**Please complete this Supplemental CoC NOFO Application and attach copies of relevant policies, MOUS, etc. Please make sure to include a copy of your full CoC NOFO application to HUD printed out of e-Snaps. Email these documents to** [**CoCHomelessPrograms@StLouisCountyMN.gov**](mailto:CoCHomelessPrograms@StLouisCountyMN.gov) **by DATE, 2022.**

**2022 CoC Special NOFO Supplemental Questions**

Organization Name: Project Name(s):

1. Please give a brief overview of how your agency engages in consultation and planning efforts with people who have experienced homelessness or are currently experiencing homelessness. Does your agency seek consultation outside of your program participants, if so please describe this process? Please also include details on how your agency uses a trauma-informed lens in your consultation. What input did you seek and receive in the formation of this project proposal and how did it influence your project design (if at all)?

*This question is not scored for the FY2022 NOFO but will be in future years.*

1. St. Louis County CoC requires Coordinated Entry participation for all CoC funded projects. As a CoC, we prioritize Coordinated Entry participation and include points in our NOFA scoring to reflect this. Please check the below boxes for all statements that apply to your project/organization.

*This question is worth 5 points in the local NOFO application scoring.*

\_\_\_ Our project(s) makes the majority (if not all) of our project placements through Coordinated Entry Referrals

\_\_\_ Our organization participates in HMIS

\_\_\_ Our organization participates in monthly Housing Response Committee meetings

\_\_\_ Our organization attends the monthly Coordinated Entry meeting for our region of the CoC

\_\_\_ Our organization attends weekly case manager meeting as often as possible

* 1. For Victim Service Providers Only: Please describe your entry and referral process for your project(s) that do not use HMIS/Coordinated Entry. Describe the database you use and how you enroll new participants in service(s), etc.?:

1. What steps does your agency take to address racial disparities in your program(s)? Please share how your organization works to identify and address racial disparities within the organization’s work/projects; provide an example(s). How does your project measure racial disparities? Please list out key trainings that your staff has competed in these areas and what percentage of your staff has completed these trainings. If your organization does not currently address racial disparities in your program(s), what is your plan to do so in the future? (Please attach any relevant organizational policies on addressing racial disparities and email to [CoCHomelessPrograms@StLouisCountyMN.gov](mailto:CoCHomelessPrograms@StLouisCountyMN.gov) by the designated deadline.)

*This question is worth 5 points in the local NOFO application scoring.*

1. How does your program integrate culturally specific and/or culturally responsive[[1]](#endnote-1) programming? Please describe the strategies you use and specific examples of how you implement culturally responsive/culturally specific programming. Please list out key trainings that your staff has competed in these areas and what percentage of your staff has completed these trainings. If your organization does not currently integrate culturally specific and/or culturally responsive programming, what is your plan to do so in the future?

*This question is worth 5 points in the local NOFO application scoring.*

1. Please explain how your organization uses the following evidenced-based practices, harm reduction, person-centered, and trauma informed models. Please give specifics examples from your CoC funded projects. Please list out key trainings that your staff has competed in these areas and what percentage of your staff has completed these trainings. If your organization does not currently use evidenced-based practices in your program(s), what is your plan to do so in the future?

*This question is worth 5 points in the local NOFO application scoring.*

1. What policies and procedures does your projects have related to working with and ensuring safety for people fleeing domestic violence, exploitation, stalking, human trafficking, and other forms of violence? How do you ensure/monitor that the policies and procedures are implemented in a trauma informed manner? For example, do you conduct specific staff training on safety planning, etc? Please indicate which training have been completed and by what percentage of your staff? (Please attach any relevant organizational policies on addressing racial disparities and email to [CoCHomelessPrograms@StLouisCountyMN.gov](mailto:CoCHomelessPrograms@StLouisCountyMN.gov) by the designated deadline.)

*This question is worth 5 points in the local NOFO application scoring.*

**SLC CoC 2021 Housing First Self-Assessment**

Housing First projects are effective in assisting all subpopulations of people experiencing homelessness to access and sustain permanent, stable housing. It has been demonstrated that projects can operate well and safely without requirements that As part of the NOFO solicitation for applications, applicants are required to answer the following questions related to the proposed project’s eligibility criteria and project rules. Maximum points are 15.

Please attach PDFs of your current lease agreement(s), if applicable, and all relevant policies and procedures for people interested in entering your organization’s housing units.

1. Low Barrier access:
   1. Does the project require clients to pass a background screening prior to project entry (excluding registered sex offender check)?

Yes  No  [No = 1 point)

* 1. Does the project prohibit all persons with specified criminal convictions on a blanket basis to be excluded from admission (excluding registered sex offenders)?

Yes  No  [No = 1 point]

* 1. Does the project require participants to be clean and sober prior to project entry as a condition for admission?

Yes  No  [No = 1 point]

* 1. Does the project serve & house transgender individuals according to the gender they identify?

Yes  No  [Yes = 1 point]

* 1. Does the project serve individuals and families regardless of sexual orientation, family composition, or marital status?

Yes  No  [Yes = 1 point]

* 1. Does the project expedite the admission process including housing search assistance (scattered site only) and help assembling necessary documents in order to support the application for admission?

Yes  No  [Yes = 1 point]

* 1. Does the project actively participate in CoC. Case Managers meetings, Coordinated Entry meetings, CIG meetings, AHC, RHC meetings, and participate in the Housing Summits, PIT/HIC count processes, etc.?

Yes  No  [Yes = 1 point]

1. Housing Retention
   1. Does the project terminate participants for failure to participate in treatment or support services including case management?

Yes  No  [ No = 1 point}

b. Does the project terminate participants solely for engaging in substance use?

Yes  No  [No = 1 [point]

c. Does the project require participants to obtain income as a condition of remaining in the project?

Yes  No  [No = 1 [point]

d. Does the project make all efforts to avoid discharging participants into homelessness including referral back to coordinated entry for those who cannot remain in the project?

Yes  No  [Yes = 1 point]

e. Are project participants held to standards/behaviors not found in mainstream leases (such as not being allowed visitors, curfews, required to do chores, or not be allowed to have alcoholic beverages in their unit)?

Yes  No  [No = 1 point]

1. Participant engagement
   1. Does the project provide participant choice in accessing services and are efforts made to connect participants to community-based services?

Yes  No  [Yes = 1 point]

* 1. Does the project provide regular opportunities for program participants to provide input on project policies and operations?

Yes  No  [Yes = 1 point]

c. Are the project staffed be trained in clinical and non-clinical strategies to support participant engagement including harm reduction, motivational interviewing, and trauma informed approaches?

Yes  No  [Yes = 1 points]

Please include any relevant narrative to provide examples of explanations for your answers under the housing first assessment here:

TOTAL SCORE:

**St. Louis County Financial Assessment Form**

The Financial Assessment Form is required for renewal applicants only.

**Agency Name:** Click here to enter text.

1. How often does your agency draw down funds from LOCCS? Check appropriate box.

|  |  |
| --- | --- |
| ☐ Monthly | ☐Quarterly |
| ☐ Every other month | ☐Other: |

If the agency is drawing down less than quarterly per grant, please provide an explanation:

Click here to enter text.

**UNSPENT BALANCES BY CONTINUUM OF CARE PROJECT**

1. Has the agency returned any funds in the last 3 completed grant terms? If you have a new or recently transferred project, please only list unpent funds during the time your agency was the main applicant/administrator of the grant.

**☐**Yes **☐**No

If yes, please complete the chart below for the CoC project(s) that returned funds. Please feel to include a short narrative explaining any unspent funds for each project as well. **NOTE:** These figures may be verified with HUD.

**Project Name:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Year** | **Amount Returned** | **Reason for return** |
| 2021 | Click here to enter text. | Click here to enter text. |
| 2020 | Click here to enter text. | Click here to enter text. |
| 2019 | Click here to enter text. | Click here to enter text. |

Unspent Funds Narrative:

**Project Name:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Year** | **Amount Returned** | **Reason for return** |
| 2021 | Click here to enter text. | Click here to enter text. |
| 2020 | Click here to enter text. | Click here to enter text. |
| 2019 | Click here to enter text. | Click here to enter text. |

Unspent Funds Narrative:

**Certification of Responses**

**I attest that the answers above are true and are provided without any additional comment or clarification. I have attached all relevant policies and procedures and the organization’s current lease agreement(s) (in PDF form).**

Authorized Applicant Signature:

Authorized Applicant Name and Title: Date:

1. Cultural Responsive Care Definition: “Cultural responsiveness means being open to new ideas that may conflict with the ideas, beliefs and values of your own culture, and being able to see these differences as equal…It means being respectful of everyone’s backgrounds, beliefs, values, customs, knowledge, lifestyle, and social behaviors. It helps you provide culturally appropriate care and support, so people are empowered to manage their own health. Cultural responsiveness involves continuous learning, self-exploration, and reflection. It draws on a number of concepts, including cultural awareness, cultural sensitivity, and cultural competence.” Cultural responsiveness is important for all social and cultural groups, including: Indigenous and tribally enrolled people, People from culturally and linguistically diverse backgrounds, Refugees or displaced migrants, People at all life stages, including end of life, People with different abilities, Lesbian Gay Bisexual Transgender Queer Intersex Asexual Two Spirit (LGBTQIAS2+) people, etc. [↑](#endnote-ref-1)