entered into the tenant records system for waiting list placement. When record entry is complete, waiting lists are generated with applicants placed on the waiting list according to preference points, in order of the date and time of application.

Each applicant referred who needs the services offered by the Campus will receive 100 preference points.

- The preference is limited to the population of families (including individuals) with disabilities that significantly interfere with their ability to obtain and maintain themselves in housing;
- Who, without appropriate supportive services, will not be able to obtain or maintain themselves in housing; and
- For whom such services cannot be provided in a nonsegregated setting.

#### 2.4 Suitability information

All applicants who are referred will complete a suitability interview with the referral agency. The purpose of the interview is to better understand the service needs the applicant may have and to ensure that the program is sufficient to meet those needs. This includes applicants who have an existing support network, but are in the process of losing that support, or are at imminent risk of losing their supportive services, and whose ability to maintain housing is dependent on and tied to support which will be lost if/when supportive services are no longer in place. A housing crisis is defined as a situation where the applicant is homeless, precariously housed, at imminent risk of homelessness, or is currently housed in substandard, unstable, unsafe or in an unsustainable setting.

#### 2.5 Screening Information

The applicant will be required to complete an application and screening packet containing:

- verification of disability by a licensed care provider
- release of information between the referring agency, LDCHA, and DCHI
- sign an authorization to conduct a criminal history background check
- packet containing Section 8 forms, including income information

#### 2.6 Resident Selection and Informal Review

An applicant who does not meet the requirements for suitability or eligibility, is notified in writing. Reasons for rejection include but are not limited to unsatisfactory criminal history, and not meeting the income level requirements. In situations where the applicant receives a denial letter, the applicant, program manager or the referring agency may request an informal review with the Executive Director. However, the referring agency assumes a proactive role during this process in the attempt to screen ineligible applicants. If an applicant is denied and desires to contest the property manager's decision, the applicant must request an informal hearing in writing, within 14 days from the date on the

## Attachment 2

From LDCHA 2020 MTW Annual Plan (Approved)

### **Activity 20-2 Moving On Program Vouchers – Rent Assistance for Permanent Supportive Housing Graduates**

#### **A. Activity Description**

i. The proposed Activity would utilize MTW flexibility to provide up to three (3) Moving On Housing Program vouchers to individuals who complete their treatment plan and are identified as eligible to exit from the LDCHA's Permanent Supportive Housing (PSH) programs. The decision to exit will be made by the participant and will promote self-sufficiency in the least restrictive environment, while opening up the permanent supportive housing units to those in immediate need. Participants would be referred by Bert Nash or another service provider. To be eligible participants must meet the LDCHA General Housing eligibility requirements, except the good residential history, and will be evaluated by their residency in the PSH program.

The Moving On Program (MOP) voucher is for a 24-month period and participants must be in a support services agreement while receiving MOP housing assistance. Support services will be provided by the Bert Nash Community Mental Health Team or another approved provider.

The MOP participant must find a rental unit in Lawrence or Douglas County, Kansas, with a landlord who will enter into a lease and are not subsidy contracted with the LDCHA. The unit must be able to pass an HQS inspection by the LDCHA. The MOP participants are exempt from MTW rent structure and work requirement, but can voluntarily participate in the MTW rent structure (MTW Vol) if working.

Vouchers issued under this activity are not portable except for reasonable accommodation or VAWA reasons. MOP voucher-holders that are in good standing at the end of the 24-month period, including working at least 15 hours per week (or exempt from MTW as disabled or elderly), positive landlord recommendation, and no unresolved pending lease violations or eviction actions, will be transferred to a standard Section 8 voucher.

**FY2024 KS-507 KS-BoS-CoC NOFO Project Information for Rank and Review Process for Renewal Projects**

If your CoC grants were recently consolidated, please submit one Project Info sheet for each prior CoC grant.

<b>Agency Name</b>	Prarieview Inc.
<b>Project Name (as it appears on application)</b>	Meadowlark Leasing
<b>UEI number</b>	MKGDEK2DG6V5

<b>Contact Name:</b> Megan Thompson	<b>Phone:</b> 316-281-6785	<b>Email:</b> thompsonml@pvi.org
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**Program Type (should match the project application):**

**Please check one:**

- Permanent Supportive Housing    Rapid Re-Housing    HMIS    Transitional Housing

**Agency prioritizes beds for persons experiencing chronic homelessness:**    Yes    No

**Percentage of agency's beds dedicated for persons experiencing chronic homelessness:** \_\_\_\_\_%

**Does the project focus on serving one or more of the following priorities or hard to serve populations as stated in the project application? Check all that apply.**

<input type="checkbox"/> Veterans	<input type="checkbox"/> Youth (18-24)	<input type="checkbox"/> Families' w/children	<input checked="" type="checkbox"/> Chronic Homelessness
<input checked="" type="checkbox"/> Significant Mental Health Need	<input checked="" type="checkbox"/> Substance Abuse	<input type="checkbox"/> Chronic Disease/HIV	<input type="checkbox"/> Domestic Violence

**If awarded; this agency commits to participation in Coordinated Entry system, use of the standardized assessment tool selected by CoC, and compliance with Coordinated Entry policies and procedures:**

- Yes    No

**What proportion of your permanent housing referrals for CoC-funded grants are received from the Coordinated Entry System? 100 %**

## Service Delivery

**\*Provide a brief description of your project and the population(s) it seeks to serve.**

This Permanent Supportive Housing program consists of 10 scattered site, one-bedroom hou

**\*List five ways in which your organization has coordinated with other CoC members to better serve local residents experiencing homelessness and has responded to identified gaps or needs for service or housing.**

1. PV coordinates with local shelters to identify persons in need of PSH
2. PV has a liaison working in the Harvey County Jail and coordinates with other CoC
3. PV accepts referrals for Shared Living from South Central MHC and Butler Home
4. PV coordinates with the McPherson Housing Coalition and is an active CoC mem
5. PV works with the NFMH liaisons and CoC Boundary Spanner to provide services

**\*Describe how this project formally partners with healthcare systems to ensure equitable access to medical and behavioral health services that promote participants' well-being and successful housing outcomes.**

(2,500 characters)

PV is a Certified Behavioral Health Clinic (CCBHC). As a CCBHC, PV maintains formalized care coordination agreements with the majority of healthcare agencies and all of the FQHCs within the service area. The goal of these agreements is to ensure equitable access to the behavioral health services at PV. Staff work to connect to medical services via patient navigators and community case management staff to schedule appointments, provide transportation, call/text to follow up, track data to ensure services are received. Staff coordinate with Health Ministries Care Coordinators to ensure care. In addition to the health care providers in the service area, PV coordinates with local pharmacies to assist clients in accessing medications regardless

**\*Describe how this project formally partners with permanent housing systems to ensure equitable access to permanent housing services that promote participants' well-being and successful long term permanent housing outcomes. Describe any formal partnerships this project has with Public Housing Authorities or other housing organizations.** (2,500 characters)

PV operates in three rural/frontier counties. There are two housing authorities in those counties Newton Housing Authority and the Marion County Housing Authority. In McPherson County, the McPherson Housing Coalition is the only permanent housing entity. PV collaborates with these agencies to ensure that persons in need of PSH receive services from PV through coordinated entry. PV is the mental health provider located in the service area with the capacity to provide both extensive behavioral health services and PSH through a master leasing program.

**Providing Opportunities for Clients**

**\*Describe services offered “in-house” to project participants (i.e. case management, direct connection to health, benefits, employment, and varied forms of support). (2,500 characters)**

As a CCBHC, PV provides comprehensive services to persons experiencing behavioral health challenges. In addition to housing services, PV provides comprehensive psychological and substance use disorder treatment, supportive employment services, person centered case management, assertive community treatment, a veteran specialist, SOAR specialists and peer support services. All patients, regardless of referral type undergo a thorough assessment for needs and are assigned a patient navigator to help connect individuals to needed services. PV has an on-site "Care Closet" to provide basic necessities such as hygiene supplies and basic food items.

**\*Describe services offered to project participants through formal partnerships with other agencies or government programs. (2,500 characters)**

PV has formal written care coordination agreements with health providers in the service area to connect patients to healthcare providers. PV is a member of the Harvey County Resource Network. Patient Navigators utilize partnerships through the Network to access other services available in the service area.

**Proposed Project's Commitment to Equity**

**\*What are your organizational policies, procedures, and practices that help advance equitable service and access for marginalized populations for this project? Please list at least three examples. Attach copies of relevant policies & procedures if applicable. (2,500 characters)**

PV access/crisis services offers outreach, engagement, and follow-up services from our patient navigators, coordination with OP treatment teams, coordination with local community partners, and mobile crisis response staff. Presumptive Eligibility for Medicaid can be assessed and implemented at each OP CCBHC location to support those seeking care. Routine meetings with community partners, consumer advisory committees, and patient satisfaction feedback guide program implementation. Outreach and engagement services are offered in multiple programs including services offered for SPMI adults. SFD

**\*In what ways does your agency ensure that traditionally marginalized populations can meaningfully participate in planning and implementation of this project? Examples include, but are not limited to: diversifying Board membership, creating opportunities for people with lived experience (or currently in your programming) to provide input/feedback, internal procurement policies seeking diverse applicants for available positions, etc. Please list at least three examples. (2,500 characters)**

PV conducts a needs assessment every three years to assess the needs of the community and the population demographics of the area served. The information from this assessment drives planning and decision making. PV also conducts an ongoing patient satisfaction survey. This survey provides demographic and experiential information that inform staff of potential issues in various groups. The quality improvement committee identifies issues and creates a quality improvement plan whenever issues are identified. PV employs peer support workers and peer recovery mentors. Currently, separate certifications are required for mental health-based peer support staff and SUD-based peer support staff. PV employs both. These services are embedded in the Community Supports.

**\*What are your organizational policies, procedures, and practices that ensure privacy, respect, safety, and access regardless of gender identity or sexual orientation? (2,500 characters)**

As a part of a larger training plan, PV requires cultural competency training for all employees that includes information regarding gender identity and sexual orientation. These are considered core trainings and must be completed annually. Through employee and patient surveys, PV is informed of patient's experience while being served by PV. These surveys include full demographic information. PV also provides multiple methods to register complaints. Complaints and survey results are addressed by the quality improvement committee.

**Performance Measures**

**The data listed in the below is from your project's APR (Annual Performance Review) SPM (System Performance Measures) and CES (Coordinated Entry System) data for the timeframe of 10/1/2022-9/30/2023.**

**Housing Performance Measures (APR data 10/1/2022-9/30/2023):**

<b>Outcome (APR Q22c, Q23c) (SPM 2a, 2b)</b>	<b>Project Score</b>	<b>CoC Standard</b>	<b>Points Earned</b>
<b>PSH/RRH/TH:</b> On average, participants spend XX days from project entry to residential move-in. (APR Q22c – Row 11 – Column 1)	0	0	5
<b>PSH:</b> % of participants who remained in permanent housing or exited to permanent housing. (APR Q23c + Q5a(Row 8) divided by Q5a(Row 1) column 1)	75%	86%	1
<b>RRH/TH:</b> % of participants move to permanent housing destinations. (APR Q23c)	-	-	
<b>PSH/RRH/TH:</b> % of participants return to homelessness within 12 months of exit to permanent housing. (SPM 2a +2b)	0%	0%	5

**Income Performance Measure (APR data 10/1/2022-9/30/2023):**

<b>Outcome (APR Q19a1, Q19a2)</b>	<b>Project Score</b>	<b>CoC Standard</b>	<b>Points Earned</b>
<b>PSH:</b> % of participants with new, increased, or maintained non-employment income for project stayers. (APR Q19a1(Row3) Column 3 + Column 4 + Column 5 divided by Column 7)	25%	72%	0
<b>PSH:</b> % of participants with new, increased, or maintained non-employment income for project leavers. (APR Q19a2(Row3) Column 3 + Column 4 + Column 5 divided by Column 7)	33.3%	20%	5
<b>RRH/TH:</b> % of participants with new, increased, or maintained non-employment income for project leavers. (APR Q19a2(Row3) Column 3 + Column 4+ Column 5 divided by Column 7)	-	-	
<b>RRH/TH:</b> % of participants with new, increased, or maintained earned income for project leavers. (APR Q19a2(Row1) Column 3 + Column 4+ Column 5 divided by Column 7)	-	-	
<b>RRH Only:</b> % of participants with new, increased, or maintained non-employment income for project stayers. (APR Q19a1(Row3) Column 3 + Column 4+ Column 5 divided by Column 7)	-	-	-

**Serve High Needs Populations**

<b>Outcome (APR Q16, Q13a2, Q15)</b>	<b>Project Score</b>	<b>CoC Standard</b>	<b>Points Earned</b>
% of participants with Zero Income at program entry (APR Q16 (Row 1) Column 1 divided by (Row 13) column 1.	56.2%	53%	5

% of participants with one or more disability (APR Q13a2 (Row3) Column 1 + (Row 4) Column 1 divided by (Row 8) column 1.	87.5%	83%	5
% of participants entering projects from place not meant for habitation (APR Q15 "Place Not Meant for Habitation" column 1 divided by "Total Persons"	56.2%	44%	5

\*If this project did not meet the CoC Standard (Housing Stability, Increased Total Income) shown in the FY23 local competition scorecard, please describe the steps your agency has taken to ensure achievement of the Performance Measure(s) for the current application (2,500 characters):

<b>Coordinated Entry Participation (KSHC Generated Looker Report)</b>	<b>Project Score</b>	<b>CoC Standard</b>	<b>Points Earned</b>
Minimum % of entries to project from CE referral.	100	95%	5

\*If less than 95% of entries to the project were from CES referrals, please provide reason(s) why enrollments were not properly made through the CES referral process and actions your organization has taken to improve and meet the CoC CES policy in the future (2,500 characters):

<b>HMIS Data Quality (KSHC Generated Report)</b>	<b>Project Score</b>	<b>CoC Standard</b>	<b>Points Earned</b>
Data Quality percentage determined by APR report.	83.3%	80%	4

**Monitoring Score**

<b>Outcome</b>	<b>Project Score</b>	<b>CoC Standard</b>	<b>Points Earned</b>
Score from most recently completed CoC Project Monitoring visit	99	93	10
Score from most recently completed CoC Housing First Monitoring visit. (Housing First Monitoring score will be documented but not used for the FY24 local competition. The score will be used for the FY2026 local competition)			



**Fiscal practices and cost effectiveness**

Amount of HUD funding requested for upcoming FY2024: \$ 107920

**Project’s capacity to effectively use available grant funds to serve those experiencing homelessness (all renewals – HUD has also provided the CoC with these amounts for the past 4 years)**

Outcome	Most recently ended contract year –
\$ of HUD funding granted	107920
\$ of HUD funding expended	107920
% of HUD funding expended	100
\$ of HUD funding unspent/returned	0

CoC-Wide Program Cost Effectiveness	Project Score	CoC Standard	Points Earned
Source: CoC Cost divided by Q5a “Stayers” +Q23 “Subtotal of permanent destinations”	7,167.00	11,108.70	3

**If less than 95% of grant funds were used in the most recent contract year resulting in funds being returned to HUD, please provide reason(s) why funds went unspent and actions your organization has taken to prevent returning funds in the future (2,500 characters):**

Project Score Total	Project Score Grand Total
Score used for CoC Local Competition.	53

**Certification**

I certify (1) to the statements contained in this form (2) that the information throughout the application is true, complete, and accurate to the best of my knowledge and (3) all supporting documentation will be made available if selected for a site visit conducted by KS-507 Kansas Balance of State Continuum of Care.

Authorized representative name: **Marcy Johnson**

Title: **President/CEO**

Signature: 

Date:

**Please submit the following documents for each project application submitted for rank and review in the 2024 NOFO process to Eric Arganbright [earganbright@kshomeless.org](mailto:earganbright@kshomeless.org) and Kayla Knier [kknier@kshomeless.com](mailto:kknier@kshomeless.com) by**

1. This Cover Sheet
2. Project most recently completed APR (RRH, PSH, and TH Renewal Projects)
3. Match Letter

APPLICANT COMMENTS

## Eric Arganbright

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**From:** Eric Arganbright  
**Sent:** Wednesday, October 9, 2024 10:16 AM  
**To:** jsouthard@cmhccc.org  
**Subject:** FY2024 Ks-BoS-CoC Priority Listings Notification

Good morning,

Ks-BoS-CoC regrets to announce that the application for the CCMHC Transitional Housing project was rated and ranked by the Ks-BoS-CoC Rank & Review Panel but was not selected to be listed on the preliminary Tier Listings. The project was ranked 23<sup>rd</sup> with a weighted score of 60points.

You can find the Preliminary Tier Listings on the CoC website here: <https://kshomeless.com/about-ks-bos-coc/nofo/>

If you have any questions, please don't hesitate to contact me at [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com) or by phone: 785-764-6485.

*Eric Arganbright*

Director of Planning & Compliance  
Kansas Statewide Homeless Coalition  
2001 Haskell Avenue  
Lawrence, Kansas 66046  
Phone: (785)-764-6485  
Email: [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com)  
Website: [kshomeless.com](http://kshomeless.com)



**Kansas Statewide**  
**Homeless Coalition**

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## Eric Arganbright

---

**From:** Eric Arganbright  
**Sent:** Wednesday, October 9, 2024 10:18 AM  
**To:** Sarah Larson; Tom Farmer  
**Subject:** FY2024 Ks-BoS-CoC Priority Listings Notification

Good morning,

Ks-BoS-CoC regrets to announce that the application for the [LV-CCNEK CoC Rapid Rehousing](#) project was rated and ranked by the Ks-BoS-CoC Rank & Review Panel but was not selected to be listed on the preliminary Tier Listings. The project was ranked 25<sup>th</sup> with a weighted score of 56points.

You can find the Preliminary Tier Listings on the CoC website here: <https://kshomeless.com/about-ks-bos-coc/nofo/>

If you have any questions, please don't hesitate to contact me at [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com) or by phone: 785-764-6485.

*Eric Arganbright*

Director of Planning & Compliance  
Kansas Statewide Homeless Coalition  
2001 Haskell Avenue  
Lawrence, Kansas 66046  
Phone: (785)-764-6485  
Email: [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com)  
Website: [kshomeless.com](http://kshomeless.com)



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**Homeless Coalition**

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## Eric Arganbright

---

**From:** Eric Arganbright  
**Sent:** Wednesday, October 9, 2024 10:13 AM  
**To:** Renee Geyer  
**Subject:** FY2024 Ks-BoS-CoC Priority Listings Notification

Good morning,

Ks-BoS-CoC regrets to announce that the application for the Living with Intention project was rated and ranked by the Ks-BoS-CoC Rank & Review Panel but was not selected to be listed on the preliminary Tier Listings. The project was ranked 23<sup>rd</sup> with a weighted score of 60points.

You can find the Preliminary Tier Listings on the CoC website here: <https://kshomeless.com/about-ks-bos-coc/nofo/>

There will be a mandatory training held on Monday October 15<sup>th</sup> at 10:00am via Zoom at this link:  
<https://kshomeless.zoom.us/j/85218663555?pwd=ATvQOOMHlrfLvdaGAfPUlgcH5TM6.1>

Congratulations, and if you have any questions, please don't hesitate to contact me at [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com) or by phone: 785-764-6485.

*Eric Arganbright*  
Director of Planning & Compliance  
Kansas Statewide Homeless Coalition  
2001 Haskell Avenue  
Lawrence, Kansas 66046  
Phone: (785)-764-6485  
Email: [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com)  
Website: [kshomeless.com](http://kshomeless.com)



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**Homeless Coalition**

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## Eric Arganbright

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**From:** Eric Arganbright  
**Sent:** Wednesday, October 9, 2024 10:12 AM  
**To:** Jill deVries Jolicoeur  
**Subject:** FY2024 Ks-BoS-CoC Priority Listings Notification

**Importance:** High

Good morning,

Ks-BoS-CoC regrets to announce that the application for the Douglas County PSH Expansion project was rated and ranked by the Ks-BoS-CoC Rank & Review Panel but was not selected to be listed on the preliminary Tier Listings. The project was ranked 22<sup>nd</sup> with a weighted score of 60points.

You can find the Preliminary Tier Listings on the CoC website here: <https://kshomeless.com/about-ks-bos-coc/nofo/>

There will be a mandatory training held on Monday October 15<sup>th</sup> at 10:00am via Zoom at this link:  
<https://kshomeless.zoom.us/j/85218663555?pwd=ATvQOOMHlMrflVdaGAfPUlgcH5TM6.1>

Congratulations, and if you have any questions, please don't hesitate to contact me at [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com) or by phone: 785-764-6485.

*Eric Arganbright*

Director of Planning & Compliance  
Kansas Statewide Homeless Coalition  
2001 Haskell Avenue  
Lawrence, Kansas 66046  
Phone: (785)-764-6485  
Email: [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com)  
Website: [kshomeless.com](http://kshomeless.com)



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**Homeless Coalition**

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## Eric Arganbright

---

**From:** Eric Arganbright  
**Sent:** Monday, October 7, 2024 4:41 PM  
**To:** Debbie Savage; ramcmillinbeckman@gmail.com  
**Subject:** FY2024 KS-BoS-CoC Competition rejection Notice

Good afternoon,

Ks-BoS-CoC regrets to announce that the application for the Fresh Start Transitional Housing-Rapid Rehousing project was rejected by the Ks-BoS-CoC Rank & Review Panel to be listed on the preliminary Tier Listings. The project was rejected due to concerns laid out in the submitted Audit/Financial Audit to meet Threshold. This was one of the most competitive competition year's the CoC has seen and based on the weighted scoring criteria established by the CoC this project was not selected to listed on the CoC's Priority Listings.

KSHC will be reaching out to rejected projects soon to provide 1 on 1 feedback from the Rank & Review Panel regarding the scoring of the project.

Please don't hesitate with any questions you may have. All appeals must be submitted within 3 business days Thursday 10/10/2024.

*Eric Arganbright*  
Director of Planning & Compliance  
Kansas Statewide Homeless Coalition  
2001 Haskell Avenue  
Lawrence, Kansas 66046  
Phone: (785)-764-6485  
Email: [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com)  
Website: [kshomeless.com](http://kshomeless.com)



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**Homeless Coalition**

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## Eric Arganbright

---

**From:** Eric Arganbright  
**Sent:** Wednesday, October 9, 2024 10:21 AM  
**To:** Rebecca Buford  
**Subject:** FY2024 Ks-BoS-CoC Priority Listings Notification  
**Attachments:** Survivor Housing Score Card.pdf

Good morning,

Ks-BoS-CoC regrets to announce that the application for the Survivors Housing project was rated and ranked by the Ks-BoS-CoC Rank & Review Panel but was not selected to be listed on the preliminary Tier Listings. The project was ranked 26<sup>th</sup> with a weighted score of 49-points.

I have attached the Score Card results as scored by the Rating and Review Panel.

You can find the Preliminary Tier Listings on the CoC website here: <https://kshomeless.com/about-ks-bos-coc/nofo/>

If you have any questions, please don't hesitate to contact me at [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com) or by phone: 785-764-6485.

*Eric Arganbright*  
Director of Planning & Compliance  
Kansas Statewide Homeless Coalition  
2001 Haskell Avenue  
Lawrence, Kansas 66046  
Phone: (785)-764-6485  
Email: [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com)  
Website: [kshomeless.com](http://kshomeless.com)



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**Homeless Coalition**

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## Eric Arganbright

---

**From:** Eric Arganbright  
**Sent:** Wednesday, October 9, 2024 9:59 AM  
**To:** Kathy Ray  
**Subject:** FY2024 Ks-BoS-CoC Priority Listings Acceptance Notification at a Reduced Budget

**Importance:** High

Good morning,

Ks-BoS-CoC is pleased to announce that the application for the Empower Safe Housing Project has been accepted and selected by the Ks-BoS-CoC Rank & Review Panel to be listed on the preliminary Tier Listings. The project was ranked 21<sup>st</sup> with a weighted score of 65points.

Empower Safe Housing project was selected at reduced amount of \$130,967. You can find the Preliminary Tier Listings on the CoC website here: <https://kshomeless.com/about-ks-bos-coc/nofo/>

There will be a mandatory training held on Monday October 15<sup>th</sup> at 10:00am via Zoom at this link: <https://kshomeless.zoom.us/j/85218663555?pwd=ATvQOOMHlMrfLvdaGAfPUlgcH5TM6.1>

Congratulations, and if you have any questions, please don't hesitate to contact me at [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com) or by phone: 785-764-6485.

*Eric Arganbright*

Director of Planning & Compliance  
Kansas Statewide Homeless Coalition  
2001 Haskell Avenue  
Lawrence, Kansas 66046  
Phone: (785)-764-6485  
Email: [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com)  
Website: [kshomeless.com](http://kshomeless.com)



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**Homeless Coalition**

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## Eric Arganbright

---

**From:** Eric Arganbright  
**Sent:** Wednesday, October 9, 2024 9:57 AM  
**To:** mhastings@lawrenceks.org  
**Subject:** FY2024 Ks-BoS-CoC Priority Listings Acceptance Notification at a Reduced Budget

**Importance:** High

Good morning,

Ks-BoS-CoC is pleased to announce that the application for the City of Lawrence Rapid Rehousing project has been accepted and selected by the Ks-BoS-CoC Rank & Review Panel to be listed on the preliminary Tier Listings. The project was ranked 20<sup>th</sup> with a weighted score of 70 points.

City of Lawrence Rapid Rehousing project was selected at reduced amount of \$159,094. You can find the Preliminary Tier Listings on the CoC website here: <https://kshomeless.com/about-ks-bos-coc/nofo/>

There will be a mandatory training held on Monday October 15<sup>th</sup> at 10:00am via Zoom at this link: <https://kshomeless.zoom.us/j/85218663555?pwd=ATvQOOMHlMrfLvdaGAfPUlgcH5TM6.1>

Congratulations, and if you have any questions, please don't hesitate to contact me at [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com) or by phone: 785-764-6485.

*Eric Arganbright*

Director of Planning & Compliance  
Kansas Statewide Homeless Coalition  
2001 Haskell Avenue  
Lawrence, Kansas 66046  
Phone: (785)-764-6485  
Email: [earganbright@kshomeless.com](mailto:earganbright@kshomeless.com)  
Website: [kshomeless.com](http://kshomeless.com)

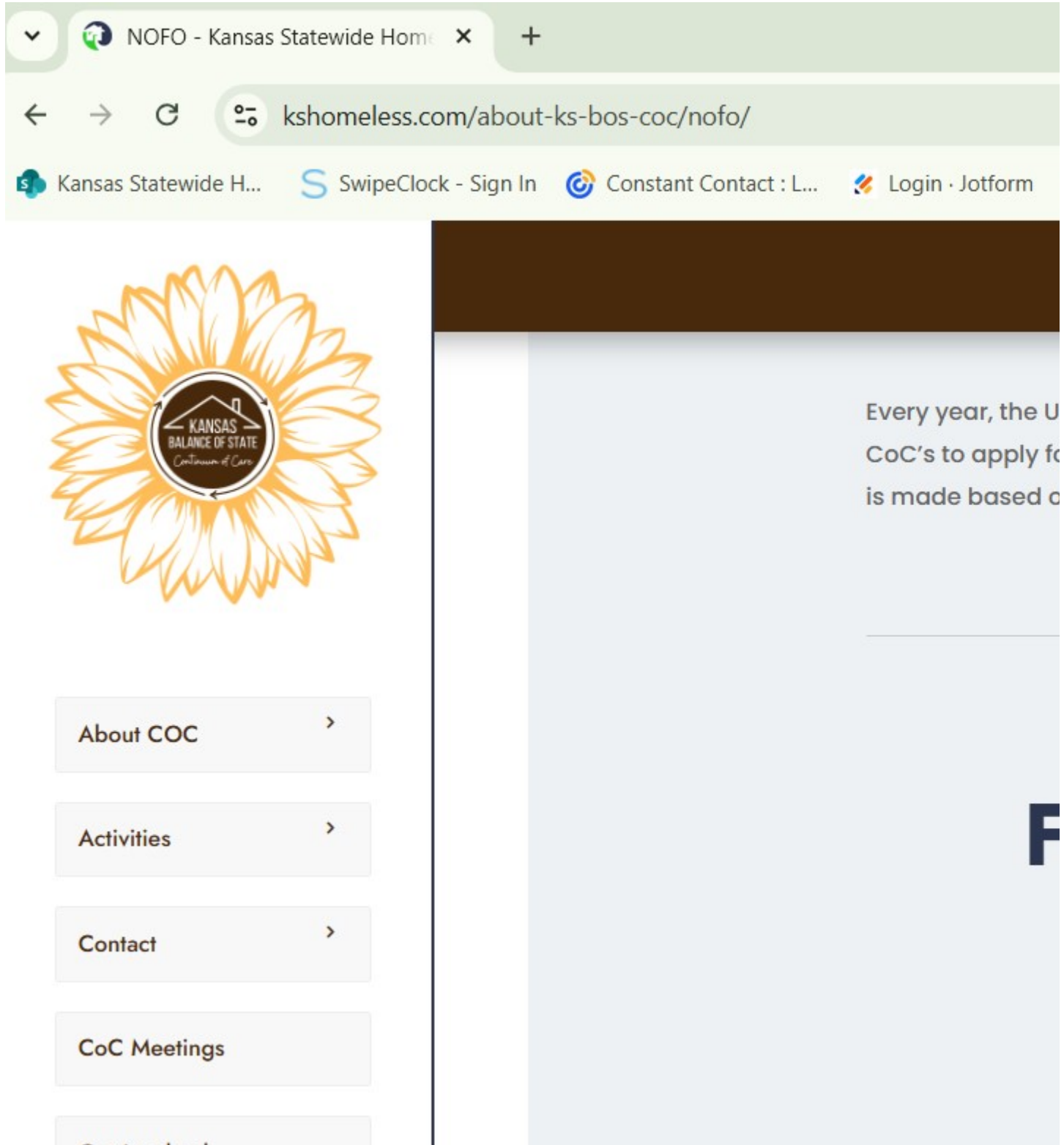


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# Eric Arganbright

**From:** Kayla Knier  
**Sent:** Friday, October 25, 2024 4:01 PM  
**To:** Eric Arganbright  
**Subject:** Screenshot



**Kayla Knier**

Director of Regional Coordination

785-764-9539

620-309-9825 Cell

Garden City, KS



**Kansas Statewide**

Homeless Coalition

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# Eric Arganbright

---

**From:** Kayla Knier  
**Sent:** Friday, October 25, 2024 4:03 PM  
**To:** Eric Arganbright

Browser tabs: NOFO - Kansas Statewide Homeless

Address bar: kshomeless.com/about-ks-bos-coc/nofo/

Navigation: Kansas Statewide H..., SwipeClock - Sign In, Constant Contact : L..., Login · Jotform



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**DONATE**

**Kayla Knier**

Director of Regional Coordination

785-764-9539

620-309-9825 Cell

Garden City, KS



**Kansas Statewide**

Homeless Coalition

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[LinkedIn](#) | [Facebook](#)

## Eric Arganbright

---

**From:** Kansas Statewide Homeless Coalition  
<earganbright@kansasstatewidehomelesscoalition.ccsend.com>  
**Sent:** Monday, October 28, 2024 8:44 AM  
**To:** Eric Arganbright  
**Subject:** The FY2024 Preliminary Priority Listings Have Been Announced

# The Kansas Balance of State Continuum of Care FY2024 Collaborative Application and Priority Listing Now Available

The Kansas Balance of State CoC has announced the FY2024 Collaborative Application and the CoC-Local Competition Preliminary Priority Listings. You can view the Priority Listings below and on the Ks-BoS-CoC website on our NOFO page. All information can be viewed on the CoC NOFO page by clicking the button below.

[KSHC NOFO Webpage](#)

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Kansas Statewide Homeless Coalition | 2001 Haskell Ave | Lawrence, KS 66046 US

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October 3, 2024

Andrea Quill  
Chief Executive Officer  
Domestic Violence Association of Central Kansas (DVACK)  
148 N. Oakdale Ave  
Salina, KS 67401

Re: Leverage

Dear Andrea Quill:

This certifies that A-Team Estates LLC agrees to support DVACK's housing efforts by adhering to the agreed upon terms outlined in the attached MOU. A-Team Estates LLC agrees to set aside a minimum of three rental units to be used by DVACK clientele as part of the Joint TH and PH-RRH project, accommodating at least 11 individuals.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Thomas".

Adrian Thomas,  
A-Teams Estates LLC  
Landlord

**Memorandum of Understanding Among  
A-Team Estates LLC  
&  
Domestic Violence Association of Central Kansas (DVACK)**

The A-Team Estates LLC and the Domestic Violence Association of Central Kansas (DVACK) have agreed to enter into this Memorandum of Understanding (MOU) to better serve victims of domestic violence, sexual assault, stalking, and elder abuse in North Central Kansas. This MOU establishes the working relationships of the DVACK Joint TH and PH-RRH programming. The program will provide supportive housing for victims of domestic violence, sexual assault, stalking, and elder abuse living in North Central Kansas. Through this agreement, as part of DVACK's Housing program(s), A-Team Estates LLC agrees to designate at least three rental units to be used by DVACK clientele as part of the Joint TH and PH-RRH project. DVACK agrees to provide intensive supportive services to help victims of domestic violence, sexual assault, stalking, and elder abuse obtain and retain stable housing in the community.

**Guiding Principles**

All parties under this MOU jointly recognize the following:

- Victims of domestic violence, sexual assault, stalking, and elder abuse often have extremely low incomes and are in need of safe, decent, and affordable housing.
- Victims of domestic violence, sexual assault, stalking, and elder abuse are members of the community with all the rights, privileges, opportunities, and responsibilities accorded to the greater community.
- Victims of domestic violence, sexual assault, stalking, and elder abuse are diverse in terms of their strengths, motivations, goals, backgrounds, needs, and disabilities.
- In designing and implementing this Joint TH and PH-RRH, the input of victims of domestic violence, sexual assault, stalking, and elder abuse should be sought.

**Roles and Responsibilities**

Through this MOU, the parties involved in homeless prevention agree to the following roles and responsibilities.

**A-Team Estates LLC will do the following:**

- Set aside at least three rental units to be used by DVACK clientele as part of the Joint TH and PH-RRH project, accommodating at least 11 individuals.
- Designate an A-Team Estates LLC staff member to be responsible for the day-to-day Joint TH and PH-RRH operations and to be the liaison with DVACK.
- Review policies and practices to facilitate access to Joint TH and PH-RRH by DVACK clients. Examples of such policies include reasonable accommodation requests, use of special housing types, housing search time, and terminations and appeals.
- Ensure that all Joint TH and PH-RRH participants understand their right to request a reasonable accommodation and be aware of the formal process for hearing these requests and acting on them.
- Meet quarterly with designated DVACK staff to discuss Joint TH and PH-RRH progress and identify any potential barriers to implementation.

**DVACK will do the following:**

- Administer the Joint TH and PH-RRH program.
- Designate a DVACK staff member to be responsible for the day-to-day Joint TH and PH-RRH operations and to be the liaison with the A-Team Estates LLC.
- Provide all housing quality standard checks.
- Provide Joint TH and PH-RRH supportive services including housing relocation and stabilization services and/or medium-term rental assistance, up to 24 months, as necessary to help individuals or families living in shelters or places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs include:
  - Rental Assistance: rental assistance and rental arrears
  - Financial Assistance: rental application fees, security and utility deposits, utility payments, last month's rent, moving costs
  - Services: housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, credit repair, etc.
- Identify DVACK clients in need of community-based housing and refer these consumers to the Program

Specialist for initial eligibility screening. As part of the referrals, DVACK will do the following:

- Help the client gather necessary information such as a birth certificate and documentation of income, citizenship status, and disability status;
- Help the consumer complete the housing application;
- Identify any potential issues that could be a potential barrier to receiving housing assistance;
- When necessary, maintain a waiting list of DVACK clients who are potentially eligible for Joint TH and PH-RRH.
- Ensure that all participants are informed of their right to request a reasonable accommodation and that there is a formal process for hearing these requests and acting on them. When necessary, assist DVACK clients in submitting reasonable accommodation requests to the A-Team Estates LLC.
- Conduct an initial needs assessment and develop an individual service plan for each client, including a periodic evaluation and update of the service plan as the needs of the client change.
- Provide intensive housing-related support services and case management to Joint TH and PH-RRH participants. Support will be available on a 24-hour-per-day basis. Meetings between participants and DVACK staff will take place in consumers' apartments as well as off-site.
- Help clients understand their rights and responsibilities under fair housing and tenant/landlord laws. This includes explaining the responsibilities of a lease, such as paying rent in a timely manner and requesting a repair.
- Serve as a resource to the A-Team Estates LLC staff in the management of disputes or differences between the client and other parties.
- Meet quarterly with designated A-Team Estates LLC staff to discuss Joint TH and PH-RRH progress and identify any potential barriers to implementation.

#### **Resident Rights and Responsibilities**

- No Joint TH and PH-RRH participant will be terminated from the Joint TH and PH-RRH or otherwise penalized by the A-Team Estates LLC solely for terminating his or her status as a recipient of services from DVACK, provided the participant continues to fulfill essential residency requirements outlined in the landlord agreement and the lease signed by the participant.
- All Joint TH and PH-RRH participants will be informed of applicable grievance procedures. Program participants will have the opportunity to appeal decisions, including the termination Joint TH and PH-RRH assistance and the termination of DVACK services.
- A Joint TH and PH-RRH participant who is failing to meet residency requirements and who ceases receiving DVACK services will, to the extent possible, have the opportunity to re-establish the service relationship with DVACK, or to make similar arrangements with another agency chosen by the individual to help him or her meet residency requirements.

#### **Terms**

This MOU will be automatically renewed with the same terms and conditions annually thereafter except where either party provides written notice of nonrenewal 3 months before the annual termination date. Otherwise, this MOU may be terminated in accordance with the section on Termination below.

#### **Termination**

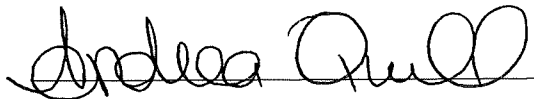
Either party may terminate this MOU by giving the other party 90 days prior written notice. The party wishing to terminate the agreement for cause must provide a written intent to terminate notice to the party in breach or default. The notice will provide 30 days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

#### **Amendments**

This MOU may be amended in writing and authorized by the designated representatives of both the A- Team Estates LLC and DVACK.

 10/3/24  
Signature Date

Adrian Thomas  
A-Team Estates LLC, Landlord

 10-3-24  
Signature Date

Andrea Quill  
DVACK CEO



September 24, 2025

U.S. Department of Housing and Urban Development (HUD)  
451 7th Street S.W.,  
Washington, DC 20410

Subject: Leveraging Housing Resources Commitment- NOFO 2024 and 2025- FR-6800-N-25

Dear HUD:

Prairie View, Inc. is committed to assisting Kansas Statewide Homeless Coalition in meeting the needs of homeless persons by providing the following housing resources for persons experiencing homelessness or fleeing domestic violence:

Prairie View, Inc. provides Tenant Based Rental Assistance to provide Permanent Supportive Housing for persons living in Harvey, McPherson, and Marion Counties who live with a serious mental illness or substance use issue. The funding to provide 8 units per year is provided by the Kansas Housing Resource Council through HOME funding.

In addition to the above understanding, the housing provider confirms that the eligibility criteria for our services will comply with the HUD program and fair housing rules, and we will not further restrict access to services through additional eligibility requirements.

The value of the resources is \$66,432 estimated on the following housing value: 8 units @ \$8,304 per unit on average. The value of our services is based on actual housing costs or typical rental charges. Our in-kind service contributions have been valued at a rate consistent with the amount paid for housing not supported by CoC funds.

1901 E. First St.  
PO Box 467  
Newton, KS 67114-0467  
316-284-6400  
316-284-6491 FAX

**Other Locations:**

508 S. Ash St.  
PO Box 185  
Hillsboro, KS 67063-1185  
620-947-3200

1102 Hospital Dr.  
McPherson, KS 67460-2318  
620-245-5000

7570 W. 21st St. N., Ste.  
1026-D  
Wichita, KS 67205-1734  
316-729-6555

[www.prairieview.org](http://www.prairieview.org)  
800-992-6292  
Crisis Help: 800-362-0180  
**Suicide/Crisis Lifeline:**  
**988**

This agreement is effective only upon selection of the named project for funding. The signature below is a representative of Prairie View, Inc. authorized to make the type of commitments identified in this letter.

Sincerely,

Marcy Johnson, MA EdS LCPC  
President/CEO  
Prairie View, Inc.



September 24, 2024

U.S. Department of Housing and Urban Development (HUD)  
451 7th Street S.W.,  
Washington, DC 20410

Subject: Leveraging Healthcare Resources Commitment- NOFO 2024 and 2025- FR-6800-N-25

Dear HUD:

On behalf of Prairie View, Inc. I am pleased to submit this letter to express our commitment to Prairie View's Permanent Supportive Housing project, which has been submitted through HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2024 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants.

Prairie View is dedicated to providing behavioral health and substance use disorder treatment services. We are enthusiastic about partnering with the Kansas Statewide Homeless Coalition to ensure the success of this crucial initiative.

Our commitment entails providing access services for all program participants who express interest in availing themselves of these services. The breakdown of our commitment is as follows:

**In-Kind Commitment:**

We committed to providing behavioral health and substance use disorder treatment proposed in the new project application. The value of this commitment amounts to \$41,959 over a one-year period, aligned with the project's grant term.

The total estimated value of this in-kind contribution is \$41,959 and these resources will be made available upon the initiation of Prairie View's project. These resources will be accessible throughout the entire grant term and for each renewable year.

We are eager to collaborate with Kansas Statewide Homeless Coalition in our joint efforts to enhance the quality of life for individuals and families served through Prairie View's PSH Expansion Project.

Sincerely,

Marcy Johnson  
President/CEO  
Prairie View, Inc.

1901 E. First St.  
PO Box 467  
Newton, KS 67114-0467  
316-284-6400  
316-284-6491 FAX

**Other Locations:**

508 S. Ash St.  
PO Box 185  
Hillsboro, KS 67063-1185  
620-947-3200

1102 Hospital Dr.  
McPherson, KS 67460-2318  
620-245-5000

7570 W. 21st St. N., Ste.  
1026-D  
Wichita, KS 67205-1734  
316-729-6555

[www.prairieview.org](http://www.prairieview.org)  
800-992-6292  
Crisis Help: 800-362-0180  
Suicide/Crisis Lifeline:  
988

**Memorandum of Understanding Among**  
**Salina Health Education Foundation dba Salina Family Healthcare Center**  
**&**  
**Domestic Violence Association of Central Kansas**

This letter of understanding is between Salina Health Education Foundation dba Salina Family Healthcare Center (SFHC) and the Domestic Violence Association of Central Kansas (DVACK). This letter outlines an agreement of services between both entities.

1. DVACK agrees to the following:
  - a. Advocates will assist sheltered and outreach survivors with obtaining medical, dental, vision, behavioral health, and pharmacy services provided by SFHC.
  - b. Advocates will ensure that all clientele sign a time-limited release of confidential information for all parties involved.
  - c. Advocates will assist uninsured and/or underinsured survivors with completing necessary paperwork for SFHC's sliding fee discount program (purple card)
  - d. Advocates will immediately respond to SFHC staff in the event a victim is needing DVACK services (including but not limited to counseling, shelter, advocacy, food, transportation).
  - e. Provide annual training to all SFHC staff on DVACK services and the dynamics of domestic and sexual violence.
  
2. SFHC agrees to the following:
  - a. Will provide DVACK clients without primary medical, dental, and vision healthcare home with comprehensive primary care services.
  - b. Will permit DVACK clientele to access all of their services, including but not limited to medical, dental, vision, behavioral health, and pharmacy, regardless of their ability to pay.
  - c. To offer DVACK information to any and all SFHC patients so as to educate and inform potential primary or secondary victims of DVACK services, through reasonable means, including presentations, written and verbal communication meeting SFHC marketing standards.
  
3. General Conditions
  - a. This memorandum of understanding becomes effective when signed by authorized representatives of DVACK and SFHC and remains in effect three hundred and sixty-five (365) days from the date signed by authorized representatives or until canceled as specified in Section 3(b).
  - b. This memorandum of understanding may be canceled by mutual agreement of all parties at any time. Either SFHC or DVACK may cancel this memorandum at any time upon thirty (30) days written notice.



Andrea Quill  
DVACK  
Chief Executive Officer

9-23-22  
Date



Dr. Kraft  
SFHC  
Chief Executive Officer, Chief Medical Officer

09/23/2022  
Date