

## Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

### Attachments

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

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

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

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** WI-502 - Racine City & County CoC

**1A-2. Collaborative Applicant Name:** Homeless Assistance Leadership Organization, Inc.

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

**1A-4. HMIS Lead:** Institute for Community Alliances, Inc.

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	No
7.	Disability Service Organizations	Yes	Yes	No
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
15.	LGBT Service Organizations	Yes	Yes	No
16.	Local Government Staff/Officials	Yes	Yes	No
17.	Local Jail(s)	Yes	No	No
18.	Mental Health Service Organizations	Yes	Yes	No

19.	Mental Illness Advocates	Yes	Yes	No
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
23.	Organizations led by and serving LGBT persons	Yes	Yes	No
24.	Organizations led by and serving people with disabilities	Yes	Yes	No
25.	Other homeless subpopulation advocates	Yes	Yes	No
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	No
30.	Substance Abuse Service Organizations	Yes	Yes	No
31.	Youth Advocates	Yes	Yes	No
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Veteran Service Providers	Yes	Yes	Yes
34.	State of WI Department of Corrections	Yes	Yes	No

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

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

(limit 2,000 characters)

#1 The CoC seeks a diverse membership. Solicitation is ongoing & open to anyone interested in preventing or addressing homelessness in Racine County. Open invitations are extended during newspaper, radio, or television interviews & when writing editorials or Letters to the Editor. Invitations are made at meetings of other community groups. Member solicitation occurs through the CoC website, Facebook, meetings, & through personal contacts w/others in the community, or at other public meetings or hearings. In Jan & July the public is invited to participate in PIT counts, CoC activities & meetings.

#2 Membership info on the CoC website & Facebook allows individuals w/visual impairments to change the size of documents or utilize accessibility options in computer browsers. Documents can be read to persons w/hearing impairments or those w/learning disabilities, TTY & sign language interpreters are utilized for anyone with a hearing impairment. Zoom meetings aid individuals with mobility concerns or who need closed captioning. Personal connections may also reveal specific needs & a special solicitation can occur at that time.

#3 All CoC & ESG funded agencies are required to have representation on their boards or decision-making body by a formerly or currently homeless individual. Each agency extends a public invitation, & personal contact with individuals, to assure that their voices are heard in the decision-making process. Agencies routinely invite formerly & currently homeless people to CoC meetings, encourage them to form advisory groups and send representatives to meetings.

#4 Members & outside groups address ways orgs. and individuals can benefit from services provided when using lenses of equity, diversity, and inclusion. Presenters include the SE WI LGBT, Racine/Kenosha Black Nurses Assoc, understanding cultural concerns of COVID-19, Fair Housing, Lead Safe WI, and Racine City Financial Empowerment Center. Presentations open up networking opportunities.

<b>1B-3.</b>	<b>CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.</b>	
	NOFO Section VII.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; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

#1 We meet as a CoC community once a month. We receive opinions via community surveys, focus groups, traditional & social media, expert opinions, including current/formerly homeless people (c/f hp). CoC meetings are open to the public and attendance does not require receipt of CoC or ESG funding. Sharing opinions & information is encouraged. C/F hps are on various committees & workgroups. DV, human trafficking, youth providers, LGBTQ, & mental health providers provide input. Joint meetings with community groups provide additional input and expertise. The CoC website has an option for submitting comments.

#2 Information is presented in verbal & written format - includes hand-outs, infographics, electronic presentations, testimony, question & answer. The CoC website includes a page where comments can be made at any time. Press releases, radio, television & newspaper interviews, letters to the editor & commentaries are also used to solicit public information. The last half of monthly meeting is designated community sharing & updates. Participation with the County led to new approaches in addressing prevention and the creation of a Countywide program akin to 211, which we did not have. Prevention providers met weekly to strategize ways to help people stay out of homeless system. Initiated due to COVID-19, the group still meets monthly to discuss and address concerns.

<b>1B-4.</b>	<b>Public Notification for Proposals from Organizations Not Previously Funded.</b>	
	NOFO Section VII.B.1.a.(4)	

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

**(limit 2,000 characters)**

#1 Monthly CoC meetings kept all up to date regarding pending NOFO. Those present consist of nonprofits, government entities, & non-funded agencies. Funded agencies were notified 9/10/21 of the NOFO release & a 9/16/21 mandatory info meeting. Local competition officially opened 9/17/21. Public announcement was issued via Instagram, Facebook, CoC Website, & sent to the local newspaper. E-mail notification was also sent to the Alliance Secretary for distribution to Alliance & CoC members. Announcements consisted of timeline, contact information, access to HUD funding site, and links to operate e-Snaps.

#2 Lead Agency Director & CoC Director reached out directly to agencies not receiving CoC program funding encouraging them to attend the info meeting. Subsequently contact was made to solicit potential bonus project applications, which unfortunately was unsuccessful. The announcement and timeline, which included HMIS & application technical assistance opportunities, was posted on the Racine CoC website on 9/08/21. Announcements on Facebook, Instagram, & CoC website worded "New and renewal projects". E-mail notification was also distributed to Alliance & CoC members. A public informational meeting was held 9/16/21, via Zoom. We reached out to City & County for listings of contractors for new projects, sent out emails.

#3. Process was reviewed at public info meeting and put on website with a timeline including HUD EXCHANGE links on how to access and create an e-snaps account.

#4 Rating & review procedure document on CoC website stating the threshold policy, CoC funding priorities, and final ranking process was posted 9/08/21, & reviewed at the info meeting 9/16

#5 All notifications are made verbally at meetings; written material is provided in pdf on website ADA accessible. Use of website which is ADA compliant. A verbal announcement is made at member meetings and placed into minutes sent electronically monthly & reviewed at the info meeting 9/16

# 1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.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 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)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT 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.	Human Trafficking Organization	Yes



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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. There are two ESG jurisdictions in the Racine CoC-City of Racine & State of Wisconsin. We participated in development of the applications by providing written comments & discussion, provided input directly to Mayor, was represented at meetings when allocation was discussed and took place. Participated in State ESG funding formula workgroup & update of ESG Program manual, participated in determination of eligibility of projects for ESG funding.
2. Participated in monitoring with both City of Racine and State of Wisconsin by reviewing agency materials along with the State of WI and City of Racine. Reviewed CAPER and APR for agencies receiving funding & provided technical assistance for questions or deficiencies
3. PIT and HIC data are submitted monthly. January PIT and HIC data is submitted to both City of Racine and State of Wisconsin ESG jurisdictions.
4. Provided written input to both State of Wisconsin and City of Racine while the Consolidated Plan was being revised.

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

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

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

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:	
1.	how your CoC collaborates with youth education providers;
2.	your CoC’s formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC’s formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC’s formal partnerships with school districts.

**(limit 2,000 characters)**

#1 Children 0-18: Shelters provide summer children's enrichment program offers 1-5 grades with literacy, science, gardening, art, & math; homework, tutoring sessions; children/youth shelter offers yr. round early childhood center (6wks-12yrs); & vocational options (13-16yrs)  
Youth 18-24: Youth shelter works w/UW-Extension client parenting & nurturing workshops; ESL programs, GED/HSED programs; Job Corps progs, Pre-Apprenticeship Training

#2 Children: CoC MOU with Head Start program; Youth Shelter has MOU for early childhood services  
Youth 18-24: MOU w/Cnty for life skill training, job coaching, & interviewing preparation

#3 The CoC works with CESA 1, including agency staff attending meetings & training regarding programming for homeless, runaway, and trafficked youth, & general education issues/concerns common to children experiencing homelessness. The Wisconsin Department of Public Instruction is available to answer questions and provides information as needed.

#4 CoC director participated in rating & ranking for 2021-23 Education for Homeless Children and Youth (EHCY) Compliance Grant

#5 LEA representative serves on youth shelter board of directors & CoC Ldrshp Council & annually presents MK-Vento at CoC meetings. Youth, family, & DV shelters distribute flyers of resources available for people to staff at district, school, & classroom levels. In addition to programming, YS provides family medication services & student services addressing truancy & risky behaviors

#6 Youth shelter (YS) has formal contracts w/local school board for Girl's Inc leadership progs in elementary & middle schools. Both YS & MKVento provide annual presentations to CoC membership on MKVento program/services available through schools. All YS work onsite at schools are through a contract with the school district.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

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

**(limit 2,000 characters)**

The McKinney-Vento liaison from the largest school district in Racine County attends CoC meetings, serves on the CoC Leadership Council & maintains direct collaboration with the CoC shelter case managers. There are also collaborative efforts between the 2 largest school districts in Racine County located outside of City of Racine when a homeless child formerly attended that district. Providers receive pamphlets, posters, and flyers notifying participants of their options. These resources are available in Spanish and English.

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

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

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

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

**(limit 2,000 characters)**

#1 Our DV shelter provides staff training once a month on average. Trauma-informed trainings are provided semi-annually. End Domestic Abuse WI provides trainings as well as other online resources. Full staff monthly trainings range from trauma-informed, safety plans & inclusive services. Staff at all shelters are notified of any training opportunities & registration forms. The CoC partners w/WI Dept of Health Services to host monthly virtual forums, two on victim-centered & trauma-informed care. Yearly, DV providers and Human Trafficking orgs provide information presentations to all CoC members.

#2 Our DV shelter does not have CE staff. Staff from our CE provider perform CE activities for the DV providers. Non-DV providers attend trauma-informed and client-centered community training at the local and state level

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

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

**(limit 2,000 characters)**

DV providers generate de-identified aggregated data reports from Osnum, a comparable HMIS database. Osnum is capable of generating CAPER and APR data in the same format as our HMIS system. The APR and CAPER are required to be submitted annually, but CAPER reports are reviewed monthly and APR reports as requested. Data reports are provided by a DV shelter and DV permanent housing provider. The number of individuals experiencing and fleeing domestic violence is collected, as well as general demographic data. In addition to comparable HMIS data, the type of victimization can be collected in Osnum and reports generated for more detailed analysis and identification of needs.

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

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

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

**(limit 2,000 characters)**

#1 DV survivors presenting at non-DV providers are offered an opportunity to meet with a DV advocate rather than a general intake worker or case manager. Survivors are not required to provide documentation of victimization to receive DV services. Assistance is provided to access Legal Action of WI which assists w/obtaining Orders of Protection & other legal assistance. All CoC and ESG funded agencies have staff trained in Trauma-Informed Care & Client-Centered services to assure equal access to services, identification of those with more acute needs, & services tailored to their circumstances. Victim services agencies provide training at least annually. The CoC includes victim service agencies in the development of protocols.

#2 All CoC and ESG funded projects must comply with either the CoC emergency transfer plan or an approved alternate plan. They must publicly post the Emergency Transfer Plan on its website and in a conspicuous location on its premises. Agencies are monitored for compliance. A victim may request an emergency transfer from their current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.

#3. Racine CoC members participate in non-HMIS CE list training through our HMIS Lead Agency, Institute for Community Alliances. DV providers in the CoC provide de-identified aggregate data from Osnum. Data is reviewed monthly, w/other CoC data. The HMIS committee meets monthly for discussion and training updates on DV data & the non-HMIS CE list. A DV provider is a member of the CE workgroup & provides input & feedback on confidentiality & safety planning for CE policies & procedures. A pre-screen form identifies survivors to ensure appropriate protocols are followed for CE. Survivors presenting at non-DV providers are given the option to be on the non-HMIS CE list rather than HMIS list, to provide an additional layer of confidentiality and allow equal access to housing opportunities.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

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

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 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?
Housing Authority of Racine County, Inc.	9%	Yes-HCV	No
Wisconsin Housing & Economic Development Authority	0%	Yes-HCV	Yes

1C-7a.	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	NOFO Section VII.B.1.g.	

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

**(limit 2,000 characters)**

#1 The CoC has one PHA-Housing Authority of Racine County (HARC) – in Racine County, and a state-wide PHA - Wisconsin Housing & Economic Development Authority (WHEDA). HARC: HARC does not administer public housing but does administer HCVP. In 2019 HARC revised its Admin Plan to include a homeless preference. Discussions are currently underway to extend the MOU & expand the number of homeless preference vouchers. There is also a Mainstream Voucher MOU prioritizing homeless persons who are disabled and those in PSH or RRH as part of a Moving On strategy. We are in discussion to extend and expand this MOU. Our goal is to create a Coordinated Entry (CE) process that includes categories 2, 3, and 4 homeless, as well as prevention individuals when appropriate. The CoC also partners with HARC to distribute Foster Youth to Independence (FYI) vouchers.  
 WHEDA: WHEDA does not operate any Public Housing in our jurisdiction, but does administer the Emergency Housing Voucher Program (EHV) for Racine County. The Racine CoC has an MOU with WHEDA for EHV. The MOU includes a specific CE process for both those who are currently homeless and a Moving On strategy for those in RRH and PSH. Due to the start date of this program, no EHV were issued during FY2020 but we currently have 13 applications pending approval.  
 #2 - N/A

1C-7b.	<b>Moving On Strategy with Affordable Housing Providers.</b>	
	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 Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

- |    |   |
|----|---|
| 1. | how your CoC includes the units in its Coordinated Entry process; and                       |
| 2. | whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs. |

(limit 2,000 characters)

#1 Wisconsin Housing & Economic Development Authority (WHEDA) Emergency Housing Vouchers (EHV) are included in our Coordinated Entry (CE) system. Both our regular prioritization is utilized for persons who are category 1 homeless, as well as a Move On prioritization for Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH). We do not have public housing units in our jurisdiction, and all are voucher based. Vouchers that are available are filled with persons who meet one of the two (2) prioritization categories. We are in discussion with the Housing Authority of Racine County (HARC) to utilize CE for all Housing Choice Vouchers (HCV) issued through HARC. Currently, there is an informal prioritization process that targets category 1 which is utilized by our emergency shelters and street outreach program. Our local county human services department targets category 2 homeless. The goal is to have all available homeless & homeless prevention designated vouchers go through formal CE by the end of FY2021.

#2 MOUs exist with both the Housing Authority of Racine County and Wisconsin Housing and Economic Development Authority.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

1C-7d.1. CoC and PHA Joint Application—Experience—Benefits.	
NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

- |    |  |
|----|--|
| 1. | the type of joint project applied for;   |
| 2. | whether the application was approved; and  |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

N/A

1C-7e. Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
NOFO Section VII.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
--	-----

1C-7e.1. Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program—List of PHAs with MOUs.	
Not Scored—For Information Only	

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

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

<b>PHA</b>
Wisconsin Housing...



## 1C-7e.1. List of PHAs with MOUs

**Name of PHA:** Wisconsin Housing & Economic Development Authority

## 1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

1C-9.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.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 2021 CoC Program Competition.	5
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	5
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First—Project Evaluation.	
	NOFO Section VII.B.1.i.	

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

(limit 2,000 characters)

Annual monitoring takes place of each project. Bi-Weekly mandatory Coordinated Entry (CE) meetings where Case Managers and CE Admin Specialist walk through EVERY case that is open to ensure housing first procedures are followed while providing services prior to housing placement. This process allows a review of the length of time in a shelter, length of time on a housing waiting list, return to a shelter, or unsuccessful housing search. It also assures that projects are not placing barriers on those with alcohol, drug, severe mental health, criminal history, and other factors that high barrier programs utilize to screen out individuals.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

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

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1)Special teams respond to SO needs on nights between scheduled shifts if necessary. During extreme weather conditions (10 degrees or less) teams go out every night until the weather breaks. The teams work exclusively at night providing basic assistance (food, water, blankets, etc.), information, and service connections.

2)The CoC street outreach (SO) covers the entire geographic area of Racine County.

3)There are 21 “outreach zones,” each zone covered by street outreach (SO) a minimum of 4 times per year, inclusive of PIT counts in January and July. Regular SO: HOPES Center conducts street outreach within the COC 3-5 times per week in the zones where more than 98% of SO contacts occur. Most SO contacts initially decline shelter, but the team is able to connect them directly to housing via coordinated entry (CE). CE referrals are conducted at the person’s location. Positive exits from SO to shelter or housing consistently exceed annual unsheltered PIT counts. SO has been uninterrupted throughout the COVID-19 pandemic by using personal protective equipment and smaller teams. All team members are fully vaccinated.

4)Access to SO: The multi-racial, multi-ethnic, multi-gender SO teams are trained in locating unsheltered persons, building trust using person-centered & trauma-informed approaches, & explaining available services. An SO hotline receives both self-reports and 3rd party reports of unsheltered persons from agencies, community members & local businesses. The team responds to all calls & has access to translation services through other agencies if needed. SO contacts trust and often refer other unsheltered persons to the SO team. SO is primarily a face-to-face activity in which housing and supportive services are explained and offered to everyone determined to be unsheltered. Informational pamphlets on services are provided in English but can be specially adapted based on individual needs & provided on a subsequent SO encounter.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

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

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

1C-12.	Rapid Rehousing—RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	92	76

1C-13.	Mainstream Benefits and Other Assistance—Healthcare—Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

#1 The CoC/Alliance emails updated material to membership & updates at monthly virtual meetings. Agencies maintain flyers and brochures to hand out to clients. Agency partnerships with County Extension & the County Workforce Development Center provide case managers with recent information. The Racine County Resource Navigator visits participants at various providers & facilitates quarterly meetings for project staff. The CoC encourages organizations to sign up for e-mail notifications provided by State TANF organizations.

#2 Information provided verbally and in writing on an ongoing basis. Our CoC Director attends bi-weekly meetings with State of Wisconsin (WI) Department of Health Services staff, monthly meetings with Medicaid staff, quarterly meetings as a representative on the WI Interagency Council on Homelessness. The Director hosts bi-monthly prevention meetings with Legal Action, LSS, and Racine County Here to Help staff (equivalent of 211 prog.) to receive resource updates. We pass updates to agencies via website, email, or during our CoC/Alliance monthly meetings. Mainstream providers provide presentations at monthly CoC/Alliance meetings on resources available to agencies and clients. Legal services provider operates a SOAR project & provides regular updates to CoC/Alliance members.

#3 Clients receive help enrolling in marketplace health coverage from case managers & private insurers who come onsite for open enrollment. Case managers work closely with TANF providers to confirm client eligibility & enroll clients in health coverage. Health Care Network works to help those without coverage receive health services.

#4 Case managers connect participants with State of WI funded benefit specialists who have expertise in the utilization of benefits. PATH and SOAR providers work to ensure that people with serious mental illness can access benefits. Legal services provider staff explains benefits to individuals, files appeals on their behalf, & represents them at administrative hearings.

1C-14.	Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.1.n.		

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

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

(limit 2,000 characters)

#1 Shelters, street outreach (SO), Regional Veteran's Affairs, & other veteran's programs are access points for 100% coverage.  
#2 Culturally competent & SO & Projects for Assistance in Transition for Homelessness (PATH) complete Coordinated Entry (CE) assessments for unsheltered refusing shelter. Bilingual material, resources specific to sub-populations such as mentally ill, Domestic Violence (DV) Youth, & Veteran services, SO services pamphlets, City and County agencies & School District McKinney-Vento flyers are used to reach diverse populations. The materials are provided to law enforcement, faith-based organizations, churches, providers serving specific ethnic or racial populations, meal sites, food pantries, libraries & local businesses. Connection to CE, referrals to SO are also made by City of Racine Public Works park employees, other homeless individuals, businesses, & law enforcement. VA funded & non-funded homeless outreach/crisis hotline staff refer to the CE list.  
#3 CE prioritization complies w/ HUD CPD Notice 16-11 for PSH. Persons defined as chronically homeless (CH) have the highest priority for housing. CH status is determined by HMIS entry/exit dates, homeless history tracking forms to calculate episodes & length of time homeless (LOTH), & disability verification.  
#4 CH with longest LOTH & severity of needs have the highest priority. VI-SPDAT, TAY-SPDAT & VI-FSPDAT scores to prioritize households for RRH units. CE Case Conferencing is held twice a month to discuss progress & address barriers. CE Manager follows-up weekly to ensure actively managed lists.

1C-15.	Promoting Racial Equity in Homelessness—Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

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

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

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

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

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

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

(limit 2,000 characters)

To understand disparity, we are working with our HUD TA to complete the CoC Performance Analysis and Improvement Toolkit. We believe that will allow us to formulate the necessary information to address the racial and ethnic disparities within the populations we serve. We believe those conversations will move us toward understanding the need to take a system's thinking approach and examine our CoC and partner agencies' governing documents and standards. We move beyond examining just those we serve and understand the intersection of the structural embeddedness of inequities built into our policies and organizational structures.



<b>1C-16.</b>	<b>Persons with Lived Experience—Active CoC Participation.</b>	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	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.	Included and provide input that is incorporated in the local planning process.	15	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	15	1
3.	Participate on CoC committees, subcommittees, or workgroups.	5	1
4.	Included in the decisionmaking processes related to addressing homelessness.	2	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

<b>1C-17.</b>	<b>Promoting Volunteerism and Community Service.</b>	
	NOFO Section VII.B.1.r.	

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

## 1D. Addressing COVID-19 in the CoC’s Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

**(limit 2,000 characters)**

#1 Street Outreach (SO) reduced the number of teams to protect volunteers & those who were unsheltered to minimize contact. Despite the reduction in staff, SO maintained regular contact checking on unsheltered people (UP), encouraging them to move to a shelter motel. To reduce the risk exposure to UPs & staff, SO teams alternated times when they would conduct outreach. In addition to phone calls, SO added a self-reporting option on their website. SO also distributed info on the vaccines and distribution sites

#2 Initially, all shelters followed protocols for communicable diseases by increasing physical space, sanitizing, & performing wellness checks. Congregate shelters reduced capacity by a minimum of 50%, and utilized non-congregate m/hotels. Shelters worked directly with local public health officials to move all clients to m/hotels so the shelter could be used for the homeless & first responders who had COVID. Shelters secured personal protective equipment (PPE) from a variety of sources for staff and participants. Once clients began to re-populate the shelters, vaccination education and clinics were held.

#3. Residents of transitional and permanent supportive housing were supplied with cleaning supplies & PPE. Case managers conferred with clients weekly to do wellness checks, and arrange for food, medicine, and other supplies to be delivered. Information about vaccination clinics was provided.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

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

**(limit 2,000 characters)**

Specific protocols are in place that cover all types of communicable disease. Alternate non-congregate shelter has been identified if needed. Relationships with universities with nursing programs have been developed with student nurses being available on site at shelters. Relationships with the two public health agencies have been strengthened. Relationships have been developed with local health providers for the provision of regular education sessions, and on site vaccination clinics. Staff at all agencies have become more skilled at identifying potential health issues in clients and available resources for education and treatment.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

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

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

**(limit 2,000 characters)**

Due to the small size of our CoC, CoC and ESG-CV recipients are likely to be the same and have frequent formal and informal contact with one another.

#1 Meetings were held to assure the equitable distribution of ESG-CV funding for items needed to assure staff & client safety such as personal protective equipment, & m/hotel vouchers to move clients from congregate to non-congregate settings.

#2 Meetings were held to discuss the allocation of funds fo rapid rehousing assistance. Readjustment of funds was made as needed. CoC standards and coordinated entry (CE) prioritization were adjusted to meet changed needs for accessing housing due to COVID.

#3 Meetings were held to determine the need for prevention funding, as well as on-going assessment to re-allocate funds as needed. CoC standards and CE prioritization were adjusted to meet changed needs due to COVID.

#4 Meetings were held to determine the need for various PPE, arrange for education regarding COVID and vaccinations, as well as assuring that clients had access to medical care.

#5 Meetings were held to discuss and allocate funds for sanitizing and cleaning products, as well as securing products from local manufacturers, and members in the community.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

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

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

**(limit 2,000 characters)**

#1 CoC leadership met weekly with the State of Wisconsin (WI) Emergency Support Function #6 to report CoC needs, receive information about COVID & protocols. Initially, weekly meetings were held with the 2 public health agencies to develop protocols for congregate and non-congregate shelter & regular meetings were held thereafter. Nurses made presentations to clients on COVID and vaccinations. Local hospitals regularly provided updates on COVID prevention and held vaccination clinics at shelter and entities persons experiencing homelessness frequented. Student nurses developed protocols for the CoC's largest shelter, which were shared with other shelters.

#2 EFS6 assisted in obtaining personal protective equipment as well as cleaning and sanitizing products. Local hospitals donated PPE and cleaning and sanitizing products. The 2 local public health agencies and student nurses assisted in the development of protocols related to social distancing, wellness checks, and sanitizing. Nurses made presentations to clients regarding COVID prevention such as social distancing, hand washing, cleaning and sanitizing, and masks.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

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

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

**(limit 2,000 characters)**

#1 We communicated safety information with updates via email, social media site "Slack," and at monthly CoC meetings. We provided links to the HUD Exchange, CDC, and local FEMA Emergency Support Function 6 resources. Agencies regularly communicated with one another to share best practices.  
#2 Links to State, City & County resources provided the most recent updates on local restrictions. During CoC/Alliance monthly virtual meetings, local agencies reported what their current situation was and how they were working with clients. The CoC/Alliance conducted a survey of local homeless providers and CoC/Alliance members for information regarding the availability of services, including food pantries, community meals, and mainstream programs. The social media site "Slack" contained discussion sections where CoC members could communicate their latest agency/program restrictions.  
#3 CoC Director was a member of Vaccinate Racine Coalition, which worked to distribute information on vaccinations and hosted various popup vaccination sites. Local shelters partnered with the local hospital to distribute vaccines on the shelter site. We shared vaccine information and access to both staff and clients. City & County staff provided vaccine sites updates provided monthly at CoC/Alliance meetings.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

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

**(limit 2,000 characters)**

The population was identified through the local day shelter, the shelters, & local pop-up vaccine events at local community centers in low-mod inc. areas. Membership on Vaccinate Racine Coalition provided access to collaborate with the Black Nurses Association, Health Care Network free health clinic, Ascension Hospital on distribution sites for vaccines. Ascension delivered on-site vaccinations to shelters' staff and anyone who wanted the vaccine.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

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

**(limit 2,000 characters)**

The number of DV victims entering shelter was low but police indicated calls were still coming in. To plan for the increase, DV shelter designated funds to house individuals in motels when necessary. Employed DV clients stayed at motels to reduce spreading the virus they may have come in contact with. New clients were quarantined for CDC recommended time period. Shelter remained active & visible through its website & Facebook pages, & provided information on DV to CoC/Alliance members at monthly meetings. An extra staff member remained available in the shelter building from 10am-6pm to help with advocate duties during the busiest time of the day

1D-8. Adjusting Centralized or Coordinated Entry System.	
NOFO Section VII.B.1.n.	

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

**(limit 2,000 characters)**

The CoC held a special meeting of HMIS Committee, CE Committee, & Racine Cnty (RC) DHS. We used CDC COVID risk factors to identify COVID priorities & indicate commonalities exacerbated by COVID: direct & indirect loss of income due to COVID, criminal history, domestic violence, mental illness, substance abuse, household size (8 people or more), & eviction history. System Performance Measures data confirmed risk factors & Eviction Lab data identified at-risk census tracts which were included in priority for prevention services.

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

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

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.  NOFO Section VII.B.2.a. and 2.g.	
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1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/08/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/17/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.  NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

1E-2a.	Project Review and Ranking Process—Addressing Severity of Needs and Vulnerabilities.	
	NOFO Section VII.B.2.d.	

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

- |    |  |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and  |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

**(limit 2,000 characters)**

1. Questions from APRs Q13a2, 15 & 16 were utilized; severity of needs equaled 30 points out of 110 total points for rating & ranking; severity of need and vulnerability included disability/zero income/unsheltered. Projects serving those with higher needs and vulnerability received more points.

2. Projects serving those with a disability, addictions, and severe mental illness received more points based on the percentage served with those vulnerabilities, no income, and being unsheltered at time of entry into housing. Additionally, a final review was done at the time of ranking to assure that those projects serving these populations were not penalized because the performance was lower than a project serving individuals with a lower percentage of high-needs clients.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- |    |  |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;   |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;  |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

**(limit 2,000 characters)**



1. The initial rating and ranking factors were reviewed by a diverse group of individuals, including a consumer group at the CoC's largest shelter. Since that time, input is encouraged by a diverse cross section by posting on the CoC website. All shelters and street outreach regularly seek input from all clients regardless of race or ethnicity through various means including surveys, focus groups, and one on one discussion.
2. Persons belonging to over-represented races are sought out, including personal invitations, to obtain feedback and to serve on the rating and ranking committee. Satisfaction surveys - written and verbal - are utilized through-out the year to obtain feedback regarding various projects.
3. The CoC began examining racial equity in FY2019, and in FY2020 began to examine the impact of CoC Standards and individual agency policies on racial equity. A Diversity, Equity, and Inclusion (DEI) work group has been formed under the System Performance Committee which is analyzing demographic data for each agency and project. Ideally, the DEI Workgroup membership will be adjusted to compensate for identified disparities. Project outcomes are currently examined with consideration of racial demographics and how the project's policies impact - positive or negative - project outcomes with those individuals who are over-represented in the project. Additionally, Coordinated Entry standards are examined for the same reason.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

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

(limit 2,000 characters)

#1 All projects may voluntarily allocate funds. Projects which do not meet the determined threshold level may be required by the CoC to reallocate. A project may not be forced to reallocate funding if the reason for low performance is related to serving a majority of clients who have a higher level of need and are difficult to serve for various reasons. Additionally, the CoC has identified priority sub-populations and a project may not be required to reallocate if serving a priority population.

#2. There were 2 projects that did not meet the threshold. However, both serve clients considered high barrier and both serve a priority population - veterans and youth. Both projects served a need and not funding them would create a gap in our CoC.

#3 We did not reallocate any funds this year.

#4 It was recognized that the 2 projects that met the initial criteria for reallocation serve high need clients, and both serve priority populations - veterans and youth.

#5 The reallocation process was explained at an initial meeting of all potential applicants and it was posted on the CoC website. Additionally, the 2 projects that met the initial criteria for reallocation were personally notified by the committee of the process, why it was determined they would still be funded, and conditions that would be reviewed once funded.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

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

1E-5.	Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/14/2021
---	------------

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/13/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus Clarity Human Services
--	---------------------------------

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

Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
---	------------

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

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

- |    |   |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and             |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

**(limit 2,000 characters)**

#1 All DV housing and service providers are required through an MOU with the Lead Agency to use a comparable HMIS database that complies with 2020 HMIS Data Standards. DV housing & service provider staff receive training from HMIS System Admin to ensure proper reporting on those data standards. They attend HMIS Committee meetings 6xs per year to discuss data standards & any reporting changes. The Lead Agency confirms this process when reviewing monthly reports and during agency monitoring

#2 DV providers generate de-identified aggregated data reports from Osnum, a comparable HMIS database. Osnum is capable of generating CAPER and APR data in the same format as our HMIS system. The APR and CAPER are required to be submitted annually, but CAPER reports are reviewed monthly and APR reports as requested. Data reports are provided by a DV shelter and DV permanent housing provider. The number of individuals experiencing and fleeing domestic violence is collected, as well as general demographic data. In addition to comparable HMIS data, the type of victimization can be collected in Osnum, and reports generated for more detailed analysis and identification of needs.

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	147	32	115	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	71	31	40	100.00%
4. Rapid Re-Housing (RRH) beds	76	0	76	100.00%
5. Permanent Supportive Housing	154	0	154	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.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 2,000 characters)**

Does not apply. We are at 100%

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

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

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

**(limit 2,000 characters)**

Does not apply. We are at 100%

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

<b>2B-1.</b>	<b>Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022</b>	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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<b>2B-2.</b>	<b>Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.</b>	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

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

**(limit 2,000 characters)**

#1 The CoC held a special meeting of the HMIS Committee. We used CDC COVID risk factors to identify COVID priorities & factors which are exacerbated by COVID: direct & indirect loss of income due to COVID, criminal history, domestic violence, mental illness, substance abuse, household size (8 people or more), & eviction history. Sys Perform Measures data confirmed risk factors & Eviction Lab data identified at-risk census tracts which were included in priority for prevention services.

#2 CoC uses legal representation & rent assistance as intervention & diversion strategies for those at risk or imminent risk of homelessness due to potential eviction or from unexpected financial burdens esp. during COVID. Racine Cnty DHS created Here to Help (H2H) program similar to 211. Clients are contacted to check for additional risks during COVID. H2H works w/CoC agencies to prescreen prevention calls, fund utility bills, back rent, & mainstream services such as food, health, transportation. Once eviction moratorium ended, H2H worked with landlords & Racine/Kenosha Community Action Agency which runs the WI Emerg Rental prog. Case managers help new clients w/income find solutions, e.g., security deposits & housing navigation to work with landlords & prevent shelter stays over 30 days. Relationships with prison re-entry (Racine Vocational Ministries) & DV (Women's Resource Center) programs provide education & services, established protocols with addiction and mental health providers (NAMI) that support long-term recovery have also proven to be helpful. Financial education is coordinated with Wisconsin Women's Business Initiative Corporation & Rent Smart & City of Racine Financial Empowerment Program

#3 The CoC/Homelessness and Housing Alliance of Racine County's Prevention Initiative Workgroup



<b>2C-2.</b>	<b>Length of Time Homeless–Strategy to Reduce.</b>	
	NOFO Section VII.B.5.c.	

Describe in the field below:

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

**(limit 2,000 characters)**

#1 Our strategy is to use a Coordinated Entry (CE) process, non-CoC subsidized housing, local PHA HCVs, & Move-on EHV's with the WI Housing & Economic Development Authority (WHEDA) & a diversion action for people entering shelter w/income.

- Case Managers meet 2x a month on Zoom for CE case staffing to review cases issues. Meetings increase communication between agencies' CMs. CMs can work together to reduce the length of time between a client's entering a shelter & completing the necessary paperwork to receive PSH. The clients sign an ROI with their CM, who can obtain documents if there are issues. When clients present w/income, CMs help find solutions, e.g., security deposits & housing navigation to work with landlords & keep shelter stays under 30 days.
- CMs help clients apply to non-CoC subsidized housing units while on CE list to improve the chances of a participant obtaining housing.
- We have hired a housing navigator to increase connections w/landlords & aid clients in finding housing faster.

#2 We use HMIS data to identify & HMIS for CE for prioritization. Shelters & Street Outreach do assessments that include length of time homeless, then refer people to CE. CE Prioritizing for housing includes the length of time homeless. Shelters regularly review HMIS data to identify those in the program the longest.

#3 The CE Case Staffing Workgroup. Iraida Vazquez, Institute for Community Alliances & Gai Lorenzen, Lead Agency - Homeless Assistance Leadership, oversees the workgroup.

<b>2C-3.</b>	<b>Exits to Permanent Housing Destinations/Retention of Permanent Housing.</b>	
	NOFO Section VII.B.5.d.	

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

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

#1 All projects are required to use Coordinated Entry (CE) & Housing First (HF). HF emphasizes getting people into housing quickly regardless of potential barriers & providing support in housing. Early identification & intervention for those with mental health or addiction barriers is also key to retaining housing. Case managers(CM) provide links to mental health services and other community resources for clients to recognize community services beyond the shelter and CM.

As people enter RRH, we have them sign up for all subsidized housing projects, (e.g., Housing Choice vouchers) to increase their chances of obtaining permanent housing as they await placement into an RRH unit. For FY21, we are using Emergency Housing Vouchers for RRH & PSH clients using our Move On approach.

CM meetings address issues & areas such as financial literacy & goal setting. Our Housing Navigator (HN) works with clients to reduce the time needed to locate housing. For 2021 we have prioritized CoC & ESG funded RRH & PSH clients, using a Move-on assessment for placement into Emerg Housing Vouchers. We work with the city to place special populations w/restrictions on where they can live.

#2 Clients are encouraged to take the "Rent Smart" course online so they are aware of their rights & responsibilities as a tenant. Racine Cnty Here to Help program & the CoC Housing Navigator work directly w/landlords during initial housing placement. The City of Racine held tenant-landlord listening sessions. Providers hold tenant sessions to help clients understand their Rights and Responsibilities as tenants. Mediation also helps tenants & landlords work out issues between them as well as helping tenants communicate better with other tenants. This has helped prevent evictions & reduced the return to homelessness or shelter. Racine City designed its RENTS initiative to prevent retaliation for reporting code violations. Case managers begin to work with clients to identify other housing options and move on strategies when they enter permanent housing.

<b>2C-4.</b>	<b>Returns to Homelessness—CoC's Strategy to Reduce Rate.</b>	
	NOFO Section VII.B.5.e.	

Describe in the field below:

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

**(limit 2,000 characters)**

1. On a monthly basis, HMIS data reports are reviewed by either a CoC committee or individual agencies to identify returns to homelessness.
2. Intensive case management, request transfer to other more appropriate programs if necessary, identification of individuals and families for section 8 vouchers and other subsidized programs, moving on strategies that include supportive services for those who may be at risk. Additionally, joint case mngt with providers of income support services to foster housing stability & increase connections to mainstream resources.
3. System Performance Committee and Coordinated Entry workgroup.

2C-5.	<b>Increasing Employment Cash Income-Strategy.</b>	
	NOFO Section VII.B.5.f.	

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

**(limit 2,000 characters)**

1. All persons are required to be assessed for referral to an employment enhancement agency for the purpose of job readiness, apprenticeships, and other employment services. Persons who are disabled or receiving SSI/SSDI are to be referred to a rehabilitative entity such as the Department of Vocational Rehabilitation or similar private nonprofit to determine the feasibility of training for employment. Racine County Workforce Development holds employment fairs and assists persons in homeless shelters to attend.
2. Racine County Workforce Development provides outreach to clients of other CoC organizations to assess job readiness, make connections for apprenticeships and similar training, job placement, GED and HSED training, TANF, and other employment services. The FSET agency for Racine County provides similar outreach. Prior to COVID, weekly outreach was done at the largest shelter. Currently, outreach is done via various methods including texting and virtual platforms.
3. Racine Vocational Ministry

2C-5a.	<b>Increasing Employment Cash Income-Workforce Development-Education-Training.</b>	
	NOFO Section VII.B.5.f.	

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

**(limit 2,000 characters)**

- #1. Several large local employers and employment staffing agencies have held job fairs that included direct contact with homeless agencies and transportation to the event. The Center for Veterans Issues holds a Stand Down for homeless veterans annually, which includes private employers and personal invitations to veterans at various homeless providers. Homeless organizations advertise these events and personally refer clients to them.
- #2 The CoC has working relationships with Racine County Workforce Development, First Choice Apprenticeship, and Gateway Technical College for training, including internships and apprenticeships. Various TANF and FSET programs are also available to homeless individuals for on-the-job training, paid and unpaid work experience.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

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

**(limit 2,000 characters)**

1. All agencies utilize a standard Mainstream Benefits checklist form. This form assures that individuals are referred to, and assisted with applications, to access mainstream benefits including non-employment cash income. b.) Legal Action of Wisconsin (LAW) employs an attorney for SOAR (SSI/SSDI Outreach, Access, and Recovery). LAW also assists individuals who have been denied, or been terminated from, TANF and FSET. Increasing non-employment cash income involves identifying whether or not a person is receiving or entitled to receive a non-employment cash income source, and providing access to it.
2. Accessing non-employment case sources requires case managers to understand the resources available to clients, assisting clients with applications, and having an attorney available to represent clients when benefits are denied or terminated. On-going information and training opportunities are made available to CoC staff, as well as a streamlined referral process to LAW. These information and training opportunities include quarterly resource networking with other community agencies, TANF, and FSET provider, individual topic presentations through the CoC/Alliance, monthly homeless information forums provided by the State of Wisconsin Department of Health Services, and a case managers workgroup.
3. Legal Action of WI

### 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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 - 24 CFR part 578

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.a.	

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

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.6.b.		

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

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

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

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

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

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.r.	

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

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.s.	

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

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

**(limit 2,000 characters)**

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

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

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

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

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

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

**(limit 2,000 characters)**



## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	<b>New DV Bonus Project Applications.</b>	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
<b>Applicant Name</b>	
This list contains no items	

## 4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	WI 502 Racine PHA...	11/12/2021
1C-7. PHA Moving On Preference	No	WI 502 WHEDA EHV MOU	11/12/2021
1C-14. CE Assessment Tool	Yes	WI 202 Coordinati...	11/15/2021
1E-1. Local Competition Announcement	Yes	WI502 competition...	11/16/2021
1E-2. Project Review and Selection Process	Yes	WI 502 Project re...	11/16/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Wi 502 Notice No ...	11/11/2021
1E-5a. Public Posting–Projects Accepted	Yes	WI 502 Screen Pro...	11/15/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	WI 502 Post of Co...	11/13/2021
3A-1a. Housing Leveraging Commitments	No	WI 502 Not applic...	11/16/2021
3A-2a. Healthcare Formal Agreements	No	WI 502 DHS Medica...	11/16/2021
3C-2. Project List for Other Federal Statutes	No	WI 502 Not applic...	11/16/2021

## **Attachment Details**

**Document Description:** WI 502 Racine PHA Preference & MOU

## **Attachment Details**

**Document Description:** WI 502 WHEDA EHV MOU

## **Attachment Details**

**Document Description:** WI 202 Coordination Assessment tools

## **Attachment Details**

**Document Description:** WI502 competition announcement

## **Attachment Details**

**Document Description:** WI 502 Project review and selection process

## **Attachment Details**

**Document Description:** WI 502 Notice No projects rejected reduced

## **Attachment Details**

**Document Description:** WI 502 Screen Projects Accepted

## **Attachment Details**

**Document Description:** WI 502 Post of CoC Consolidated post

## **Attachment Details**

**Document Description:** WI 502 Not applicable

## **Attachment Details**

**Document Description:** WI 502 DHS Medicaid letter

## **Attachment Details**

**Document Description:** WI 502 Not applicable for our application

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/03/2021
1B. Inclusive Structure	11/16/2021
1C. Coordination	11/16/2021
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/16/2021
1E. Project Review/Ranking	11/16/2021
2A. HMIS Implementation	11/13/2021
2B. Point-in-Time (PIT) Count	09/20/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/11/2021
3B. Rehabilitation/New Construction Costs	11/09/2021

FY2021 CoC Application	Page 53	09/01/2022
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<b>3C. Serving Homeless Under Other Federal Statutes</b>	10/28/2021
<b>4A. DV Bonus Application</b>	11/16/2021
<b>4B. Attachments Screen</b>	11/16/2021
<b>Submission Summary</b>	No Input Required

**Exhibit TPS-1: MEMORANDUM OF UNDERSTANDING (MOU)**

**Memorandum of Understanding**

This Memorandum of Understanding (MOU) has been created and entered into on  
June 30, 2021.

WISCONSIN HOUSING AND ECONOMIC DEVELOPMENT AUTHORITY (WHEDA)  
P.O. Box 1728  
Madison, WI 53701-1728

RACINE CITY AND COUNTY CONTINUUM OF CARE (WI-502)  
2000 DeKoven Ave, Unit 1  
Racine, WI 53403

- I. Introduction and Goals (the following elements, listed in a. – c., are required elements of the MOU):
- a. WHEDA and CoC’s commitment to administering the EHV’s in accordance with all program requirements.
  - b. WHEDA goals and standards of success in administering the program.
  - c. Identification of staff position at WHEDA and CoC who will serve as the lead EHV liaisons. Any designee(s) of liaison will have the same responsibilities and be able to act on behalf of the liaison.

Lead EHV Liaison:

Stefanie Elder, Housing Compliance Specialist

Teresa Reinders, Director, Racine City and County Continuum of Care (WI-502)

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

An individual or family must meet one of four eligibility categories, as determined by the CoC:

- Homeless
- At risk of homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- Recently homeless and for whom providing rental assistance will prevent the family’s homelessness or having high risk of housing instability.

### III. Services to be provided to eligible EHV families

1. List the services to be provided to assist individuals and families have success in the program and who will provide them.
  - a. Partnering CoC service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance; while aiding households in addressing barriers.
  - b. Partnering CoC service providers will support WHEDA in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with WHEDA.
  - c. WHEDA will establish windows of time for EHV applicants to complete intake interviews for EHV.
  - d. Partnering CoC service providers may provide housing search assistance for eligible individuals and families.
  - e. Partnering CoC service providers will provide landlord/tenant education, such as compliance with rental lease requirements.
  - f. Partnering CoC service providers will assess individuals and families who may require referrals for assistance on security deposits, utility deposits and other expenses to be covered by service fees. (Refer to pages TSP - 5 through TSP – 8 of WHEDA’s Administrative Plan.)
  - g. Partnering CoC service providers may assess and refer individuals and families to benefits and supportive services, where applicable.

### IV. WHEDA Roles and Responsibilities

1. Coordinate and consult with the partnering CoC service providers in developing the services and assistance to be offered under the EHV services fee.
2. Accept direct referrals for eligible households through the CoC Coordinated Entry System.
3. Commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.
4. Commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.
5. WHEDA will communicate regularly with the CoC and Partnering CoC service providers on the status of the referrals.
6. Designate a staff to serve as the lead EHV liaison.



7. WHEDA will provide a tracking report to the partnering CoCs on a monthly basis including the following information:
  - How many EHV's are leased on the fourth Wednesday of the month per CoC
  - How many families have children
    - Including the total number of household members
  - How many families do not have children
    - Including the total number of household members
  - Reasons for End of Participation, as applicable
8. WHEDA will reach out to the CoC or partnering CoC service providers if there are concerns with a EHV household, including but not limited to a pending eviction or program termination.
9. Comply with the provisions of this MOU.

V. CoC Roles and Responsibilities

1. Designate and maintain a lead EHV liaison to communicate with WHEDA.
2. Refer eligible households to WHEDA using the CoC's coordinated entry system.
  - The CoCs are committed to maintain policies and practices that adhere to client-centered, Housing First, trauma-based principles.
3. Partnering CoC service providers will support eligible households in completing supportive documentation included in Referral Packet to WHEDA (i.e., self-certifications, birth certificate, social security card, etc.).
4. Partnering CoC service providers will attend EHV participant briefings when needed.
5. Partnering CoC service providers will assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.
6. Partnering CoC service providers will assess the need for follow up case management and provide supportive services to EHV households as necessary. (While EHV participants are not required to participate in services, the partnering CoC service providers should assure that services are available and accessible.)
  - The CoC or partnering CoC service providers will respond if WHEDA reaches out with concerns with a EHV household, including but not limited to a pending eviction or program termination.
7. Comply with the provisions of this MOU.

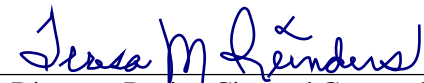
VI. Program Evaluation

The PHA, and CoC or partnering CoC service providers agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

**Signed by**

\_\_\_\_\_  
Chief Executive Officer/Executive Director, WHEDA

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Director, Racine City and County Continuum of  
Care (WI-502)

\_\_\_\_\_  
June 30, 2021

\_\_\_\_\_  
Date

Attachment 4B.

1E-5. Projects Rejected/Reduced-Public Posting.

No projects for Racine City & County Continuum of Care (WI-502) were rejected or reduced.



c/o 2000 DeKoven Avenue, Unit 1  
Racine, WI 53403

(262) 498-9761 Contact Us

Racine CoC: Working to prevent and end homelessness in Racine County

CoC | Events | Funding | Resources | Calendar | Training | Alliance | Volunteer | Contact

## Approved Applications for FY21 Consolidated Application

The Rating and Ranking committee recommends the Racine CoC Leadership Council approve the following applicants' requests for funding be submitted by the Racine CoC to the Housing of Urban Development's FY21 CoC funding competition.

### Center for Veterans' Issues, Ltd.,

College Avenue Permanent Supportive Housing \$215,357.00

### Homeless Assistance Leadership Organization,

A Place of My Own Permanent Supportive Housing \$460,515.00

New Beginnings Permanent Supportive Housing \$68,230.00

### Hopes Center of Racine

Hopes Center Rapid Re-Housing Project \$107,737.00

### Institute for Community Alliances

Homeless Management Information System (HMIS) \$15,000.00

Coordinated Entry \$37,525.00

### SAFE Haven of Racine

SAFE Haven Rapid Re-Housing Project \$69,230.00

Agencies were notified October 14, 2021, and had until Friday, October 29, 2021, to file an appeal to the Rating & Ranking Committee. No appeals were received by the Rating & Ranking Committee. Agencies have until November 9, 2021, by 11:59:59 to make any minor updates to their application and submit final project applications via e-snaps with a PFD copy forwarded to CoC Director.

Posted 11/01/2021



Address

Phone

Our Mission

# Attachment 1E-6. Web Posting–CoC-Approved Consolidated Application

## WI-502 Racine City & County Continuum of Care Posting of Consolidated Application

The screenshot shows the Racine CoC website at racinecoc.org/2021-continuum-care-funding-competition. The page features a green header with the organization's logo and contact information: (262) 498-9761 and a 'Contact Us' button. A navigation menu includes CoC, Events, Funding, Resources, Calendar, Training, Alliance, Volunteer, and Contact. The main content area is titled '2021 Continuum of Care Funding Competition' and lists updates from November 13, 2021, back to September 16-17, 2021. It includes sections for 'COMPETITION NOTIFICATIONS' and 'RATING AND RANKING NOTIFICATIONS' with specific dates and details.

The screenshot displays a PDF document titled 'FY21 CoC Collaborative Application.pdf' with page number 2 of 53. The document header identifies the applicant as 'Racine City and County CoC' and the project as 'WI-502 CoC Registration FY 2021'. The main section is titled '1A. Continuum of Care (CoC) Identification'. It provides instructions for completing the application, including a link to HUD resources and a list of required documents: 'Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition', 'FY 2021 CoC Application Detailed Instructions', and '24 CFR part 578'. The document also specifies: '1A-1. CoC Name and Number: WI-502 - Racine City & County CoC', '1A-2. Collaborative Applicant Name: Homeless Assistance Leadership Organization, Inc.', and '1A-3. CoC Designation: CA'.

This is not applicable for our application

Tony Evers  
Governor



**DIVISION OF MEDICAID SERVICES**

1 WEST WILSON STREET  
PO BOX 309  
MADISON WI 53701-0309

Karen E. Timberlake  
Secretary

**State of Wisconsin**  
Department of Health Services

Telephone: 608-266-8922  
Fax: 608-266-1096  
TTY: 711

November 4, 2021

HUD Grant Review  
Office of Community Planning  
FY21 CoC Competition

Dear Grant Review Committee:

The Wisconsin Department of Health Services' (DHS) Division of Medicaid Services is pleased to provide the Department of Housing and Urban Development with this letter of support on behalf of the Racine Continuum of Care application proposal. Wisconsin Medicaid recognizes that homelessness and housing instability have a significant impact on individuals' and families' physical and behavioral health. The absence of adequate, safe and affordable housing not only impacts a person's health and overall well-being, it increases the overall cost of care at multiple system levels.

With this recognition, Wisconsin Medicaid has been closely working with the Racine CoC over the previous year to strategize how Medicaid can pursue and improve various authorities through the Center for Medicare and Medicaid Services (CMS) to use non-HUD sources to improve access to housing and supportive services. These authorities will create sustainable funding streams to reimburse homeless assistance providers to deliver navigation and case management to Medicaid members extended to all categories of HUD-defined homelessness. Therefore, these Medicaid initiatives will allow agencies to expand their services further to individuals experiencing homelessness while also increasing outreach to individuals and families that are on the brink of experiencing homelessness.

Wisconsin Medicaid heartily supports the Racine CoC application to improve the lives of vulnerable populations in their community. We look forward to continuing our partnership with the Racine CoC as we collaborate on continued efforts to alleviate homelessness.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Jones'.

Jim Jones  
Medicaid Director

This is not applicable for our application