

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: NJ-501 - Bergen County CoC

1A-2. Collaborative Applicant Name: Bergen County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Bergen County

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	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	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	No	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	No
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	No	No	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
15.	LGBT Service Organizations	Yes	Yes	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

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

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

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 by-laws, posted on the CoC website, include the membership & invitation process. The Lead Agency announces the process for membership at the annual CoC meeting & throughout the year at various other meetings. The committee holds meetings via Zoom to ensure meetings continued through the pandemic & would make any adjustments as needed for new or potential members.

(2) The CoC periodically checks the accessibility of the website and posted documents to ensure effective communication to persons with disabilities.

(3) The CoC works through the sheltering & housing programs to identify persons with lived experience interested in participating in the CoC. During the annual meeting providers are encouraged to inform persons they have served about the CoC and encourage and facilitate their participation. The CoC has requested support from the Garden State Leaders (GSL), a training program for persons with lived experience to assist them in using their voice and story to engage in advocacy, to identify potential CoC members from their program

graduates. One GSL graduate has expressed interest in participating in the CoC and has attended the CoC and Case Conferencing meetings. The CoC also developed an Advisory Board Committee of persons with lived experience with homelessness. These committee members are being invited to join the CoC Executive committee and general CoC meetings.

(4) The CoC welcomes all agencies to participate in the CoC. All the of agencies that currently participate in the CoC, serves all populations, including the Black, Latino, Indigenous, and persons with disabilities. Furthermore, the CoC requested support from the Garden State Leaders Program to refer graduates of the program, who have experienced homelessness, to participate in the CoC. One of the graduates now serves on the CoC Advisory Board, to inform the CoC planning process as to where inequities and barriers in the system exist.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	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) The CoC switched to virtual meetings to assure health & safety. The CoC meetings are held 6 times a year & are open to the public. Meeting notices are distributed to various human service & community development list servs & announced at community meetings to inform interested parties. The CoC targets various stakeholders for participation in ad-hoc & subcommittee work & engages elected officials & other stakeholders in strategy development as needed.

(2) CoC meetings focus discussions on primary system barriers & strategies to address those them. Additionally, meeting agendas include committee updates & time for partners to raise issues not included in the agenda but relevant to community needs. CoC meetings feature various training opportunities.

(3) Several meetings focused on discussions about barriers & strategies. The at-risk task force meetings serve as case conferencing & to identify barriers to housing people from the prioritization list as quickly as possible. The committee identified that documentation of disability status was a barrier to quickly connecting clients to rental assistance resources & used the committee structure to engage mental health providers in ensuring disability documentation did not hold up housing placement. In 2020-2021 Bergen CoC Meetings introduced racial equity trainings. The Exec committee developed a racial equity project driven by an advisory board of those with lived experience. The advisory board is learning about the homeless system & will be making recommendations to improve access to housing. The Exec committee has also begun planning around CARES Act funding to ensure homeless individuals could access shelter & services during the pandemic. The Coordinated Entry Agency (CEA) has participated in conversations about prioritizing the homeless for all CARES Act funding. ESG-CV funding was allocated to RRH and the CoC

Lead has been coordinating with stakeholders to ensure that the homeless are being connected to vouchers.

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

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

(limit 2,000 characters)

- (1) The CoC released a request for concept papers from any agency interested in applying for CoC funding. Once the NOFO was released, the CoC re-opened their local competition process to request new proposals for DV Bonus Projects.
- (2) The request for concept papers included a process for both renewal projects as well as new projects and specifically identified that “No prior experience in operating CoC funded programs {is} required” to apply for funding. Agencies not previously funded were encouraged to apply.
- (3) Concept papers were to be submitted by email for all interested agencies.
- (4) The Performance and evaluation committee reviews and scores each project submitted based on local concept paper, renewal project monitoring and renewal project performance review. The concept paper scores projects on agency capacity, project type, project meeting local priorities and adherence to Housing First. Monitoring scores review project compliance with HUD regulations and performance scores review utilization rates, ability to connect households to income and benefits, ability to connect and stabilize households in permanent housing and rate of negative program terminations. Project scores in each area are combined to determine the overall project score which is used in ranking the project. The committee then reviews program expenditure rates to determine if funding will be reallocated from the project. Projects with low scores or significant compliance and performance issues will not be selected for funding.
- (5) The requests for concept papers were sent out via email and posted on the CoC website. The email and website contained the local concept paper request and application documents in an accessible pdf format. Additionally, information about the local concept paper process was announced at the May CoC meeting and interested agencies were able to receive further technical assistance about the process and eligible project types.

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

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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	Nonexistent
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
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.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

(limit 2,000 characters)

(1) The Bergen County Division of Community Development is the only ESG and ESG-CV recipient & consolidated plan jurisdiction in the CoC, & it serves as the CoC Lead Agency. This structure allows full integration & coordination between the ESG & CoC planning processes. Both CoC & ESG committees that determine funding are composed of agencies that participate in the full CoC or CoC Exec Committee. Thus all funding decisions for the Con Plan, ESG, ESG-CV and CoC consider the full scope of need in the community & how each resource can complement each other to minimize gaps in the system & reduce overlap between the ESG, ESG-CV & CoC funding as well as outside sources. ESG-CV funding was allocated to RRH & the CoC Lead has been coordinating with stakeholders to ensure that the homeless are connected to vouchers.

(2) The CoC performance standards are applied to both CoC & ESG funded projects & performance outcomes are factored into the funding/project selection process for both CoC & ESG applicants. The CoC leadership committee reviews system performance annually & evaluates outcomes from ESG & CoC funded projects.

(3) The Bergen County Division of Community Development, responsible for putting together the Consolidated Plan, currently serves as the CoC Lead Agency & coordinates CoC planning efforts as well as community development planning efforts. In this way, all CoC strategic plans, gaps and needs, as well as PIT & HIC information, are included in the Consolidated Plan as applicable and shared with the Consolidated Plan Jurisdictions for inclusion in their plan.

(4) As part of the integrated process, all portions of the consolidated plan regarding homeless planning are completed/reviewed by the Consolidated Plan jurisdictions prior to finalizing the info in the Consolidated plan. Information regarding the level of need is generated from HMIS, PIT & CoC case conference committees & strategies included in the Con Plan are created through the CoC planning process.

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.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
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)

CoC provider agencies serving homeless families are members and active participants in the Children's Interagency Coordinating Council (CIACC). CIACC provides an opportunity for local government, services providers, local schools, state officials and families to meet monthly, to identify barriers in servicing the needs of children requiring specialized supports, including children experiencing homelessness.

The McKinney-Vento Local Education Agency liaison is a member of the CoC full membership committee and the CoC Leadership Committee. As a member, the LEA actively participates in all planning activities of the CoC and provides expertise on issues related to homeless youth needs and education services in the region. The LEA provides trainings to the CoC full membership on the McKinney Vento regulations covering educational institutions and the services available to families with school aged children experiencing homelessness.

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)

All programs serving households with school aged children are required to address the educational needs of children in the program through in-house

services or by connecting those households with outside service providers specializing in addressing the educational needs of school aged children. At intake agencies must assess the educational status of children in the program identifying the school they are enrolled in and providing the head of household information about their educational rights and services to which they are entitled. Agencies may work with households to connect them to the homeless liaison in the school they are enrolled in to begin the process of accessing the needed educational services. Agencies shall also aid in connecting households to early childhood education resources as necessary.

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	No	No
4. Early Head Start	No	Yes
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6. Head Start	No	Yes
7. Healthy Start	No	No
8. Public Pre-K	No	No
9. Tribal Home Visiting Program	No	No
Other (limit 150 characters)		
10.		

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) The CoC hosts an annual training to covers a variety of topics related to serving survivors of DV. The training is mandatory for all emergency shelter and transitional housing providers as well as all CoC and ESG funded programs. Agencies are encouraged to have front-line staff participate in the trainings to

ensure direct service staff are aware of the differing needs of DV survivors. The training is provided by Center for Hope and Safety (CHS), one of the designated DV agencies in the county. Topics covered through the training include recognizing DV signs, considerations in safety planning, cultural competency when serving DV survivors and trauma informed care. All CoC and ESG funded agencies must incorporate safety planning and trauma informed care practices in their intake process. Annual project monitoring includes a review of trainings completed by staff, best practices implemented in program services and a review of program procedures.

(2) The Bergen CoC coordinated entry process is administered by shelters, transitional housing programs and street outreach teams whose staff conduct the assessment survey on persons experiencing homelessness that they encounter. As part of the annual training requirements, all coordinated entry assessment staff participate in the training coordinated by the DV providers in the community.

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)

Center for Hope and Safety (CHS), the designated DV agency in Bergen County, submits weekly de-identified data on persons served in emergency shelter and transitional housing for inclusion on the housing prioritization list. This data is combined with HMIS data from shelter and outreach providers to develop a comprehensive list of those experiencing homelessness in the community. Information on survivors of DV is pulled from both the DV specific agencies as well as the general sheltering and outreach programs in the community to better understand the scope of the population in Bergen County. Additionally, the CoC collects data on DV experiences through the annual point in time count. Data from those fleeing domestic violence is analyzed to determine the characteristics of DV survivors and service needs as identified on the point in time survey.

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) When a person identifies an experience with DV they are immediately referred to the Alternatives to Domestic Violence (ADV) or Center for Hope and Safety (CHS) hotline. These agencies are the primary victim service providers in Bergen County and are active members of the CoC. ADV and CHS assess the safety needs of the household and determine whether DV program placement at CHS facilities are the most appropriate fit. If there is not an immediate safety risk, households are referred to other homeless programs.

(2) The CoC emergency transfer plan requires all providers to make reasonable accommodations for transfer when a safety risk is identified and a transfer request is submitted. When a transfer request has been submitted households are immediately connected with ADV and CHS to assess the safety risk. Programs are required to accommodate transfer requests within the scope of their program or in coordination with other community programs when a safety risk has been verified. Households requesting a transfer are connected with ADV and CHS who have staff trained in trauma informed care that can complete safety assessments in a victim centered supportive and empowering way.

(3) The CoC housing prioritization list includes de-identified client information submitted by all agencies including DV specific agencies. This allows households fleeing DV to have access to the full array of PH options available. All CoC and EST funded agencies participate in CoC sponsored trainings on serving victims of DV to ensure they incorporate the basics of safety planning and trauma informed care into their program structure. Once a DV survivor is identified on the list, CHS reviews the housing opportunity with the client including safety issues and works with them to complete the housing application process if it is a good fit. If the client declines housing offered they remain on the list in the same position until more appropriate housing is identified.

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?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access 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 Bergen County	35%	Yes-HCV	Yes
NJ Department of Community Affairs	6%	Yes-HCV	Yes

1C-7a. Written Policies on Homeless Admission Preferences with PHAs.

NOFO Section VII.B.1.g.

Describe in the field below:

- 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
- 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 two largest PHAs in the region are actively involved in the CoC planning process. The Bergen County Housing Authority sits on the CoC Leadership Committee and manages the Bergen Housing Health and Human Services Center which serves as the one-stop center and sheltering location for individuals experiencing homelessness. HABC has established a limited homeless preference with 20% of vouchers set aside for use through the coordinated assessment process. Additionally HABC has established a Moving On policy and via coordinated assessment case conferencing, works with service providers to identify households with CoC vouchers that no longer need the level of service and would be appropriate to transition to HCV vouchers without services attached.

(2) The Englewood Housing Authority is the second largest housing authority in the CoC region. Englewood Housing Authority also sits on the CoC Leadership committee and has established a homeless preference.

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

Not Scored—For Information Only

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

1.	Multifamily assisted housing owners	No
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
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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) The CoC includes PHA-funded units in the CoC Coordinated Entry (CE) system. The Housing Authority of Bergen County (HABC) and Housing Authority of Englewood both have a Homeless Preference for individuals and families experiencing homelessness in their Administrative Plan. HABC, the largest PHA in the county, has established a limited homeless preference with 20% of vouchers set aside for use through the coordinated assessment process. The process by which PHA-funded units are included in the CE system is initiated when HABC notifies the Case Conferencing Committee, which meets biweekly, about available vouchers. The Case Conference Committee then reviews the housing prioritization list and identifies individuals who are not currently tied to a voucher and who meet the necessary criteria. Once the Committee assigns individuals to PHA vouchers, the agencies work with the identified individuals and accordingly reach out to HABC to connect those individuals to those vouchers.

(2) The CoC's practices are not formalized in an MOU with the PHA.

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
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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.
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(limit 2,000 characters)

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
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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
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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.	
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PHA	
Housing Authority...	
New Jersey Depart...	

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

Name of PHA: Housing Authority of Bergen County

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

Name of PHA: New Jersey Department of Community Affairs

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.	18
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.	18
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)

The CoC conducts an annual assessment of the agencies use of the Housing First approach, which is factored into the project scoring during the local selection process.

New and renewal projects are scored during the local selection process for their adherence to the Housing First model to ensure participants are 1) not screened out for the following:

- Having little or no income
- Active or history of substance abuse
- Having a criminal record with exceptions for state-mandated restrictions
- History of domestic violence

New and renewal projects are also scored during the local selection process to ensure participants are not terminated for the following reasons:

- Failure to participate in supportive services
- Failures to make progress on a service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence
- Any other activity not covered in a lease agreement typically found in the project's geographic area

This assessment of Housing First adherence accounts for about 4% of the total scoring tool points.

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
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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) Comprehensive Behavioral Health Care operates the Bergen County PATH team. The PATH team conducts daily outreach and focuses on known locations. The PATH team and Bergen County Housing, Health and Human Service Center (BCHHH), the single point of entry, conduct outreach to local jails, libraries, churches, police, hospitals, & community agencies that may encounter persons experiencing homelessness and encourage them to refer those individuals to the outreach team or BCHHH. In addition to connecting with community providers, the PATH outreach teams actively engage homeless and formerly homeless clients to assist them in identify locations where unsheltered persons stay and to engage the hardest to serve unsheltered persons.
- (2) The outreach teams cover 100% of the geographic area
- (3) Outreach is conducted daily between the teams that operate 9-5 & the police

and community partners that operate and refer clients 7 days a week. (4) BCHHH acts as a One Stop providing opportunities for clients to engage through shelter provision, their feeding program, community support groups such as AA & NA and connection to other service providers such as Social Services, the local welfare agency, Workforce Investment, and medical services. Clients accessing the Center do not need to be shelter guests to access services providing an opportunity for unsheltered persons to come and go as they please while still getting connected to the system, services and the housing prioritization process. The CoC has seen great success in the use of word-of-mouth outreach style to engage new clients in shelter, services & housing. BCHHH and the PATH team have placed great emphasis on connecting with community partners such as local businesses, police departments, hospitals & churches to inform them of the services available in the community and to encourage them to refer unsheltered clients they identify.

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	No
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.”	72	86

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	Assist with
	FY2021 CoC Application	Page 19	11/10/2021

		Enrollment?	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	No	No
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 Bergen County Board of Social Services, the local county welfare agency, attends bi-monthly CoC meetings where they update CoC membership about changes in mainstream benefits programs. During bi-monthly CoC meetings agencies can discuss directly with Social Services, program changes, eligibility questions and program access questions.

(2) Information about mainstream benefits programs is shared at the CoC meetings bi-monthly and subsequently sent out via email in meeting minutes that are shared with the full membership committee. The monthly Chronic/At-Risk case conferencing committee also discusses mainstream benefits programs and any changes monthly.

(3) Representatives from local hospitals participate in the monthly Chronic/At-Risk case conferencing meetings. During the meetings participating agencies discuss what services and benefits, including healthcare benefits, clients are connected to and how to help them quickly access any additional services for which they may be eligible. If the client does not qualify for public healthcare benefits, they will be receive assistance with enrolling in private insurance. Additionally, the Bergen Housing Health and Human Service Center (BCHHH), the single point of entry, has representatives from mainstream benefits organizations providing office hours and completing enrollment applications at BCHHH on a weekly basis.

(4) Several service-providing agencies are eligible to bill Medicaid under the community support services waiver program approved by NJ and CMMS. As such, all persons connected to the system are assessed for benefit eligibility and enrollment. All persons eligible for mainstream benefits, including Medicaid, are immediately enrolled to facilitate specialized services as applicable. During COVID-19 in particular, there was more than one case in which the CoC made special connections to healthcare services and benefits.

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) ES, TH and Street Outreach (SO) programs conduct the CA tool on all households at intake & enter the info in HMIS. To maximize coverage any agency encountering homeless persons may administer the VI- SPDAT & submit a copy to the Bergen County Housing Health and Human Service Center (BCHHH) Next Step Program (Next Step). Next Step enters client info in HMIS for inclusion on the housing prioritization list. Through the network of trained and affiliated service providers, the CoC has full coverage of the geographic region. BCHHH has relationships with police departments & hospitals & regularly trains stakeholders to refer all homeless persons to BCHHH. Police routinely transport unsheltered persons to BCHHH where the Next Step program completes assessments.

(2) BCHHH trains CoC community groups to inform them of services & encourage agencies to connect persons to BCHHH. Engaged stakeholders include police departments, hospitals, local business districts, the faith-based communities & local community organizations. SO teams work with these groups & homeless persons to identify locations & effective engagement strategies. These partnerships help the CoC engage persons that don’t usually come in for services.

(3) All persons are assessed using VI-SPDAT at intake or upon connection the BCHHH & entered into HMIS. The Housing Prioritization List (HPL) is generated weekly, & organized by homeless status, vulnerability, veteran status, current location (prioritizing those on the streets) & length of time homeless.

(4) PH providers review the list when vacancies arise & pull referrals from the top of list identifying the highest prioritized person eligible for their program. BCHHH & the Next Step program host monthly case conferencing meetings to discuss vacancies, new additions to the list and service needs, The CoC is working on a new process whereby clients with a VI-SPDAT score at or above 6 are referred to PSH and clients with a VI-SPDAT 5 or below are referred to RRH.

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	Yes
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exists within the last 3 years?	
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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.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	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)

The CoC has made a commitment to address racial disparities that impact people of color across the continuum of services offered by the system. Over the past several years data related to racial inequities has been reviewed and analyzed. According to the CoC PIT Report, while Black/African Americans (B/AA) make up 5.3% of the population, homelessness is experienced at a rate of 29.3% in comparison to other races in the county.

In 2020-2021, the CoC initiated a two-fold racial equity project. The first part of the project entailed the formation of an advisory board, comprised of current or former persons with lived experience to identify barriers and racial inequities in the system. One of the objectives of this advisory board is to integrate these individuals into the CoC planning process so their suggestions for improving racial equity are considered and implemented by the CoC. The second part of the project is to initiate racial equity trainings at the CoC general meetings. These training sessions are meant to educate homeless service providers on how the homeless service system, as it currently stands, may uphold racial inequities, and to train providers on employing a racial equity lens while conducting their work.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

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

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

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	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.	No
6.	Other:(limit 500 characters)	

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

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

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

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) The CoC developed an order of priority to include residents experiencing homelessness discharged from inpatient hospitals, emergency shelters, unsheltered residents in the community suspected or diagnosed with COVID-19. Once residents were identified they were offered a safe place to quarantine, and provided beverages, food, hygiene supplies, and PPE. Upon discharge, residents were reconnected with community service providers and supports.

(2)(3) At the onset of the pandemic the emergency shelter was forced to shut down, and the CoC collaborated with Federal Emergency Management Agency (FEMA) and the Bergen County Office of Emergency Management to provide hotels and motel placements for clients. The CoC also worked with NJ 211 to set up a protocol in regard to accessing services and provided access to a Code Blue Warming Center. Client check-ins were conducted daily and meals were delivered to clients directly. Service providers strictly adhered to safety protocols with the use of PPE and sanitizer.

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)

The CoC partners with the Bergen County Department of Health Services

(DHS), which set forth health and safety protocols during the pandemic, and their framework will be utilized to prepare for future public health emergencies. DHS works closely with hospitals, law enforcement, and other government agencies on advanced planning, trainings, exercises, and general emergency preparedness. In the event of a future public health emergency, public health officials will provide instructions on how to protect oneself. This may include information on sheltering in place, hand washing, clinic operations, personal protective equipment, or how to receive preventive medications. Instructions will be available via: Bergen County Health website, Bergen County Emergency website local boards of health, local municipal communication systems, newspapers, Radio, telephone information lines at 201-225-7000, and television stations. DHS also offers health related updates through their email listserv. Additionally, the CoC enhanced its ability to communicate essential information to stakeholders, staff, and the community by using web-based platforms and email notifications. The pandemic also required that agencies and organizations work together to develop solutions, as no one entity was able to solve for the myriad of challenges that evolved. The silver-lining in all of this is that organizations are more cohesive and looking to each other for support, rather than trying to solve problems in isolation.

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)

The CoC Lead (The Bergen County Division of Community Development) is the recipient of Emergency Shelter Grant (ESG), CARES ACT (CV) funding and strategically planned for fund distribution. Funds were provided to address a multitude of needs. Housing assistance was provided to individuals to place them in motels when the CoC's emergency shelter shut down for a period of time. The shelter re-opened, initially for staff to operate from the shelter and assist clients in motels, and then reopened in August 2021 for clients to return to the shelter. In addition to the eviction moratorium, which has been effect in the CoC from March 2020 until December 31, 2021, ESG CV Funding was allocated towards the RRH program to provide housing assistance and eviction prevention. The CoC has been working diligently to restructure the CoC CE process to prioritize homeless households for ESG CV RRH vouchers.

Additionally, the CoC Lead has used funding to assist the emergency shelter with cleaning and sanitizing the space when staff returned, and to provide sanitizing supplies for clients in motel placements. The County also hired consultants to reconfigure their space and physically enforce safety and social distancing measures.

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) Working in conjunction with the Bergen County Department of Health Services (DHS), the CoC developed a plan to prioritize residents experiencing homelessness discharged from inpatient hospitals, emergency shelters, unsheltered residents in the community suspected or diagnosed with COVID-19. Once residents were identified they were offered a safe place to quarantine in motels and received all needed food, beverages, medicine, hygiene supplies, and PPE. Upon discharge, residents were reconnected with community service providers and supports.

(2) The CoC also worked with DHS and external consultants to reconfigure the physical space at the emergency shelter to enforce safety and social distancing measures. All service providers were provided gloving and masks from the onset of the pandemic and were instructed to follow safety and healthy guidelines from DHS.

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) At the onset of the COVID-19 pandemic, the CoC took immediate steps to communicate critical information to homeless service providers using a variety of platforms including the county website & email. All CoC meetings moved to Zoom. The pandemic also required that agencies work together to develop solutions, as no one entity was able to solve for the myriad of challenges that evolved. To that end, the CoC partnered with the Bergen County Department of Health Services to disseminate information and enforce adherence to protocol. Communication with the CoC included updates regarding the status of the emergency shelter when it closed temporarily and re-opened for clients, and availability of the vaccine. Communications were shared with those who were at-risk, in hotels, and unsheltered.

(2) Local restriction guidance & vaccination protocols were set forth by the State of NJ Governor's Office and Department of Health predicated on federal guidance. The CoC Lead disseminated local restriction guidance to homeless service providers via email and the City and County's website. Each time the guidance was amended electronic communication was immediately sent to the

homeless service providers and update the County website. State and local government officials communicated daily to ensure the most recent date information was shared with stakeholders.

(3) On March 1, 2021, the State of New Jersey released information to government stakeholders regarding the categories of people eligible for the COVID-19 vaccination, in which persons experiencing homelessness was included. This information was immediately shared with the CoC Lead and homeless service providers. Once vaccines were available to be administered at the Bergen County Housing Health and Human Service Center, announcement of the availability of the COVID-19 vaccine for clients was immediately sent out, along with information on where consumers could access the vaccine throughout the county.

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)

On March 1, 2021, the State of New Jersey released information to government stakeholders regarding the categories of people eligible for the COVID-19 vaccination. Persons experiencing homelessness were included in the 2nd part of the 1st wave of vaccines administered. This information was immediately shared with the COC Lead and homeless service providers within the geographic area. Based on these state-wide eligibility, the CoC's main priority was to ensure that all individuals experiencing homelessness individuals could access the vaccine. The CoC readily provided the COVID-19 vaccination to anyone who came in to receive it, and to otherwise provide assistance and guidance to those seeking to receive the vaccine. Vaccines were administered at the Bergen County Housing Health and Human Service Center.

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 main DV service provider, the Center for Hope and Safety (CHS), increased its capacity by 137% to serve victims/survivors of domestic violence during the pandemic. CHS has been able to accomplish this by using confidential hotels; increasing staff; and leveraging the strong infrastructure and knowledge base (about safe housing, trauma-informed care, and intensive case management) that was already in place. These organizational characteristics allowed CHS to ramp up service and bed provision to serve Bergen County

residents.

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)

In response to the rapid changes related to the onset of COVID-19, the CoC received ESG-CV funding which was allocated towards Rapid Re-Housing (RRH). In order to make timely and effective use of the RRH vouchers, the CoC is working to adjust its Housing Prioritization Coordinated Entry process. The Housing Prioritization List (HPL) typically prioritizes households by vulnerability and length of time homeless, and it is organized by homeless status, vulnerability, veteran status, current location (prioritizing those on the streets) and length of time homeless. The CoC is now adjusting the process whereby persons will be assessed using VI-SPDAT upon intake, to determine vulnerability and will either be placed in permanent supportive housing (PSH) or RRH based on their vulnerability score. Persons with VI-SPDAT scores of 6 or higher will be placed into permanent supportive housing, and all other persons, with VI-SPDAT scores of 5 or below will be placed in RRH.

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

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

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.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	04/07/2021
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.	04/07/2021

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.	

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.	No
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.	
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NOFO Section VII.B.2.d.

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

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

(limit 2,000 characters)

(1) The CoC prioritizes funding for projects serving the chronically homeless population. 3 points are awarded in the scoring process to projects dedicating their beds to the chronically homeless. Additionally, the CoC prioritizes projects implementing a housing first framework as these programs are better equipped to serve highly vulnerable populations and implement policies and services designed to support and stabilize highly vulnerable people in housing. 3 points are awarded to projects implementing a housing first model and renewal project monitoring includes points for programs that provide adequate training to staff on best practices such as housing first and motivational interviewing.

(2) For renewal projects, the program performance review takes into consideration the vulnerability of the population served when reviewing outcomes. Projects are evaluated on their ability to help participants obtain and maintain cash benefits and non-cash benefits. Connection to employment income and increases in employment income are only evaluated for program participants not connected to SSI/SSD. A total of 5 points are awarded on the performance review for connecting non-SSI/SSD clients to employment income.

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) Due to issues with conflict of interest, the Review Committee that determined rating factors used to review project applications was confined to a small group of individuals but did contain representation from diverse cultural and ethnic groups, particularly those over-represented in the local homeless population. According to the 2020 PIT data, the population experiencing homelessness in Bergen County is highest among the White population followed by the Latino/Hispanic population and then Black/African American population.

(2)The CoC's Review Committee members has representation from diverse cultural and ethnic groups. The role of this committee is to review and approve all CoC policies, procedures; members of the committee also rank and review

project selections and approve overall funding decisions. One individual with lived experience has also been identified to join the Review Committee for future competitions in order to provide insight into the review, selection, and ranking process.

(3)The Review Committee took into careful consideration whether projects prioritize the most vulnerable populations, including those vulnerable racial groups that are overrepresented in the CoC’s homeless population. The CoC prioritizes projects that identify barriers and creates solutions; for example, the CoC highly ranked and funded a new DV joint TH-RRH program to accommodate additional individuals experiencing homelessness in Bergen County as a result of DV.

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

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

(limit 2,000 characters)

(1) The CoC issues a request for new and renewal projects each cycle. Projects are evaluated on agency capacity, program fit with local priorities and project soundness. Renewal projects are also scored on compliance with HUD regs and program performance. The Performance & Evaluation committee reviews project application, performance, monitoring results, and expenditure rates. Projects returning an average of 20%+ of funding over the previous 3 years and programs with significant compliance and outcome issues will be reviewed for reallocation. The committee may request additional information including current monthly expenditure rates and proposed changes to implementation before making final determinations.

(2) The CoC identified did identify projects through this process during the local competition this year.

(3)The CoC did not reallocate any funds from projects during its local competition this year.

(4) The CoC did not identify any projects through this process, as these projects continue to serve a critical need within the CoC and are high performing in regard to the other performance measures they were evaluated on.

(5) The annual request for proposal announcement letter identifies that renewal projects may be subject to reallocation. The process is described and discussed in the CoC meeting following the announcement. Local selection policies and

proposal documents are posted on the CoC website.

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?	No
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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.	09/28/2021
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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.	11/12/2021
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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, 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.	Foothold Technology, Inc.
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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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
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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) Center for Hope and Safety (CHS), the designated DV agency in Bergen County, is required to submit weekly de-identified data on persons served in emergency shelter and transitional housing for inclusion on the housing prioritization list. This data is combined with HMIS data from shelter and outreach providers to develop a comprehensive list of those experiencing homelessness in the community. Information on survivors of DV is pulled from both the DV specific agencies as well as the general sheltering and outreach programs in the community to better understand the scope of the population in Bergen County. Additionally, the CoC collects data on DV experiences through the annual point in time count. Data from those fleeing domestic violence is analyzed to determine the characteristics of DV survivors and service needs as identified on the point in time survey. Ultimately, CHS works in conjunction with the CoC and HMIS leads to ensure all reporting requirements from the CDB are met.

(2) As per the confidentiality requirements stipulated by the Violence against Women Act (VAWA) and The Family Violence Prevention and Services Act (FVSPA), any identifying information about survivors of domestic violence cannot be transmitted to any other private or governmental entity. To comply with these federal requirements, Center for Hope and Safety pulls de-identified data from its HMIS database on a weekly basis. This list is reviewed to ensure no identified information is included inadvertently. The list is then emailed to the CoC and HMIS lead to be included in the county-wide homeless prioritization list. On an annual basis, a HUD compliant APR, that is devoid of any identifying information, is also submitted through the Sage portal.

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	151	36	115	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	190	40	150	100.00%
4. Rapid Re-Housing (RRH) beds	86	0	86	100.00%
5. Permanent Supportive Housing	465	0	384	82.58%
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)

(1) The CoC works with all PSH providers to ensure their data is entered into HMIS. Currently the only program not entering data into the HMIS is the HUD-VASH program. For the state of NJ, the HUD VASH program is operated by the NJ Department of Community Affairs and the local VA office. Due to the nature of the grantee and sponsor agency for the program, both the NJDCA and VA offices are unable to enter data directly into the local HMIS. While HUD VASH data is not shared in HMIS, the VA participates in the veteran committee meetings and provides data for the by name list as well as access to HUD VASH resources for eligible veterans.

(2) The CoC will continue to meet with the VA to stress the importance and benefits of having them enter information into HMIS. The CoC will also explore the option of having the VA or NJDCA upload their data into HMSI to avoid multiple data entry efforts.

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)

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?	No
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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, 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

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

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

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

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 total number of first time homeless decreased from 2020 to 2021 by 22%. The CoC collects information on cause of homelessness and homeless history through the Point in Time data annually. Analysis of the PIT and HMIS data provide information about the risk factors associated with first time homelessness. The Leadership committee reviews this data on an annual basis. The Chronic/At-Risk committee also reviews data on a case-by-case basis through monthly case conferencing and identifies patterns in causes of homelessness and other associated risk factors which are reported to the Leadership committee.

(2) Strategies developed to address these issues included:

- Strengthening coordination of prevention resources. Stakeholders administering prevention resources are part of a committee to review prevention resources and develop coordination protocols to better target resources and share information.

- Increase prevention resources – Bergen County has implemented a County Homeless Trust Fund which provides flexible funding to assist in efforts to end homelessness. A portion of the funding raised annually is allocated to prevention programs targeting families and individuals at 30% - 80% of AMI filling a gap for those households at risk of homelessness that do not qualify for ESG or other state and federal funds.

- Single Point of Entry – the Bergen County Housing Health and Human Service Center provides a single point of access for those at risk of homelessness to connect to prevention services. Through the center, coordination of mainstream

benefits, employment services and legal services help to stabilize precariously housed persons in order to prevent unnecessary entry into the sheltering system.

(3) The CoC Leadership committee is responsible for reviewing progress and the Bergen Center and Division of Community development responsible for oversight and implementation.

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

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

(limit 2,000 characters)

The CoC had an 23% increase in the average length of time (LOT) homeless between 2020 and 2021.

(1) Strategies to reduce the LOT homeless include:

- The coordinated assessment housing prioritization list (HPL) prioritizes households by vulnerability and length of time homelessness.
- The Division of Community Development funded housing stabilization services through the Bergen Housing Health and Human Services Center (BCHHH). The program offers support to the homeless to connect them to housing resources and PH placement.
- The CoC coordinates housing opportunities through the BCHHH including HCV, HOME TBRA and state funded rental assistance which is paired with the housing search and placement services funded locally.
- The CoC targets RRH to households with minimal barriers to prevent them from becoming long-term homeless. The CoC encourages provider to apply for State funding for ESG and is looking to partner with the mainstream benefits program to expand the way those resources are utilized to model a RRH response.

(2) The Coordinated Assessment is completed by all sheltering and outreach programs. Persons connected to the BCHHH who aren’t staying the shelter complete the assessment when they access services at the center. The VI-SPDAT is used to identify vulnerability and homeless history to identify households with the longest histories of homelessness. The HPL is ranked by vulnerability and length of time homeless. Housing providers work from the top of the HPL to fill vacancies. At monthly case management meetings housing, shelter, outreach and service providers talk through difficult cases and strategize solutions. Monthly case conferencing identify people that remain on the list too long and brainstorm solutions. Through these efforts the CoC has been able to maintain functional zero of chronic and veterans homelessness.

(3) The CoC Leadership committee is responsible for oversight and the Case Conferencing committee is responsible for implementing strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

(1) Strategies include:

- The Bergen PHA (HABC) has a homeless preference for the HCV program. HABC works with the Chronic/At Risk subcommittee to target households from the Housing Prioritization (HPL) list to fill HCV vacancies
- The CoC is working to connect prevention programs with security deposits and first month rent to the coordinated assessment.
- Bergen County has dedicated local funds to cover the cost of supportive services for households in need of moderate levels of time limited support to succeed in housing. The household connected to this program receive rental assistance through the HABC and are provided with support services to obtain housing and maintain stability.
- The CoC is seeking funding through the FY2021 application to implement a larger Housing Search and Placement program for persons utilizing shelter and transitional housing to expedite their exit to PH
- The CoC is exploring ways to increase RRH resources to increase opportunities for persons in ES and TH to exit to permanent housing.

(2) Strategies for maintaining high levels of stability in permanent housing include:

- HABC notifies agencies when households miss 2 rent payments so case managers can intervene to assist the household in communicating with the landlord and develop a payment plan that works for them
- The Bergen Housing Health and Human Service Center (BCHHHC) has an open door policy so former clients previously sheltered in the facility can return for support and community connection. The BCHHHC is able to maintain contact with former residents and assist with connecting them to community services when housing stability is threatened.
- The Division of Community Development (BCCD) has funded support services to assist households in accessing additional services to maintain housing stability.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;	
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,000 characters)

Bergen County reduced the returns to homeless by 13% at the 6-month interval and 9% at the 12 month interval between 2020 and 2021 SPM. (11,13, 15/21)

(1) At program intake shelters, transitional housing and outreach programs collect data on homeless history to determine if a participant has been homeless in the recent past. The Bergen Housing Health and Human Service Center assesses all persons seeking services and identifies persons previously housed that return to the shelter. When those individuals return, their cases are prioritized at the monthly case conferencing meetings.

(2) The CoC works to reduce returns to homelessness through prioritizing programs that operate using a Housing First Model. These programs are monitored for adherence to the model to ensure low barrier program entry and specialized client centered services to reduce terminations. The CoC has invested additional funding to ensure appropriate levels of support services are connected to permanent housing. All projects have sufficient levels of case management to address the needs of highly vulnerable populations. Coordinated Assessment vulnerability scores are used to assist in identifying appropriate levels of supportive housing. Households with lower levels of vulnerability are connected with rapid rehousing while households with higher levels are connected to permanent supportive housing.

(3) The CoC Leadership Committee and Bergen County Division of Community Development are responsible for oversight and strategy implementation.

2C-5.	Increasing Employment Cash Income-Strategy.	
	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) The CoC partners with workforce development to help connect persons utilizing the Housing Health and Human Service Center (BCHHH) to employment services. Staff from workforce provide services out of BCHHH on a weekly basis and assist clients with completing employment assessments, resume writing, job search and additional resources to secure employment. PH programs complete assessments of clients at program entry to determine if employment should be part of their service plan and connect them with mainstream employment services to help them access employment.

(2) The CoC has begun conversations with the Workforce Investment Board to identify strategies to successfully help households engage in and maintain employment. Through the BCHHH and PH providers, the CoC will develop specialized training and employment search services to assist homeless and formerly homeless households.

(3) The CoC Leadership Committee is responsible for oversight and

implementation of these strategies.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	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) The CoC identifies 3-4 areas to focus on strategy development each year. For the 2020 year the CoC focused on identifying needs and strategies surrounding connection of clients to employment income. The CoC devoted meetings and subcommittee meetings to discussion of increasing client connection to employment services and employment income. Some of the strategies identified to promote job and income growth include:

- Expanding access to ESL programs
- Developing soft skills services to help re-orient clients to a work culture
- Identifying employers in the community paying a living wage, such as unionized employment and trades
- Strengthen coordination with the Workforce Development board
- Increase Vocational Coordinator time at the Bergen Housing Health and Human Service Center to full time.

(2) The CoC shares information about job fairs and works closely with organizations providing supported employment opportunities. The CoC is working to increase employment resources available to persons experiencing homelessness by sharing information at CoC meetings and working with targeted providers to expand program access to better serve persons experiencing homelessness.

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) New Jersey had updated regulations impacting access to cash benefits and emergency assistance benefits. The CoC has worked to ensure all providers are aware of the program changes by including discussion of the program in bi-monthly CoC meetings and encouraging all programs to reconnect clients not currently enrolled in cash assistance to the Board of Social Services (BSS) for a re-evaluation of eligibility.

(2) CoC protocols require all agencies to refer clients to BSS at intake to determine eligibility for cash and non-cash benefits. Program case managers are listed as alternate contacts on new applications for assistance so agencies can assist clients with navigating the process. Agencies provide supports such as accompanying clients to appointments, assisting with securing documentation and following up on applications to ensure benefits are secured. BSS staff are co-located at the Bergen Housing Health and Human Services Center (BCHHH), the CoCs one-stop facility for homeless services once a week and facilitate client enrollment in benefits on site as well as schedule follow-up appointments as necessary. Legal Services is an active partner with on-site hours scheduled at BCHHH on a regular basis. Legal Services participates in monthly case conferencing meetings and assist clients in filing appeals when they have been denied benefits. When veterans are identified at BCHHH, upon signing of release forms, their info is sent to the Bergen County Division of Veterans Services where staff check eligibility and enrollment in VA services. For eligible clients not fully connected, Vet Services coordinates with BCHHH to schedule appointments and collect required documents to complete the enrollment process.

(3) The Bergen County Division of Community Development and the CoC Leadership Committee are responsible for strategy oversight and implementation.

3A. Coordination with Housing and Healthcare Bonus Points

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

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	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
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	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

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	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, 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

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	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
--	----

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

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

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

(limit 2,000 characters)

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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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, 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.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

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

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

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

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	
2.	Enter the number of survivors your CoC is currently serving:	
3.	Unmet Need:	0

You must enter a value for elements 1 and 2 in question 4A-2.

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

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

(limit 2,000 characters)

1. The CoC evaluated all households identifying DV experience as recorded in HMIS. HMIS data was combined with administrative data from the DV provider to understand how many persons accessed ES, TH and street outreach reflecting the number the CoC is currently serving. Analysis of persons with disabling conditions and households not able to identify housing on their own at program exit was used to determine the number in need of housing or services.

2. The data source was HMIS data was combined with administrative data from the DV provider

3. Even before the pandemic hit, DV survivors in Bergen County long faced a critical need for safe housing. There is a shortage of affordable and available rentals for extremely low-income renter households in Bergen County. Many survivors of DV have suffered economic abuse. This abuse often leads to poor credit and rental histories, lack of steady employment, housing discrimination and loss of subsidized or other affordable housing. Also, for DV survivors from marginalized communities, the struggle to find safe, affordable housing is even greater. The unprecedented health and economic crisis presented by the COVID-19 pandemic has increase the need for housing for survivors short-term and permanent, stable housing. Now, with domestic violence safe homes struggling to meet the needs of survivors while maintaining safe, communal living spaces, the need to permanent housing placements and for opportunities for survivors to move quickly to safe, stable housing has dramatically increased. These are a few barriers that will be addressed with the new joint TH-RRH project.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

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

Applicant Name
Center for Hope a...

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-14. CE Assessment Tool	Yes		
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes		
1E-2. Project Review and Selection Process	Yes		
1E-5. Public Posting—Projects Rejected-Reduced	Yes		
1E-5a. Public Posting—Projects Accepted	Yes		
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description:

Attachment Details

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Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/05/2021
1B. Inclusive Structure	11/05/2021
1C. Coordination	11/05/2021
1C. Coordination continued	11/10/2021
1D. Addressing COVID-19	11/05/2021
1E. Project Review/Ranking	11/10/2021
2A. HMIS Implementation	11/05/2021
2B. Point-in-Time (PIT) Count	11/05/2021
2C. System Performance	11/05/2021
3A. Housing/Healthcare Bonus Points	11/10/2021
3B. Rehabilitation/New Construction Costs	11/05/2021

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3C. Serving Homeless Under Other Federal Statutes

11/05/2021

4A. DV Bonus Application

Please Complete

4B. Attachments Screen

Please Complete

Submission Summary

No Input Required

Notes:

4A. DV Bonus Application list contains 1 incomplete item.