

## 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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

### Attachments

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

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

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

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**1A-1. CoC Name and Number:** NC-501 - Asheville/Buncombe County CoC

**1A-2. Collaborative Applicant Name:** City of Asheville

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

**1A-4. HMIS Lead:** City of Asheville

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

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

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

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	No	No	No
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	No	No
23.	State Domestic Violence Coalition	No	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	No	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Workforce Development	Yes	Yes	Yes
35.	Legal Services	Yes	Yes	No

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

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

(limit 2,500 characters)

1) Membership in the NC-501 CoC is open to anyone in the community at any time. Both the Homeless Initiative Advisory Committee (HIAC, the NC-501 governance body) and the Homeless Coalition are comprised of service providers, people experiencing/have experienced homelessness, community partners, the faith community, advocates, and other stakeholders. HIAC new membership is solicited via multiple email distribution lists and on the City's (the CoC's Collaborative Applicant) website and announced at public and community meetings when members' terms end or they resign. HIAC workgroups include both HIAC members and others to encourage participation from a wider network, particularly people with lived experience.

2) HIAC membership opportunities are posted online and adhere to the City's Website Style Guide to ensure access for those with visual impairments (<https://docs.google.com/document/d/13QUynic-Bce2SXzn8n9Ge8ZXgfo9khJvxflLH2CmTiE/edit>). The City maintains WCAG AA standards to allow for accessibility for screen readers and web page movement via tab. Meeting transcripts are available, as are video recordings of meetings on the City's YouTube channel.

3) Through CoC activities and workgroups, we have specifically engaged organizations who are serving and connected to LGBTQ+ youth, the Latinx community, and culturally specific communities of faith. The Nominating Workgroup of our CoC governance board (HIAC) has made a concerted effort to recruit and nominate for appointment people who better reflect our homeless population. CoC staff have also begun planning a process to develop a CoC Equity Plan in partnership with the Office of Equity and Inclusion at the City of Asheville and anticipate expanded engagement with culturally specific partners and communities through that process.

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 2,500 characters)

Homelessness has increased significantly during the pandemic and resulted in new interest and extensive public and stakeholder engagement. Most notably, the City of Asheville (the CoC Lead Agency), Buncombe County, and Dogwood Health Trust came together to form a collaborative in early 2022 to better understand and address the increase in unsheltered homelessness and subsequently contracted with the National Alliance to End Homelessness for a comprehensive needs assessment and corresponding strategies and recommendations to help our community better respond to unsheltered homelessness. Through the needs assessment, NAEH is also evaluating the context around unsheltered homelessness, including the homeless service system; CoC structure, operations, and policies; and wider community. The needs assessment phase includes solicitation and consideration of opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness. Input has been gathered via site visits at homeless service providers and encampments, community meetings, targeted surveys and focus groups, and stakeholder interviews, and has included people with lived experience, homeless services staff, healthcare, behavioral health care, law enforcement, local government, neighborhood associations, faith communities, businesses, and philanthropy. NAEH presents to the CoC governance board monthly to both share grounding information on best practices and to provide updates on the project. The needs assessment will conclude this fall with a public presentation to elected officials and the CoC governance board, both of which are public meetings. NAEH will deliver corresponding strategies and recommendations in early 2023 through public presentations to elected officials and the CoC governance board. The governance board will then lead development of an implementation plan in partnership with the homeless service system and community stakeholders. This high profile and highly inclusive process has energized our CoC and already fostered new partnerships across sectors and systems that we can build on together in implementing the recommendations.

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

(limit 2,500 characters)

1) NC-501 maintains openness to receiving project applications from organizations that have not previously received CoC funding. CoC Lead Agency staff regularly reach out to broaden the network of potential applicants and meet with agencies throughout the year to share information about CoC funding (eligible uses, process, regulations) and discuss potential new projects. 2) Detailed NOFO information was posted on the City's website, including information about how to apply. Applications were asked to submit a letter of intent to ensure that CoC staff were aware of any first-time applicants and could provide technical assistance if needed. The notification detailed that applications were to be submitted directly to CoC staff by August 31, 2022. Once posted, email notifications were sent out to multiple distribution lists with a brief overview and link to the full post, and CoC staff announced the NOFO at multiple community meetings and directed interested parties to the post. Local media outlets are included on the referenced distribution lists and currently participate in community meetings due to the heightened interest in homelessness.

3) The local NOFO posted on the City's website a) explained that project applications would be reviewed, scored, and ranked by the Finance Workgroup of the Homeless Initiative Advisory Committee (which serves as the CoC governance board) based on the published scorecard b) provided the scorecard with the original post, which has categories of Applicant and Application, Equity and Inclusion, Housing First, System Performance Measures, and Past Performance c) provided dates when the Finance Workgroup would make recommendations for HIAC vote, when applicants would be notified, and when final/revised applications are due in e-snaps.

4) WCAG AA standards ensure accessibility for screen readers and web page movement via tab. HIAC meeting video recordings are available on the City's YouTube channel.

Information about the FY2022 Competition was also presented publicly during a Homeless Initiative Advisory Committee meeting, with slides posted publicly in advance; both slides and the presentation recording are still available on the City's website.

## 1C. Coordination and Engagement

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

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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 the Planning or Operations of Projects?
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	No
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)	No
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	No
9.	Housing Opportunities for Persons with AIDS (HOPWA)	No
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	No
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
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 2,500 characters)

1) The CoC actively participates in, consults with, and advises the NC DHHS (Consolidated Jurisdiction) ESG office on their annual ESG RFA process, written standards, and determination of funding allocation in open planning meetings prior to the RFA announcement and throughout the year via direct communication. Planning and allocating ESG-CV funds followed the same process as annual funds.

2) The City no longer serves as fiscal sponsor for ESG funding but CoC staff participate in ESG site monitoring visits conducted by NC DHHS when possible. The CoC also receives monitoring reports on ESG recipients from the state ESG office.

3) and 4) The City of Asheville's Community and Economic Development Department contains both the Homeless Strategy Division (CoC staff) and the Community Development Division, which is responsible for the Consolidated Plan covering the geography of our CoC. CoC staff routinely provide data (including PIT and HIC) to Community Development staff for both ongoing work and Consolidated Plan updates.

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 sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	No

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.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	
	Our local nondiscrimination ordinance covers this for all project types; CoC and ESG projects comply with the ordinance.	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

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

(limit 2,500 characters)

Our CoC has two school districts, and both the Asheville City Schools and Buncombe County Schools McKinney-Vento liaisons are part of a formal CoC information sharing agreement and collaborate to identify appropriate housing options for individuals and families experiencing homelessness. These LEA representatives meet with other services providers regularly for case conferencing, resource sharing, and referrals to housing and other resources, and participate in the CoC's Youth Homelessness Workgroup.

The CoC governance board also includes a seat for a McKinney-Vento liaison, currently filled by the liaison at Asheville City Schools.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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 2,500 characters)

NC-501 has adopted a formal policy to ensure that all homeless children are provided the resources necessary to stabilize their housing, support their growth and development, and minimize the trauma of homelessness. This policy obligates service providers to conduct immediate assessment of children's needs and connect them to all early intervention and educational supports available, and to assist guardians in advocating for their rights under McKinney-Vento program. Homeless service providers must incorporate information from the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act related to education assurances into program intakes. The policy specifies that every parent, guardian or custodian having charge or control of a child between the ages of 7 and 16 years must be enrolled in school. Program staff must also provide the parent, guardian, and unaccompanied youth with information on school enrollment and:

- The district school appropriate for the age/grade level of the child;
- Rights under the McKinney-Vento legislation to remain at the school of origin, if feasible, and to be immediately enrolled regardless of the availability of previous school records, health records, birth certificates, or proof of residency;
- How to contact the school social worker and/or the McKinney-Vento Liaison;
- Provide or make arrangements with the appropriate school's transportation service;
- Ensure that parents are following school policies regarding excused absences and medical documentation necessary to return to school after an illness or injury; and
- Options for enrollment in childcare and developmental support and assistance in early childhood programs.

1C-4c.	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	No
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
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—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:	
	1. update CoC-wide policies; and	
	2. ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

1) Our CoC's domestic violence provider, Helpmate, has traditionally held a seat on our CoC governance board, is a strong community partner with CoC staff and other providers, and has CoC and ESG funding to provide RRH for survivors of domestic violence. Accordingly, Helpmate is highly participatory in our CES, particularly in the CE Workgroup where policies and prioritization decisions are established. Helpmate's participation ensures policies and prioritization account for the specialized needs and vulnerabilities of survivors of domestic violence. The other VSP in our CoC responds to sexual assault occurrences and has new leadership who is newly engaging with the CoC.

2) Services for survivors are primarily delivered through our CoC's Family Justice Center (FJC), a public-private partnership between Buncombe County and multiple co-located service providers, including Helpmate, the VSP focused on sexual assault and trafficking, legal services, child advocacy, law enforcement, and Mission Hospital Forensic Nurse Examiners. This comprehensive resource serves as a single location for robust trauma-informed care for survivors and ensures that people who experience polyvictimization are able to get the help they need efficiently. While homeless service providers and other CoC partners are trained in trauma-informed care, most often providers connect survivors with the Family Justice Center to best meet their specific needs, including housing.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
	1. project staff that addresses 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 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 2,500 characters)

1) Helpmate provides annual, CoC-wide training to direct service staff at partner organizations on basic dynamics of intimate partner violence, including: the definition of abuse, types of abuse, warning signs/red flags, barriers to leaving an abusive relationship, the impact on children, safety planning, and how to respond to disclosures using the empowerment approach. Trainings also include how to recognize signs of abuse in program participants, information about how to support survivors, and information about how to connect survivors with services, including the Danger Assessment, which is key to safety planning and is used for prioritization in coordinated entry.

Helpmate also provides specific training with homeless service providers as requested. Project staff at Helpmate receive additional, in-depth training: new staff receive 45 hours of comprehensive onboarding training, including a core focus on traumatic stress response among survivors and promoting resilience, and all staff participate in at least 20 hours of ongoing professional education each year.

2) Our CoC does not have dedicated CE staff, so staff participating in CE are also receiving Helpmate's CoC-wide training. In addition, staff participating in CE are trained to either administer the Danger Assessment or to connect clients to Helpmate for Danger Assessment administration. The Danger Assessment was developed as a result of a longitudinal study from Johns Hopkins University and has a 94% accuracy rate at predicting homicide risk for survivors of domestic violence. It is also used as a validated safety planning tool that identifies specific risk factors used to create individualized safety plans. In our CES, Danger Assessment scores inform prioritization among survivors of domestic violence.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) Our CoC uses data collected in HMIS entries, PIT surveys, and Osnium (HMIS-comparable, non-web-based database used by Helpmate) to aggregate and understand the intersection of intimate partner violence and homelessness. For predictive data, we use the CDC's annual prevalence study and a recent study by the Jamie Kimball Foundation for Hope which used law enforcement, victim service provider, and hospital data to predict the annual number of incidents in Buncombe County.

2) Data are used to a) target outreach strategies b) inform the need to maintain focus on culturally specific and competent services and outreach, based on characteristics identified c) inform resource allocation. Based on data related to homelessness and domestic violence, the CoC was able to engage Helpmate as a permanent housing provider which has strengthened our CoC's collaborative response to both homelessness and domestic violence.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1) All CoC Program participants receive VAWA information at intake. Service providers stay in regular communication, maintain a sense of the danger level of each household, and make landlords aware of VAWA requirements prior to lease signing.

2) In most cases when program participants request an emergency transfer, the lease is terminated, unless the landlord owns additional properties and is able to relocate the household. Participants are rehoused and are offered shelter in Helpmate's secure location if necessary until a new unit is available. Within our PHA, emergency transfers to units at other PHA properties are prioritized.

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1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.	

(limit 2,500 characters)

While Helpmate's housing program is specific to survivors, all other housing programs are also available to survivors through the CES. Helpmate has historically had sufficient RRH resources to accept all referrals through the CES, but does not offer PSH, so survivors in need of PSH are referred to Homeward Bound or other programs.

Co-located services at the Family Justice Center ensure that survivors are able to access well-coordinated and comprehensive services and receive a housing assessment on their first visit.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

**(limit 2,500 characters)**

1) Our CES prioritizes the Danger Assessment score above all else when slating for domestic-violence-dedicated resources, recognizing the critical connection between housing stability and safety. In the process of administering the Danger Assessment, Helpmate is also developing an individualized safety plan with every survivor prior to their referral to a housing intervention through the CES, so the safety plan can inform the referral process and result.

2) Specific needs of survivors are always represented by Helpmate during CE Workgroup meetings as policies and procedures are developed for the CES. Helpmate prioritizes survivor input and lived experiences, and seeks ongoing feedback at every service contact with survivors. That feedback is consolidated every quarter and used to inform both agency and CES planning process and policies.

3) All people presented through the CES sign a Release of Information for the process, and have the opportunity to redact identifying information. CES referrals may be made with no identifying information. Through the Family Justice Center and through Helpmate, participants are made aware of agency obligations under state and federal laws and the mandated exceptions to confidentiality, so consent is always informed. Additionally CES data for survivors are stored in Helpmate's encrypted, non-web-based database.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--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 LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

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

	Describe in the field below:
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

- 1) Both Asheville City Council and Buncombe County Commission adopted nondiscrimination ordinances in April 2021 that apply to the entirety of our CoC's geographic area and specifically name public accommodations, which includes emergency shelter, transitional housing, and permanent housing programs. The ordinance defines discrimination as any difference in treatment based on race, natural hair or hairstyles, ethnicity, creed, color, sex, sexual orientation, gender identity or expression, national origin or ancestry, marital or familial status, pregnancy, veteran status, religious belief or non-belief, age, or disability. As a policy set by local elected officials, stakeholder feedback is always welcome and considered. The Homeless Initiative Advisory Committee, which is the CoC's governance board, also receives stakeholder feedback and serves as a policy advisory board to Council and Commission.
- 2) CoC staff share anti-discrimination trainings and work at the individual agency level to provide technical assistance as needed. Information is also provided on the nondiscrimination ordinance at CoC meetings.
- 3) Program participants and peer organizations regularly provide feedback to the CoC and to CoC staff on client experience related to nondiscrimination when seeking services. When concerns are identified, CoC leaders work directly with service provider leadership to address the situation and ensure equal access for program participants.
- 4) The public process to file complaints related to the ordinance is:  
<https://www.buncombecounty.org/i-want-to/contact/file-discrimination-complaint.aspx#:~:text=The%20nondiscrimination%20ordinance%20defines%20discrimination,status%2C%20religious%20belief%20or%20non%2D>

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 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?
Asheville Housing Authority	41%	Yes-Both	Yes

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

Describe in the field below:



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

(limit 2,500 characters)

- 1) The PHA in the NC-501 CoC has been a national leader in demonstrating how PHAs can partner with homeless service providers successfully to prioritize people experiencing homelessness. The current CEO of our community's PHA has been a longtime member of the CoC's governance board, including many years as chair. In that capacity, he led an initiative in 2010 to create a chronic homeless preference and partnered with a lead housing agency who provided supportive services. This initiative has sustained a successful 10+ year history. The PHA has experienced the value of housing case management and other supportive services that assist individuals and families to stabilize and retain housing. The initiative's success enabled the PHA to expand the preference beyond chronicity and now requires a supportive services commitment to access the preference. The PHA currently has Memoranda of Understanding with 10 service providers who facilitate housing stabilization services specifically for people experiencing homelessness or fleeing domestic violence.
- 2) N/A - the CoC's PHA has established a homeless admission preference based on commitment of supportive services from referring services providers.

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

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

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

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

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

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

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

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

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	--	-----

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

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
--	--	-----

	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.
--	---

<b>PHA</b>
Asheville Housing...

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

**Name of PHA:** Asheville Housing Authority

## 1D. Coordination and Engagement Cont'd

1D-1.	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	No
2. Health Care	No
3. Mental Health Care	No
4. Correctional Facilities	No

1D-2.	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 2022 CoC Program Competition.	8
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 2022 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1) The NC-501 CoC adopted CPD-16-11 and formally incorporated its provisions into the CoC's Written Standards in 2016. All housing programs that participate in the NC-501 CoC Coordinated Entry have committed to using a Housing First approach. CoC staff currently facilitates the CoC's Coordinated Entry, ensuring no preconditions (e.g. income, background checks) are required for slating households for permanent housing programs, including but not limited to CoC and ESG projects. CoC staff also have extensive experience implementing Housing First in PSH and RRH programs and work closely with housing agencies to provide technical assistance in program and policy development as well as case conferencing. During review of project funding applications each year, CoC staff review housing providers' program manuals and participant agreements to ensure fidelity to the Housing First model in program practices.

2) Evaluation uses criteria primarily based on the USICH Housing First Checklist, including

- No preconditions to program access
- Reasonable accommodation for disabilities
- Referral back through CE when a program cannot serve someone
- Client choice in housing location
- Tenant-driven goals and services
- Voluntary participation in services; no discharge for nonparticipation
- Harm reduction approach, and no requirements related to substance use
- Flexibility where possible
- Rehoused when needed

3 Our CoC does not have a formal process for Housing First evaluation outside of annual review, but because we are a relatively small community, CoC staff work closely and regularly with housing providers, particularly through the CES, and are able to routinely assess fidelity of approach.

1D-3.	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 2,500 characters)

1) The CoC has a robust array of street outreach. The City of Asheville (CoC's Collaborative Applicant) funds 2 FTE housing-focused outreach specialists to engage the most vulnerable, unsheltered persons who have frequent engagement with law enforcement and high hospital ED utilization rates. They collaborate with law enforcement, EMS, and neighborhood/business associations to identify, connect, and refer unsheltered persons appropriately. ESG-CV funding created a new peer-support team to augment existing efforts and focus on those with substance use disorders and/or co-occurring severe mental health diagnoses. The VA Medical Center's outreach team connects unsheltered veterans to services and housing. All 3 teams meet regularly for case conferencing and participate in the CoC's Coordinated Entry for housing placement.

2) Existing street outreach efforts cover 100% of the CoC's geographic area.

3) Street outreach is conducted daily, primarily during daytime hours. The peer support and City-funded outreach teams regularly "flex" hours to cover evenings and weekends when needed, especially during extreme weather, to provide essential resources and ensure unsheltered persons are aware of available shelter options.

4) The primary street outreach team operates out of the AHOPE Day Center, a low-barrier service location frequented by people who are unsheltered and unable to access services elsewhere. The street outreach team focuses specifically on people who do not access services at AHOPE and are also not connected with care through other organizations.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	No	No
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing-RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

		2021	2022
	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.”	108	168

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) The CoC and mainstream resource partners such as NC DHHS, Social Security Administration, mental health and substance abuse services providers, FQHCs, and criminal justice system program staff are committed to ensuring that individuals and families experiencing homelessness are aware of, access, and are enrolled in all benefits programs for which they are eligible. These entities provide resource information to program staff through email notices and trainings, as well as regular communication about resources and program information through the Homeless Coalition monthly meetings and email distribution list. In 2022, CoC-wide trainings were provided on TANF and food stamps (Buncombe County Economic Services), substance abuse programs (County Behavioral Health), SSI/SSDI (Pisgah Legal Services), and workforce development (Goodwill Industries).

2) During the pandemic, the CoC has developed much stronger working relationships between healthcare and homeless service providers. A new Healthcare and Homelessness Workgroup has convened in 2022 to better coordinate resources among FQHCs, public health, hospital systems, behavioral health, and homeless service providers. The CoC Lead Agency has created a new staff position this FY focused specifically on the intersection of homelessness, behavioral health, and healthcare to lead coordination efforts for the CoC and to co-develop a strategy with Buncombe County for use of new opioid settlement funding to meet this critical need.

3) The CoC has had a strong history of providing SOAR services through multiple agencies, but several agencies have lost that capacity during the pandemic. Currently, one agency, Pisgah Legal Services, provides SOAR support through a SOAR-certified attorney who works closely with other CoC agencies to accept referrals and who provides CoC-wide training on how to access SOAR services. Additional CoC agencies are currently working to identify new resources to staff SOAR-dedicated positions to expand this important strategy back to prior capacity.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Our CoC operated multiple NCS during the pandemic and is building on those valuable lessons learned in current planning. We know from pandemic experience that people will accept NCS who decline other shelter options available in our CoC and are seeking to build on that as we evaluate system gaps. We anticipate recommendations through the NAEH project related to NCS and have reserved ARPA funding to respond to those recommendations. In the meantime, County public health has partnered with Salvation Army to offer NCS for isolation and quarantine, and other shelters are evaluating space options or have ongoing relationships with motels to create NCS when needed. Faith communities and school system homeless liaisons are also working with motels for NCS.



ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1) Our CoC and public health department built a strong, collaborative relationship during the pandemic that has continued to benefit our system. CoC procedure is that when service providers identify infectious disease, they either call the public health Communicable Disease line or directly contact the public health medical director. Based the extent of the outbreak, they coordinate to have public health transport the individual to dedicated isolation and quarantine space or they work together to develop a site-based plan if needed.

2) CoC and public health staff are in regular communication, and public health frequently provides homeless service providers information about infectious disease (local data, new research, updated protocols, new disease info - e.g. monkeypox) and access to preventive supplies through CoC staff. The public health department is also working directly with the CoC and service providers to continue to offer targeted vaccination clinics and testing events (e.g. flu shot clinics and COVID booster clinics at places frequented by people who are unsheltered).

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

Throughout the pandemic, the CoC and County Health Department co-facilitated a biweekly meeting with homeless service providers (outreach, day services, shelter, transitional housing, permanent housing) to share information, identify needs, develop responsive plans, and coordinate CoC-wide strategies on protocols, isolation and quarantine, testing, and vaccinations. Through this process, CoC and Health Department staff built a close working relationship, and public health and homeless services became much more integrated. The Health Department's medical director routinely distributes information through CoC staff to the homeless service system and seeks updates from homeless service providers about population health and needs.

That biweekly meeting has evolved into a new Healthcare and Homelessness Workgroup of the CoC, which includes outreach, day services, shelter, transitional housing and permanent housing providers and public health, FQHCs, hospitals, peer support organizations, and emergency responders. Workgroup agendas include a standing item to hear an update from the Health Department's medical director on infectious disease, including local data, new research, and prevention and response information. The workgroup also creates space for collaboration and problem solving (e.g. where to hold vaccination clinics for greatest impact).

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1) The NC-501 CoC CES is decentralized, with multiple agencies facilitating the assessment tool and connecting people experiencing homelessness with housing opportunities via coordinated entry across 100% of our CoC's geographic area. In addition to shelters, a primary CES facilitator is Homeward Bound, which operates a day center as well as street outreach. The day center serves as a CES hub, with many service providers across multiple disciplines connecting clients with the day center for CES intake. While most service providers and people experiencing homelessness are located in our primary metro area, Homeward Bound's street outreach team has capacity to cover surrounding communities and rural areas within our CoC to connect with households who may not otherwise be engaged with a service provider in order to access coordinated entry. 211 is also a valuable partner in our CES and connects people from across the CoC to the day center or street outreach for assessment and CES access.

2) Since our CoC began CE in 2014, we have used length of time homeless (including but not limited to HMIS verification) and the VI-SPDAT as primary assessment components; for survivors of intimate partner violence, we also use the Danger Assessment. Our CE Workgroup has been actively meeting this year to identify an alternative to the VI-SPDAT and has participated in HUD TA about CE in order to receive guidance and benefit from learning about similar work in other communities. We anticipate CE-related recommendations from the NAEH project in early 2023 and hope to have an updated assessment process in place by next year's CoC Competition.

3) Our CoC governance board oversees a CE Workgroup that oversees CE implementation. Projects participating in CE have representation on the CE Workgroup, which develops policy recommendations to present to the governance board for CoC approval and adoption. Participating projects are very engaged in the workgroup and provide regular feedback about their implementation that helps inform continual improvements to policy and process. Households participating in coordinated entry provide feedback directly to projects for incorporation into project feedback to the CE Workgroup.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

- 1) Our CES includes participation from street outreach teams who are engaging people who are otherwise disconnected from community services and a peer support organization whose staff are embedded in multiple community programs and able to refer people who do not or cannot access traditional services. In 2022, we have added nontraditional partners, especially substance use services, to the CES to ensure wider participation.
- 2) Our CoC has defined people most in need of assistance as having the greatest length of time homeless, acute vulnerability as measured by the VI-SPDAT, and high lethality risk due to intimate partner violence as measured by the Danger Assessment. Our prioritization scheme weights length of time homeless most heavily, followed by vulnerability. For survivors of domestic violence, the Danger Assessment is weighted most heavily.
- 3) When a household has been slated for a housing intervention through the CES, the referring agency delivers the client file with eligibility verification to the housing provider within 3 days. The housing provider then connects with the referred household within 5 days for enrollment, working with the referring agency as needed to locate and communicate with the household. Once enrolled in the housing intervention, households meet with project staff to detail housing needs and preferences and to begin the housing search together, with project staff taking primary search responsibility in most cases. Participants are able to decline any identified units that do not meet their needs/preferences, and project staff continue to work with them to identify a more appropriate housing option. In 2022, our CoC has formed a collaborative of housing providers and received new resources to create a common risk mitigation fund and shared landlord incentives and engagement strategy; one intended and anticipated outcome of this initiative is to decrease the length of time between program enrollment and move in.
- 4) The CE Workgroup is currently evaluating the assessment process and tool with goals of a) replacing the VI-SPDAT and b) better matching assessments to available interventions to ensure people are not unnecessarily or invasively assessed, which both re-traumatizes people seeking services and slows system efficacy, delaying housing placements.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/18/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

	Describe in the field below:
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and

2. what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1) CES data tracked throughout the year include intervention type, housing provider, household size, race, gender, ethnicity, outcome (housed or discharged), and outcome date. This allows us to evaluate whether racial disparities exist in terms of who is slated for a housing intervention, whether or not they are ultimately housed by that intervention, and whether those outcomes vary by provider for the same intervention type. Data are collected by CoC staff during CES meetings, analyzed by CoC staff, and shared with the CE Workgroup for evaluation and to make corresponding CES adaptations as needed. (Note: we have also recently used NAEH's Racial Equity Tool, but recognize limitations as our Rescue Mission and HUD-VASH data are not currently in HMIS so missing from the analysis.)

2) Evaluations occur annually for the prior FY (July 1 - June 30). Based on PIT data, people of color, particularly people who are Black, are overrepresented in our homeless population (26.22%) compared to our general population (10.7%). Our most recent evaluation identified that our CES is not furthering that disparity in either access or outcome: 34.35% of people slated for an intervention were BIPOC, and 34.29% of people with a positive outcome (housed) were BIPOC. The percentage of people accessing and housed through the CES who are Hispanic/Latinx closely mirrors Hispanic/Latinx people in the PIT count (5%).

1D-10b. Strategies to Address Racial Disparities.

NOFO Section VII.B.1.q.

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.	No
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.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	No
Other:(limit 500 characters)		

12.	CoC staff have begun working with the City's Office of Equity and Inclusion to develop a process for creating a CoC Equity Plan over the coming year.	Yes
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1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

A key step taken by our CoC several years ago was to re-evaluate the order of priority between length of time homeless and acuity of vulnerability. Historically we had prioritized vulnerability above other factors, but through analysis of both people in need of housing and people who had been housed through our CES, we identified that shifting our highest priority to length of time homeless resulted in serving people whose aggregate demographics more closely mirrored our homeless population as identified in our PIT data.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Our annual CES evaluation has demonstrated efficacy of approach in our prioritization realignment to most heavily weight length of time homeless, resulting in outcomes that demonstrate prevention/elimination of disparities negatively affecting our BIPOC subpopulation. Annual CES racial equity evaluation will continue to track progress, and improving our HMIS coverage in the coming months to include Rescue Mission and HUD-VASH data will allow for broader system analysis.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	

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

(limit 2,500 characters)

Our CoC governance board has two seats designated for people with lived experience of homelessness. One of those seats has recently been vacated, and outreach efforts to refill it have included announcements at public board meetings and Homeless Coalition meetings, targeted individual conversations with active community members, and requests of service providers to engage program participants and to connect them with CoC staff to learn more about board participation. People with lived experience have been more actively engaged than ever before in our CoC this year, particularly in shelter planning committees. For people who are interested in but hesitant about governance board participation, CoC staff are encouraging committee and workgroup participation as part of an onboarding process to CoC leadership.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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.	11	8
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	11	8
3.	Participate on CoC committees, subcommittees, or workgroups.	11	8
4.	Included in the decisionmaking processes related to addressing homelessness.	5	3
5.	Included in the development or revision of your CoC's local competition rating factors.	2	2

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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

(limit 2,500 characters)

Several CoC member organizations provide in-house workforce development training to their program participants, particularly programs focused on youth and veterans. Training includes both infrastructure needed to gain or retain employment (e.g. interviews, resumes, job search, computer skills) and skill development specific to local opportunities (e.g. culinary training). Several organizations offer education and professional training certifications and have structured their professional development for program participants based on hiring needs identified by employers they work with directly. Professional development also includes access to continuing education; our local community college has a campus embedded within the campus of one of our largest service providers to promote access and connectivity.

Additionally, a growing number of CoC member organizations have added Certified Peer Support Specialists to their staff in recent years, some of whom were prior program participants with them.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
NOFO Section VII.B.1.r.		
Describe in the field below how your CoC:		
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and	
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness	

(limit 2,500 characters)

1) Currently, feedback is gathered through 2 governance board members with lived experience, committee and workgroup members with lived experience, public comment during governance board meetings, and informal conversation. Many CoC organizations have formal mechanisms for gathering feedback and share that information with the larger CoC. CoC staff and the CoC governance board have recognized the need to formalize this process and have begun a planning process to develop a more robust approach, which may include creating a dedicated committee of people with lived experience as part of the CoC structure, in addition to incorporation throughout CoC committees and workgroups. We anticipate realigning several areas of our CoC structure based on NAEH recommendations in early 2023 and anticipate better/clearer inclusion of people with lived experience in their recommendations.

2) As unsheltered homelessness has increased significantly during the pandemic, community shelter planning has become more inclusive and creative, bringing nontraditional shelter providers (e.g. faith communities) to the table alongside people who are or were unsheltered. This collaboration has directly resulted in new approaches to shelter, including an emphasis on small congregate settings. In 2022, a growing number of people have reported being unsheltered here related to vehicle breakdowns or lack of ability to travel back to communities where they have housing and support available, so an emerging CoC initiative is developing new resources to respond to that specific challenge in an impactful way.



1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1) Our CoC has not taken steps regarding reforming zoning and land use policies to permit more housing development in the past 12 months. The City of Asheville is the CoC Lead Agency and Asheville City Council has adopted 6 strategic priorities for FY23 (ending 6/30/23), which include Houselessness Strategies and Equitable and Affordable Housing and Stability. City and CoC leadership jointly recognize the need for more housing development, and while no formal steps have been taken, CoC stakeholders regularly communicate with elected officials to brainstorm new approaches in pursuit of that common goal.

2) CoC staff are jointly funded by the City of Asheville and Buncombe County and compose the Homeless Strategy Division within the Community and Economic Development Department of the City, alongside 3 other divisions: Community Development, Equitable Economic Development, and Affordable Housing. Through this structure, CoC staff are able to work closely with Affordable Housing staff on new affordable housing projects and how they might prioritize or dedicate units for people experiencing homelessness. The Affordable Housing division is also developing a partnership with the newly-formed community development team at Buncombe County; together they are working to streamline City and County investments and programs to simplify processes for developers in order to expedite development, encourage new participation, and expand the scope and impact of their affordable housing tools.

Notably, the City and County each invested \$3M in a new PSH project slated for occupancy in the spring of 2023, and the City has committed \$1.5M to a second PSH project that will also open in 2023. Both projects are hotel conversions and will collectively add 185 units of PSH to the CoC.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/08/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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

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

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

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

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	250
2.	How many renewal projects did your CoC submit?	8
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

Describe in the field below:

1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	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 2,500 characters)

1) CoC review of past performance of RRH and PSH projects submitting renewal applications included APRs retrieved from Sage for the most recent completed grant year for each project; HMIS and Osnium (comparable database used by DV provider) data to identify retention and returns to homelessness; and CES data to review length of time from referral to outcome and nature of outcome (housed vs. discharged).

2) Our CES tracks inflow into permanent housing programs on an ongoing basis, which includes referral source, household size, assessment data, household demographics, outcome of referral (housed vs. discharged), and date of outcome. Outcome data are used to evaluate CES efficacy in terms of nature of outcome and length of time from referral to outcome, and can be evaluated by intervention (RRH or PSH), service provider, and specific project. These data are also used to evaluate equity in the CES. CES data were used to provide the number of days between slating for permanent housing through the CES and move in for each project submitted for renewal.

3) The scoring tool for the FY2022 Competition specified different metrics for RRH and PSH programs in terms of number of days from referral to housing, expecting that PSH placements may take longer due to more barriers to housing access related to severity of needs and vulnerabilities experienced by PSH program participants, particularly because the majority of PSH placements in our CoC are in scattered site units with private landlords. Evaluators were also asked to review cost effectiveness in light of respective participant vulnerabilities, specifically reviewing the extent to which: "Project is cost effective considering average household size and/or barriers to housing access and retention for population served."

4) Six out of the eight renewal project applications in our CoC are for PSH and are 100% chronic dedicated and serve people with the greatest length of time homeless and greatest acuity of vulnerability. All six are longstanding CoC projects with strong and comparable performance and scored well in the FY2022 Competition.

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

Describe in the field below:

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

(limit 2,500 characters)

1) and 2) Our scorecard was developed quickly due to the application timeline and based primarily on NOFO requirements.

3) We did attempt to engage multiple people of different races, particularly those over-represented in our homeless population, in the Finance Workgroup but time constraints prohibited their ability to participate. We understand and share this value, and are making plans to remedy this deficit in our ongoing work. Historically, the Finance Workgroup convenes only during CoC and ESG application windows, but effective this year, we have made plans to continue developing the Finance Workgroup after CoC and ESG applications are submitted. Development will include deepening technical knowledge, monitoring project performance, and recruiting and onboarding new workgroup members to ensure workgroup composition is more reflective of the population of people without housing in our CoC.

4) The FY2022 Competition scorecard included points related to whether the organization has conducted a racial equity analysis in past 12 months, and if so, whether it identified that no disproportionality exists in program access and outcomes OR has identified barriers to equitable access and outcomes and developed a response plan to eliminate identified barriers. Applicants were asked to submit an Equity and Inclusion Supplement to their Project Application detailing this information, as well as information related to racial equity trainings conducted and inclusion of people with lived experience in leadership, implementation, and program design.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	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; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1) The CoC's Reallocation Policy allows for funding of new projects through the transfer of all or a portion of funds from any existing CoC-funded project. The CoC has the authority to reallocate CoC funds as needed to positively impact local system performance measures (SPMs). Eligibility criteria for projects to be funded by reallocation include meeting or exceeding all HUD and CoC threshold requirements, local need, and being an eligible project type, as determined by HUD in this year's NOFO. CoC funds may also be reallocated voluntarily by a specific existing project or through a local competitive process.

2) The most recent reallocation of CoC funds in NC-501 occurred in 2014. With only a single CoC-funded organization in NC-501 until the 2018 CoC competition, a formal reallocation process has not been needed.

3) No reallocations were made for FY2022.

4) All current CoC projects are RRH (for DV survivors at highest risk for lethality) or 100% Dedicated PSH, both for which there remains substantial community need. Due to pandemic-related staff turnover and lack of unit availability, multiple PSH grants were underspent, but are projected to be fully expended in this renewal related to two site-based PSH developments underway and slated for occupancy in CY23, adding 185 dedicated units to the housing stock available to PSH projects.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/13/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/13/2022
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1E-5b.	Local Competition Selection Results—Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank—if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/19/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/19/2022
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## 2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
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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 2022 HIC data into HDX.	04/27/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	



(limit 2,500 characters)

1) NC-501 has one domestic violence service provider: Helpmate. Helpmate uses Osnium, which is an encrypted, non-web-based database to collect and store client data. Osnium is used widely through NC by domestic violence providers and does meet HUD's comparable database requirements. Helpmate's services include an emergency shelter that is partly ESG-funded and an RRH program that uses ESG, ESG-CV, HOME TBRA, and CoC funding. Osnium is used to generate required APRs and CAPERs that comply with the specifications of each source of HUD funds.

The CoC/HMIS Lead and Helpmate's Operations Coordinator, who has primary database responsibility, have been working together on regular reporting from Osnium to the CoC in order to integrate de-identified data of survivors of domestic violence into the CoC's work to ensure a comprehensive understanding of the number and characteristics of people experiencing homelessness within NC-501.

2) NC-501 is compliant with the 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	293	24	121	44.98%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	267	0	234	87.64%
4. Rapid Re-Housing (RRH) beds	168	39	129	100.00%
5. Permanent Supportive Housing	622	0	240	38.59%
6. Other Permanent Housing (OPH)	73	0	73	100.00%

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 2,500 characters)

In 2022, all emergency shelter participated in HMIS, with the exception of cold weather overflow beds and the Western Carolina Rescue Mission.

Cold weather shelter providers vary each year, and participating shelters for the 22-23 season already enter data into the HMIS for their other programs. CoC staff will work with them to create the appropriate workflow in the HMIS and train additional staff as needed to collect cold weather overflow data into the HMIS for the 22-23 season.

Since late fall 2022, our CoC has been in conversation with the Rescue Mission about data sharing between their system and the HMIS. Historically they have not been willing to share data but are newly open to exploring that possibility with CoC staff. The Rescue Mission uses Spero, which is also a WellSky product, and expressed openness to exporting their data from Spero to then be imported into HMIS, if CoC resources were available to cover that cost. CoC staff have been engaging with MCAH and WellSky to explore the technical possibilities and fiscal implications through a multi-month process. On August 30, 2022, WellSky informed CoC staff that this will not be possible, because the Rescue Mission does not have the HUD Export enabled; both Spero and its HUD Export are in maintenance-only mode so WellSky will not activate that module for agencies not already using it. Now that we know the export/import option is not available, CoC staff will work with Rescue Mission leadership on alternatives, including identifying data they already collect and discussion about expanding if necessary to capture all UDEs and entry/exit data. We currently presume the path forward will be for the Rescue Mission to generate regular reports and CoC staff to manually enter data from those reports into the HMIS.

All PSH participates in HMIS, except for HUD-VASH. CoC and local VA staff had anticipated using the announced HOMES/HMIS partnership to include HUD-VASH data in the HMIS but have learned this summer that that isn't possible since the VISN and CoC geography are not aligned and HOMES does not include additional household members' data. In response, CoC and HUD-VASH staff have established a process for HUD-VASH case managers to collect entry, interim, and exit data via paper forms and provide that data to CoC staff for manual entry into the HMIS. HUD-VASH will be included in the 2023 HIC as HMIS participating, bringing our PSH participation rate to 100%.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/25/2022
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/26/2022
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2B-3.	PIT Count—Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

Our youth count was led by Sarah Dickerson who directs Eliada's ESTA program, which is our primary TAY provider (TH, workforce development, and RRH), in partnership with members of the CoC's Youth Workgroup. That workgroup includes staff from the RHY shelter, DSS, foster care, an LGBTQ+ youth advocacy group, Goodwill, and McKinney-Vento liaisons. In addition to those partners, Sarah engaged other youth providers she routinely works with who don't traditionally connect with the CoC or other homeless services. She involved them in planning meetings and survey form development, trained them on the count, and distributed and collected forms to/from their staff.

Sarah and the Youth Workgroup talked with their respective program participants about the importance of the count, barriers to and incentives for participation, and specific locations and approaches to engage the maximum number of youth possible.

By engaging with non-traditional youth providers and youth themselves, Sarah expanded the count to locations our PIT count has traditionally not included (e.g. the mall). They also identified and visited specific camp locations shared by unsheltered youth in their programs where youth were known and likely to be.

In addition to the targeted youth count led by Sarah's team, Sarah also trained volunteers conducting the unsheltered count on using the youth-specific form when applicable.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1. N/A: each year, including 2022, all shelters either participate in HMIS or collect data via paper surveys which are entered into HMIS by CoC staff.
2. We significantly improved our data quality in 2021 (better planning participation from providers, more granular geography and locations for street teams to cover) so replicated that in 2022. Our primary data quality change in 2022 was to move the PIT date; we traditionally use the last Wednesday in January, but moved to the last Tuesday for the 2022 count to align with a weekly community event (lunch and services) that is a hub for people who are unsheltered. We had a significant increase in the unsheltered count between 2020 and 2021 and anticipated further increase, so we also added supplemental questions to the unsheltered survey to better understand the increase, inflow, and specific needs of people who are unsheltered.
3. The date change did help us connect with more people who were unsheltered so our PIT results more accurately reflect our community.

## 2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

(limit 2,500 characters)

1) The CoC uses a prescreening tool modeled after the SSVF Homeless Prevention eligibility form to identify those at highest risk for homelessness. Risk assessment includes: urgency of the household's current living situation; potential barriers and vulnerabilities, including prior homelessness; availability of other resources; and social support network. Referrals are then provided to the most appropriate resources. Homelessness prevention programs are primarily targeted to people who have been literally homeless in the past, with the exception of people fleeing domestic violence.

2) Diversion, prevention, and referral for resources, benefits, and legal services to prevent unlawful eviction/foreclosure are key components of the CoC's effort to decrease first-time homelessness. Multiple agencies coordinate provision of assistance to people in crisis through the local 211 information line or local crisis centers with referrals to specific providers. On days when evictions are docketed, the community's legal aid provider is present in court to serve unrepresented households to resolve cases that could result in homelessness. The CoC has 3 homelessness prevention programs funded by SSVF and ESG. One ESG-funded program targets DV survivors; the other ESG-funded program is available to the general population. All 3 programs follow requirements provided by the funding sources, and people are referred to those programs from a variety of sources across the community, including 211. The CoC expanded these efforts during the pandemic by allocating both CDBG-CV and ESG-CV for significant homelessness prevention expansion. County government administers the ERA allocation received in our CoC.

3) CoC staff collaborate with Homeward Bound, the CoC's primary homelessness prevention provider, for strategic use of SSVF, ESG, ESG-CV, and CDBG-CV prevention and rapid rehousing resources to prevent first time homelessness and end homelessness for individuals and families.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

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

(limit 2,500 characters)

1) The CoC enacted a policy consistent with HUD Notice CPD-16-11 and prioritizes chronically homeless persons with the longest history of homelessness for housing placement. In 2023, the CoC will have 185 new units of site-based PSH available through hotel conversions, which will significantly add to PSH capacity and should drastically decrease chronic homelessness. Our projection is that creating outflow into PSH for people with the greatest lengths of time homeless will improve overall system flow and decrease length of time homeless by reducing demand for limited scattered site PSH interventions. We have also recognized a need to increase RRH resources in our community to decrease length of time homeless, particularly for the general population (veterans and domestic violence survivors are well served by RRH currently). CoC staff also provide technical assistance on how agencies can support their clients in accessing alternative housing opportunities outside of specific RRH and PSH interventions.

2) Length of time homeless is most often identified using HMIS data and is measured in months, and people with the greatest length of time homeless are primarily identified through programs focused on people who are unsheltered (e.g. AHOPE Day Center and street outreach). Length of time homeless is the primary factor in our CoC's prioritization scheme for the CES, and available slots in housing programs or on housing grants are filled by the person meeting that particular program's eligibility criteria who has the greatest length of time homeless.

3) CoC staff, in partnership with the CE Workgroup, are responsible for overseeing CoC strategy to reduce the length of time individuals and families remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section VII.B.5.d.	

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

(limit 2,500 characters)



1) The CoC is assisting ES and TH programs to build capacity and technical skills needed to create individualized exit plans for all clients, and a newly added CoC staff position focused on training and development will expand this effort. CoC staff will provide ongoing technical assistance to build the capacity of service providers to assist in problem solving and accessing other avenues to family reunification and affordable housing prior to enrollment in RRH or PSH interventions where possible.

2) The CoC's primary PSH provider has a 92% retention rate. Households evicted by private landlords may briefly return to homelessness while awaiting a new placement but are not exited from the program. Most exits occur from death, incarceration, or to assisted living facilities for those unable to live independently. Graduations from PSH primarily occur when the household no longer needs housing case management and can transition onto a Housing Choice Voucher. The CoC is working to diversify the PSH portfolio and will add two large site-based projects in 2023, creating additional flexibility in rehousing people who may need a higher level of support than they are able to receive in scattered site housing in order to retain permanent housing.

3) Our community's three PSH providers (Homeward Bound, Helpmate, and HUD-VASH) lead the CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate 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 2,500 characters)

1) The CoC is able to identify people returning to homelessness through both HMIS data and continuity of care from service providers. All housing providers in the CoC also operate homeless services for their targeted subpopulations (youth, veterans, domestic violence survivors, people who are/have been chronically homeless) and are the primary service delivery agency for households in those subpopulations who return to homelessness and are therefore able to re-engage quickly to develop a new housing plan.

2) The CoC's primary strategy to reduce returns to homelessness is to increase efficacy in housing case management across interventions, to ensure a moving on strategy that is stable for households graduating from housing programs, and to provide ongoing connections to care until a household no longer requires that level of support in order to retain permanent housing. Additionally, homelessness prevention resources target people with prior experience of literal homelessness and are a key resource for people who have exited homelessness either with or without a housing intervention, are not currently enrolled in a housing intervention, and are at risk of returning to homelessness.

3) Homeward Bound, the CoC's primary RRH and PSH provider, also operates a day center and street outreach program and provides the largest number of exits from homelessness into permanent housing and graduations from permanent housing programs. Homeward Bound's homeless services are an initial reconnection point for any household returning to homelessness. CoC staff collaborate with Homeward Bound program staff to reduce the rate of returns to homelessness for individuals and families.

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

(limit 2,500 characters)

1) The CoC has a Memorandum of Understanding with Goodwill Industries, a key community partner, to continue with and expand existing employment readiness activities. Goodwill's Director of Workforce Development is a member of the CoC's governance board and collaborates with the CoC on clear pipelines for employment for people in shelter and housing programs. Additionally, CoC organizations have direct relationships with employers and employment associations and are able to tailor training programs to meet the needs of employers.

2) Individual service providers have established relationships with employers and employment organizations (e.g. Vocational Rehabilitation) to directly connect their clients to employment supports, but over the past year, CoC staff have convened planning meetings with leadership from homeless service agencies and workforce development organizations to establish a larger and more coordinated approach across the CoC. Meetings have included Goodwill Industries, the Mountain Area Workforce Development Board, the Chamber of Commerce, and industry-specific professional associations (e.g. hospitality). Employers in our community have struggled to hire during the pandemic and are eager to partner with our homeless service system, creating a new opportunity to connect people experiencing homelessness with access to employment.

3) CoC staff, in partnership with Goodwill Industries, are responsible for overseeing CoC strategies to increase employment cash income.

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

(limit 2,500 characters)

1)The CoC works with mainstream benefits providers to ensure presence and integration at all services levels in the community, including street outreach, day centers, and meal programs. Homeless services providers conduct in-service trainings for their staff to improve utilization of non-employment cash resources to benefit individuals and families experiencing homelessness, and CoC-wide training covers SSI/SSDI/TANF information and access to better facilitate service provider referrals. The CoC's provider agencies routinely screen all new participants for benefits eligibility and assist with applications as indicated. Mainstream resource providers including DSS and the VA regularly visit AHOPE, the community's homeless services day center, to assist participants with enrollment in non-cash benefits programs.

2) CoC staff, in collaboration with key community partners, are responsible for overseeing the CoC's strategy to increase non-employment cash income.

## 3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

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

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section 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 2,500 characters)

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to 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
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

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

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

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

(limit 2,500 characters)

## 4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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?	No
Applicant Name		
This list contains no items		

## 4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Preferences	09/04/2022
1C-7. PHA Moving On Preference	No	PHA Preferences -...	09/04/2022
1E-1. Local Competition Deadline	Yes	Public Notice - C...	09/04/2022
1E-2. Local Competition Scoring Tool	Yes	NC-501 Scoring Tool	09/13/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Renewal Pr...	09/13/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of R...	09/13/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/13/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/13/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting - CoC...	09/25/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/19/2022
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:** PHA Preferences

## **Attachment Details**

**Document Description:** PHA Preferences - See TBV 3 and 4

## **Attachment Details**

**Document Description:** Public Notice - City of Asheville Website 8.8.22

## **Attachment Details**

**Document Description:** NC-501 Scoring Tool

## **Attachment Details**

**Document Description:** Scored Renewal Project Application - Homeward Bound Bridge to Recovery

## **Attachment Details**

**Document Description:** Notification of Reduction - City of Asheville HMIS

## **Attachment Details**

**Document Description:** Notification of Projects Accepted - Helpmate and Homeward Bound

## **Attachment Details**

**Document Description:** Final Project Scores for All Projects

## **Attachment Details**

**Document Description:** Web Posting - CoC-Approved Consolidated Application 9.19.22

## **Attachment Details**

**Document Description:** Notification of CoC-Approved Consolidated Application Posted 9.19.22

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/14/2022
1B. Inclusive Structure	09/25/2022
1C. Coordination and Engagement	09/25/2022
1D. Coordination and Engagement Cont'd	09/25/2022
1E. Project Review/Ranking	09/25/2022
2A. HMIS Implementation	09/25/2022
2B. Point-in-Time (PIT) Count	09/25/2022
2C. System Performance	09/14/2022
3A. Coordination with Housing and Healthcare	09/25/2022
3B. Rehabilitation/New Construction Costs	09/25/2022
3C. Serving Homeless Under Other Federal Statutes	09/25/2022

<b>4A. DV Bonus Project Applicants</b>	09/25/2022
<b>4B. Attachments Screen</b>	09/25/2022
<b>Submission Summary</b>	No Input Required

#### **4-III.C. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

##### **Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

##### HACA Policy

HACA offers the following local preferences:

##### Project Based Voucher Waiting List:

1. **RAD Project-Based Voucher Supportive Service Units:** At least one-half of all new admissions are reserved for families (including one-person families) who have signed a written commitment to participate actively with a supportive services provider. This preference shall be applied as needed to ensure that 50% of the units in each RAD project-based voucher property are occupied by families who have made a commitment to participate with a supportive services provider. Supportive service providers include:
  - a. a local homeless services, social services, domestic violence, or mental health agency that enters into a memorandum of agreement with HACA and gives a written commitment to provide supportive services to the family for at least one year after move-in, and to re-engage with the family if additional supportive services are needed at any time; and
  - b. other agencies approved by HACA, in its discretion, pursuant to a written memoranda of agreement.

Status for this preference will be verified through the agency/entity providing supportive services for the family.

2. **Project-Based Voucher Accessible Units:** Consistent with 24 CFR 983.251(c)(7), when selecting individuals and families to occupy project-based voucher units that have special accessibility features for persons with disabilities, the PHA must first refer families who require such features. This preference will be applied first to transfer applicants needing the special accessibility features available in those units and then to new applicants needing such features. Status will be verified based on health care or other provider documentation.

##### Tenant-Based Voucher Waiting List:

1. **Tenant Mobility Vouchers:** Project-based voucher residents who have resided in a project-based unit for at least one year have first priority for a tenant-based Housing Choice Voucher. If it is necessary to maintain a waiting list for tenant mobility vouchers due to available voucher funding, at least 75% of new tenant-

based vouchers will be issued to project-based voucher residents and no more than 25% may be issued to new applicants. Status will be verified by internal HACA documentation.

2. Families Losing Assistance Without Fault. HACA provides a preference to any family that has been terminated from HACA's HCV program due to insufficient program funding or otherwise loses HACA assistance or housing through no fault of the family. Status will be verified by internal HACA documentation.
3. Non-Elderly Disabled (NED) Vouchers. HACA currently has 75 vouchers, which will be pulled from the tenant-based voucher list, that are specifically designated for non-elderly disabled families (families in which the head of household, spouse, co-head, or sole member is a person with disabilities under the age of 62). Within that eligible group, HACA will give a preference to non-elderly disabled families who are ready to move on from a group home, care facility, or supportive housing program to reside in a community-based setting, and have a written commitment for regular on-site community-based support from a homeless services, social services, disability services or mental health agency for at least six months after moving into, or shifting assistance to, a NED voucher-assisted unit. Preference status will be verified through the agency providing the community-based support.
4. Mainstream Vouchers. HACA currently has 28 Mainstream vouchers, which will be pulled from the tenant-based voucher list, that are specifically designated for eligible applicants in which at least one member of the family (not necessarily the head, spouse or co-head) is a person with a disability who is under the age of 62. Within that eligible group, HACA will give a preference to applicants who are ready to move on from a group home, care facility, or supportive housing program to reside in a community-based setting, and have a written commitment for regular on-site community-based support from a homeless services, social services, disability services or mental health agency for at least six months after moving into, or shifting assistance to, a Mainstream voucher-assisted unit. Preference status will be verified through the agency providing the community-based support.

#### *HUD-VASH Vouchers:*

HACA does not maintain a waiting list for HUD-VASH vouchers. Those vouchers are issued based on referrals from the supportive services staff at the Charles George VA Medical Center.

#### *Transfer Waiting List:*

Priority Transfers: Transfers to serve a family that needs a reasonable accommodation based on disability, a family subject to an emergency VAWA transfer or other specific safety threat in their current placement, or a family that is required to move through no fault of their own because of a HACA-required bedroom size change, casualty loss, natural disaster or HACA renovation or redevelopment project, shall have priority over all new admissions and voluntary transfers. Voluntary transfers in project-based voucher developments for non-



priority reasons are only allowed if no priority transfer or new applicant is available for the unit; current residents seeking to move may request a tenant mobility voucher.

### **Income Targeting Requirement [24 CFR 982.201(b)(2)]**

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

#### HACA Policy

The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

#### **4-III.C. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

##### **Local Preferences [24 CFR 982.207; HCV p. 4-16]**

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  - a. a local homeless services, social services, domestic violence, or mental health agency that enters into a memorandum of agreement with HACA and gives a written commitment to provide supportive services to the family for at least one year after move-in, and to re-engage with the family if additional supportive services are needed at any time; and
  - b. other agencies approved by HACA, in its discretion, pursuant to a written memoranda of agreement.

Status for this preference will be verified through the agency/entity providing supportive services for the family.

2. **Project-Based Voucher Accessible Units:** Consistent with 24 CFR 983.251(c)(7), when selecting individuals and families to occupy project-based voucher units that have special accessibility features for persons with disabilities, the PHA must first refer families who require such features. This preference will be applied first to transfer applicants needing the special accessibility features available in those units and then to new applicants needing such features. Status will be verified based on health care or other provider documentation.

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#### *HUD-VASH Vouchers:*

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#### HACA Policy

The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

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# Community and Economic Development

[Home](#) / [Departments](#) / [Community and Economic Development](#) / [Community Development](#) / Homeless Strategy

## Homeless Strategy

Last updated or reviewed on August 8, 2022

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### Need help with homelessness or housing?

The City of Asheville supports the Asheville-Buncombe Homeless Initiative with two full-time staff to manage funding, shape policy, and coordinate community strategies to **End Homelessness by making it Rare, Brief and Non-Recurring**. This team monitors the performance of the community's homelessness services system per requirements of the U.S. Department of Housing and Urban Development Continuum Care funding provided to Asheville Buncombe County.

- Call 2-1-1 or visit <https://nc211.org/> to connect with local resources.
- Access the City's **2021 Affordable Housing Guide** in both [English](#) and [Spanish](#) for local rental properties.
- [Homelessness Resources Guide](#)

To stay up to date on the City's effort to end homelessness, please visit the [Homeless Initiative Advisory Committee](#) page.

## CODE PURPLE Calendar

Visit The Code Purple Calendar for Cold Weather Emergency Shelter

## Current Funding Opportunities

The City of Asheville serves as the NC-501 Asheville-Buncombe Continuum of Care Lead and accordingly facilitates community access to funds for homeless and housing programs from the federal Department of Housing and Urban Development. Annual funding opportunities include the [Continuum of Care](#) and [Emergency Solutions Grant](#) cycles. For additional information please contact Emily Ball, Homeless Strategy Division Manager at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov).

### **Notice of Funding Opportunity: Emergency Solutions Grant**

The NC Department of Health and Human Services (NC DHHS), Division of Aging and Adult Services has issued a Request for Applications for FY 2022 – 2023 Emergency Solutions Grant (ESG) funding. The NC-501 Asheville-Buncombe Continuum of Care is eligible for \$128,187. The City of Asheville serves as the NC-501 Asheville-Buncombe Continuum of Care Lead and is responsible for facilitating the application process and final submission.

#### **Eligible Activities**

NC ESG funds are intended to be used as part of a crisis response system using a low-barrier, housing-focused approach to ensure that experiences of homelessness are rare, brief, and occur only one time. Within that framework, eligible activities can include:

- Street Outreach
- Emergency Shelter
- Rapid Rehousing
- Homelessness Prevention
- Homeless Management Information System (HMIS) or comparable database for Victim Service Providers

Eligible applicants are non-profit or local government agencies.

#### **Funding Availability**

A total of \$128,187 is available to our community. No more than 60% of funds (\$76,912) may be awarded to Emergency Services projects (Street Outreach and Emergency Shelter), and no less than 40% (\$51,275) may be awarded to Housing Stability Projects (Rapid Rehousing and Homelessness Prevention).

#### **Process and Timeline**

As the NC-501 Continuum of Care Lead, the City of Asheville facilitates the application process and final submission to NC DHHS. Project applications are included in the final submission based on recommendations from the [Homeless Initiative Advisory Committee](#), which serves as the governance board of the NC-501 Continuum of Care. NC DHHS will only consider recommended applications, will make final award decisions, and will contract directly with funded applicants. Funds will support services to be delivered during calendar year 2023.

All dates, except where noted, occur in 2022. All materials should be submitted to Emily Ball via email at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov).

August 19	Letter of Intent to Apply due describing anticipated application amount and eligible activity
September 9	Project Applications due
September 15	Applicants present to Finance Workgroup
September 16	Applicants notified of Finance Workgroup recommendations
September 23	Finance Workgroup presents recommendations to Homeless Initiative Advisory Committee for vote
September 27	Revised project applications due as needed; applications recommended for full funding will not require revision or additional action
October 3	City of Asheville submits all application materials to NC DHHS
November	NC DHHS announces funding decisions
January 2023	NC DHHS initiates contracts with awarded applicants

### Additional Resources

Prospective applicants are strongly encouraged to participate in one of the technical assistance sessions offered virtually by NC DHHS:

Tuesday, July 26, 10 a.m. – 12 p.m.

<https://register.gotowebinar.com/register/3419260583995239696>

Thursday, July 28, 10 a.m. – 12 p.m. (new applicants)

<https://register.gotowebinar.com/register/4865011721892815629>

Tuesday, August 2, 1 p.m. – 3 p.m.

<https://register.gotowebinar.com/register/2908596806521244430>

### How To Apply

Project applications and additional details are available [here](#).

All questions and application materials should be submitted to Emily Ball, Homeless Strategy Division Manager at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov).

## **Notice of Funding Opportunity: FY2022 Continuum of Care**

The U.S. Department of Housing and Urban Development (HUD) Office of Special Needs Assistance Programs published the **FY2022 Continuum of Care Notice of Funding Opportunity** on August 1, 2022. [The full notice is available here](#), with additional information available on the [Continuum of Care Program Competition site](#). The City of Asheville is the designated Collaborative Applicant for the NC-501 Asheville-Buncombe Continuum of Care and will facilitate the application process and final submission to HUD on behalf of the community.

The NC-501 Asheville-Buncombe Continuum of Care is eligible for an estimated \$1,834,472 in funding. Local applications will be due Wednesday, August 31, 2022 by 5:00 p.m. for review, scoring, and ranking by the Finance Workgroup of the [Homeless Initiative Advisory Committee](#) based on [this scorecard](#). The final submission to HUD is due Friday, September 30, 2022 by 8:00 p.m.

### Objectives and Policy Priorities

Continuum of Care projects are designed to:

- Promote community-wide commitment to the goal of ending homelessness
- Provide funding for efforts by nonprofit providers, states, Indian Tribes or tribally-designated housing entities, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth, while minimizing the trauma and dislocation caused by homelessness
- Promote access to and effective utilization of mainstream programs by homeless individuals and families
- Optimize self-sufficiency among those experiencing homelessness

HUD's Policy Priorities

- Ending homelessness for all persons
- Use a Housing First approach
- Reducing Unsheltered Homelessness
- Improving System Performance
- Partnering with Housing, Health, and Service Agencies
- Racial Equity
- Improving Assistance to LGBTQ+ Individuals
- Inclusion of Persons with Lived Experience in policy and funding decision-making
- Increasing Affordable Housing Supply

## Eligible Activities

New Projects

New projects created through reallocation or CoC Bonus processes may include:

- Permanent Housing – Permanent Supportive Housing
- Permanent Housing – Rapid Rehousing
- Joint Transitional Housing/Rapid Rehousing
- Homeless Management Information System
- Supportive Services Only – Coordinated Entry

New projects created through the Domestic Violence Bonus may include:

- Permanent Housing – Rapid Rehousing
- Joint Transitional Housing/Rapid Rehousing
- Supportive Services Only – Coordinated Entry

Renewal Projects

Awards made under the CoC Program are eligible for renewal with FY2022 funds if they are currently in operation and have an executed grant agreement that is dated no later than December 31, 2022 and will expire in CY2023. Projects are renewable as set forth in 24 CFR 578.33 to continue ongoing leasing, operating, supportive services, rental assistance, HMIS, and project administrative costs. The total request for each renewing project may not exceed a project's Annual Renewal Amount.

## Eligible Applicants

Potential new and renewal project applicants must meet the following requirements:

- Serve persons experiencing homelessness in Buncombe County, NC (NC-501);
- Are prepared to utilize or are already utilizing the Homeless Management Information System (HMIS) to record client level data;
- Can demonstrate that the project will provide required match of the total project budget (minus leasing dollars);
- Can demonstrate that the project will be able to begin in the calendar year 2023;
- Are registered or are prepared to register with the [System for Awards Management](#) (SAM) to obtain a UEI number;
- Have obtained or are prepared to obtain an [e-snaps](#) profile and are able to submit HUD CoC applications through the required online portal;
- Have experience in providing housing and/or services to individuals or families experiencing homelessness;



- Participate or are prepared to participate in Coordinated Entry in the NC-501 Continuum of Care; and
- Will prioritize eligible households based on the NC-501 Continuum of Care’s identified housing placement prioritization policies and process.

Funding Availability

*Note: These funding amounts are tentative and subject to change pending HUD’s publication of the FY2022 CoC Program Competition Estimated Annual Renewal Demand Report*

- FY2022 Estimated Annual Renewal Demand (ARD): \$1,834,472
- 95% of the NC-501 ARD (\$1,742,748) is available in Tier 1 in the FY 2022 CoC Competition
- CoC Bonus available amount: \$91,723 (5% of estimated ARD)
- Domestic Violence Bonus available amount: \$70,147
- Collaborative Applicant Planning Grant: \$55,034 (3% of estimated ARD)

Process and Timeline

As the NC-501 Continuum of Care Lead, the City of Asheville facilitates the application process and final submission to HUD. Project applications are included in the final submission based on recommendations from the [Homeless Initiative Advisory Committee](#), which serves as the governance board of the NC-501 Continuum of Care. HUD will only consider recommended applications, will make final award decisions, and will contract directly with funded applicants.

All materials should be submitted to Emily Ball via email at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov) for local review, and through [e-snaps](#) for final submission to HUD.

August 19, 2022	Letter of Intent to Apply due
5:00 p.m.	
August 31, 2022	Project Applications due
5:00 p.m.	
September 13, 2022*	Finance Workgroup presents recommendations to Homeless Initiative Advisory Committee for vote – <i>*tentative date</i>
9:00 a.m.	
September 14, 2022	Applicants notified of HIAC decisions and CoC Priority Listing status
5:00 p.m.	
September 21, 2022	Revised/final project applications due in e-snaps
5:00 p.m.	

The City of Asheville will complete submission of all application materials by HUD’s final deadline of September 30, 2022 at 8:00 p.m.

Application Instructions

Letters of Intent

1. Letters of Intent (LOIs) must specify the project type, the estimated number of people who will be served, and an estimated request amount. Multiple projects may be described in one LOI.
2. LOIs must be submitted no later than **5:00 pm on Friday, August 19, 2022** to [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov).
3. LOIs received after the deadline will not be reviewed or considered. Submission of a Letter of Intent does not constitute an application nor does it constitute approval for funding.

Project Applications

1. Project Applications for all New, Renewal, HMIS, and Planning projects must be completed in [e-snaps](#), and notice with attached application package, agency audit summary report, and for renewals, all relevant APRs and corresponding eLOCCS vouchers, sent to the CoC Collaborative Applicant representative (electronically at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov)) by **Wednesday, August 31, 2022 at 5:00 p.m.** to be considered for review, scoring, and ranking recommendations by the [Homeless Initiative Advisory Committee](#) Finance Workgroup, which is composed of community representatives that do not receive CoC funding.
2. Project applications will be reviewed, scored, and ranked using [this scorecard](#).
3. Written notification will be sent to all applicants regarding whether their applications will be included, reduced, or rejected from the CoC Consolidated Application no later than 5:00 p.m. on Wednesday, September 14, 2022.
4. If approved and ranked for funding in the local review process, agencies must submit the completed, finalized version of the project application via [e-snaps](#) by **Wednesday, September 21, 2022, no later than 5:00 p.m.**

### Additional Resources

To receive additional information and updates regarding the FY2022 Continuum of Care Notice of Funding Opportunity, [subscribe to the HUD Exchange email distribution list](#) and check “CoC-Continuum of Care” and “Emergency Solutions Grants.”

Please note: Arrangements will be made to provide technical assistance or review of any or all parts of this announcement, NC-501 CoC applications process, details, and obligations in a manner that is effective for persons with disabilities or any person with limited English proficiency. *(Se harán arreglos para brindar asistencia técnica o revisar alguna o todas las partes de este anuncio, el proceso de solicitud del CoC NC-501, los detalles y las obligaciones de una manera que sea efectiva para las personas con discapacidades o cualquier persona con dominio limitado del inglés).*

## Updates

### [Understanding Unsheltered Homelessness](#)

The City has partnered with Buncombe County and Dogwood Health Trust on a collaborative project to better understand and respond to unsheltered homelessness. That collaborative has contracted with the National Alliance to End Homelessness to lead the project, which began in June 2022 and will conclude in January 2023. To learn more, visit the [Understanding Unsheltered Homelessness project page](#).

## Data

### Point-in-Time Counts

The United States Department of Housing & Urban Development (HUD) requires that all communities that receive HUD funding to address homelessness conduct a Point in Time (PIT) Count sometime in the last 10 days each January to identify how many people are experiencing homelessness on a given night.

The PIT count is a one night “snapshot” of the homeless population in Buncombe County, including those in emergency shelters, transitional housing or who are unsheltered, i.e., sleeping outside or in other locations not suitable for human habitation. It provides a picture over time of trends and changes in the population, such as increases in veterans, unsheltered people, or people who are chronically homeless.

The dashboard below shows data from the January 25, 2022 count. [Click here for detailed methodology and limitations](#).

## Homelessness Point In Time Dashboard, 2022 Data

637

people were recorded as homeless in the 2022 Point In Time count.

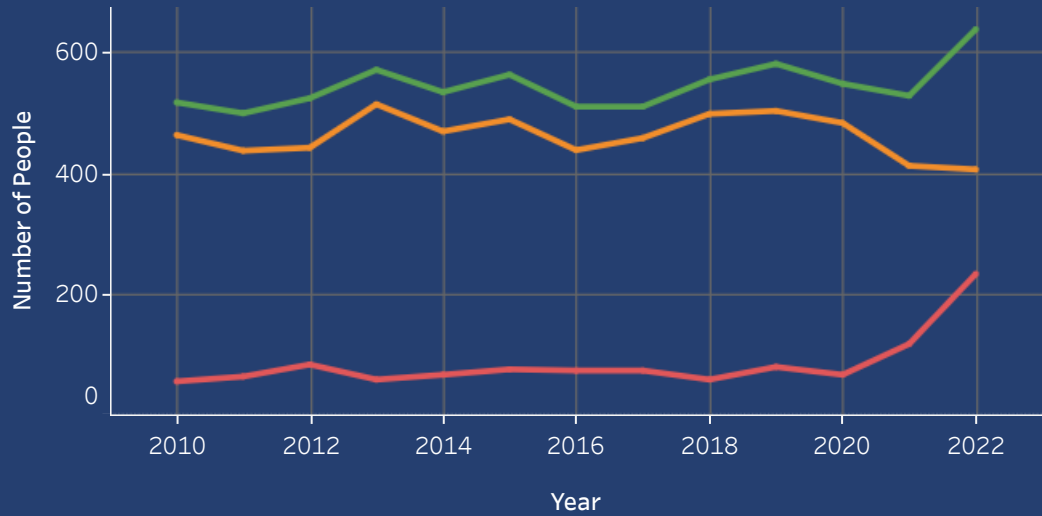
405

people were sheltered

232

people were unsheltered

### Point in Time Count Totals

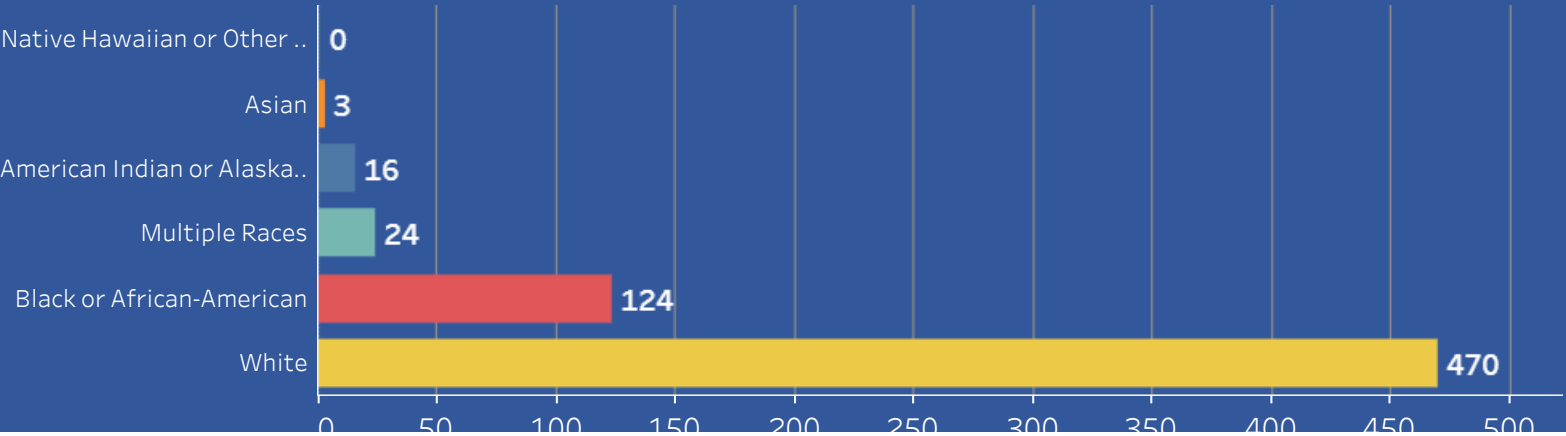


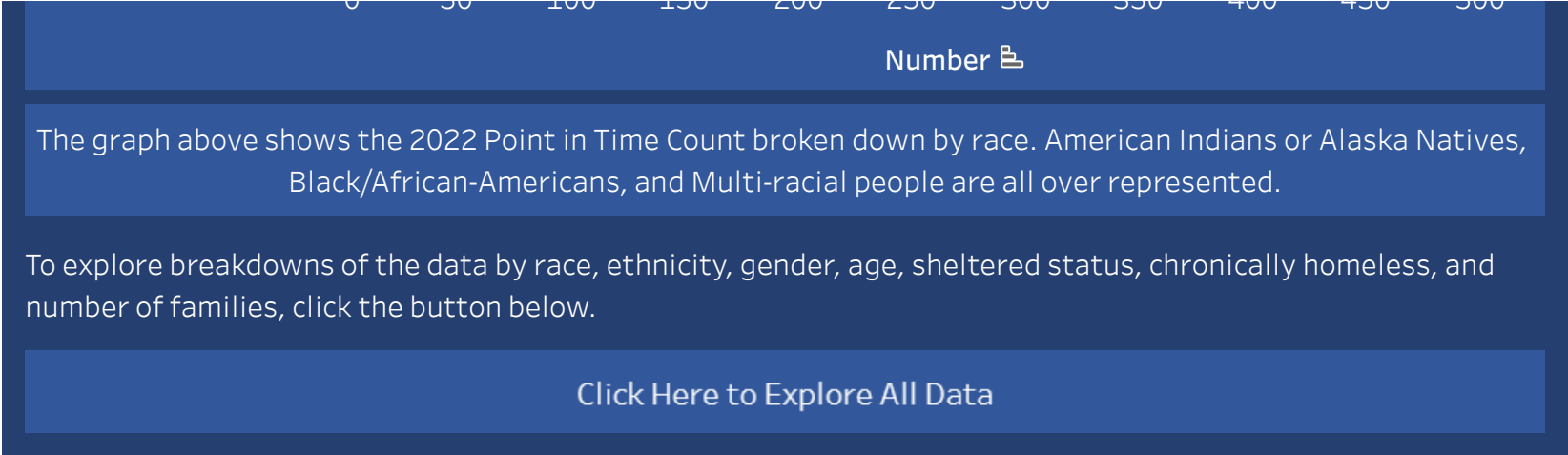
**Category**

- Unsheltered
- Sheltered
- Total

The graph on the left shows the total number of people counted for each year. Since 2010, the total number of people recorded as houseless in the Point in Time Count has remained relatively the same, except in 2022. In the last year, the number of unsheltered people has significantly increased.

### Breakdown by Race, 2022 Data





To view the PIT count presented on May 10, 2022 please [click here](#).

## System Performance Measures

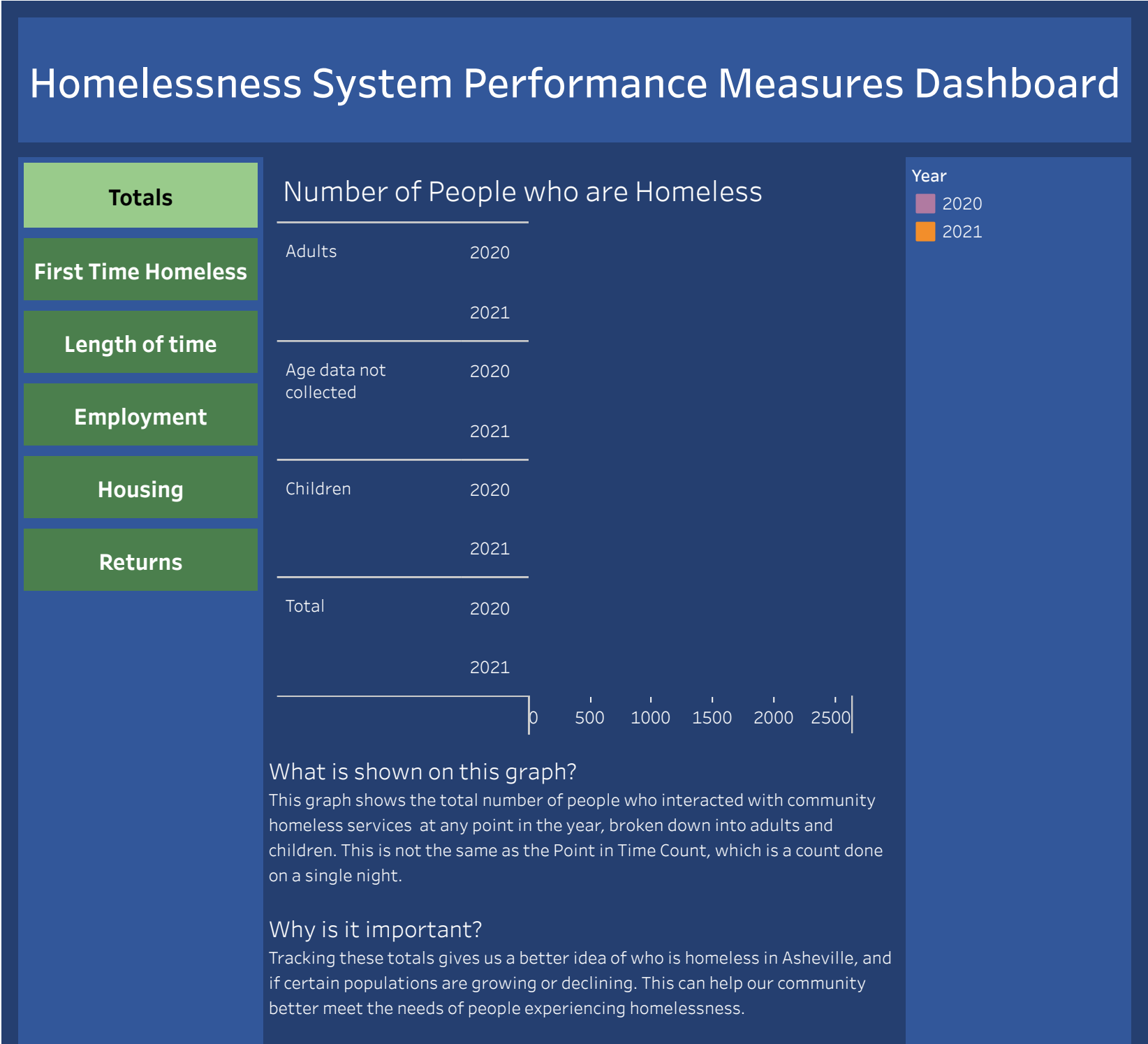
We use a Homelessness Management Information System (HMIS) to capture data on who is experiencing homelessness in Buncombe County, what their characteristics and needs are, and how they interact with community services.

Many service providers participate in HMIS, contributing data which informs our understanding of homelessness in Asheville and Buncombe County. Service providers in our community can receive training on how to use this system and contribute their data; currently, approximately 66% of service providers in our community use the HMIS, which accounts for 59% of the total beds.

The service providers participating in HMIS are ABCCM, Eliada, FIRST at Blue Ridge (for 26 of their beds), Haywood Street Respite, Homeward Bound, Salvation Army, Sunrise (phasing out), and Trinity Place (phasing out).

The dashboard below explores HMIS data from our community, and highlights some of the key metrics used nationwide to track homelessness. However, because only approximately 66% of service providers in our community use the HMIS, the data below is incomplete, and only reflects a portion of Buncombe County. Given this, it should be interpreted with care. See [this document](#) for further information.

We hope that providing this data hub will encourage other service providers to use the HMIS. Our efforts go further when we are able to easily share information with each other. If you are a service provider and are interested in learning more about using HMIS, please contact Emily Ball at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov).



	<div>Other limitations</div> <div>Some people were not were not marked as either children or adults, and are in the "Data not collected" category. This data does not reflect the entire homeless population in Asheville; only people in the HMIS.</div>	
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Note: All years in the dashboard refer to federal fiscal years, which run from October 1 through September 30.

## Contact Information

**Emily Ball** – Homeless Strategy Division Manager  
[eball@ashevillenc.gov](mailto:eball@ashevillenc.gov)  
828.747.8510

Tags: 

Department Page

### The City of Asheville

70 Court Plaza  
P.O. Box 7148  
Asheville, NC 28802

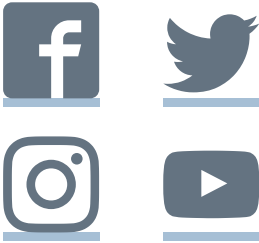
📞 828-251-1122  
✉ Website Manager  
☎ Contact Us

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Emily Ball &lt;eball@ashevillenc.gov&gt;

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**FY2022 Continuum of Care Funding Notification**

1 message

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**Emily Ball** <eball@ashevillenc.gov>  
To: Nikki Reid <nreid@ashevillenc.gov>

Tue, Sep 13, 2022 at 10:21 AM

Nikki,

At their meeting this morning, the Homeless Initiative Advisory Committee (HIAC) approved the Consolidated Application for the FY2022 Continuum of Care Competition, which includes both the Continuum of Care Application and the Priority Listing.

The City of Asheville's HMIS renewal project was accepted for inclusion in the Priority Listing in the second ranked position, with recommended reduced funding of \$63,744. The reduction in funding was based on the project's score, where points lost were primarily related to the spenddown rate of the most recently completed grant year. Despite the reduction, the project was highly ranked in recognition of its importance to community service providers, since it provides funds for the essential cost of accessing an HMIS for the NC-501 Asheville-Buncombe Continuum of Care, including for projects recommended for funding in the FY2022 Competition.

The City of Asheville's Planning Grant is not ranked but was also approved. The full recommendations from the Finance Workgroup which were approved by HIAC this morning are attached.

Please submit all project applications as approved in e-snaps by September 21, 2022 at 5:00 p.m., and please let me know if you have any questions.

Best,

Emily Ball  
Homeless Strategy Division Manager  
Community and Economic Development  
City of Asheville  
(828) 747-8510

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 **4 - Finance Workgroup Recommendations (1).pdf**  
66K



Emily Ball &lt;eball@ashevillenc.gov&gt;

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**FY2022 Continuum of Care Funding Notification**

1 message

**Emily Ball** <eball@ashevillenc.gov>

Tue, Sep 13, 2022 at 10:20 AM

To: April Burgess-Johnson &lt;abjohnson@helpmateonline.org&gt;

April,

At their meeting this morning, the Homeless Initiative Advisory Committee (HIAC) approved the Consolidated Application for the FY2022 Continuum of Care Competition, which includes both the Continuum of Care Application and the Priority Listing. Helpmate's Housing Support for Domestic Violence Survivors renewal project was accepted for inclusion in the Priority Listing at full funding of \$172,622 and is ranked in the top position.

The full recommendations from the Finance Workgroup which were approved by HIAC this morning are attached.

Please submit your project application as approved in e-snaps by September 21, 2022 at 5:00 p.m., and please let me know if you have any questions.

Thank you for your partnership in ending homelessness in our community!

Emily Ball  
Homeless Strategy Division Manager  
Community and Economic Development  
City of Asheville  
(828) 747-8510

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 **4 - Finance Workgroup Recommendations (1).pdf**  
66K



Emily Ball &lt;eball@ashevillenc.gov&gt;

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## FY2022 Continuum of Care Funding Notification

1 message

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**Emily Ball** <eball@ashevillenc.gov>

Tue, Sep 13, 2022 at 10:21 AM

To: Cindy McMahon <ed@homewardboundwnc.org>, Jenny Moffatt <jennym@homewardboundwnc.org>, Lacy Hoyle <lacy@homewardboundwnc.org>

Cindy, Jenny, and Lacy,

At their meeting this morning, the Homeless Initiative Advisory Committee (HIAC) approved the Consolidated Application for the FY2022 Continuum of Care Competition, which includes both the Continuum of Care Application and the Priority Listing. All of Homeward Bound's projects were accepted for inclusion in the Priority Listing at the requested amounts and in the following ranked positions:

*Tier One*

3: Bridge to Recovery

4: Shelter Plus Care

5: Permanent Supportive Housing 2

6: Permanent Supportive Housing 3

7: Permanent Supportive Housing 5

8: Permanent Supportive Housing 1 (*straddles Tier One and Tier Two*)

*Tier Two*

9: Rapid Rehousing 1

The full recommendations from the Finance Workgroup which were approved by HIAC this morning are attached.

Please submit all project applications as approved in e-snaps by September 21, 2022 at 5:00 p.m., and please let me know if you have any questions.

Thank you for your partnership in ending homelessness in our community!

Emily Ball  
Homeless Strategy Division Manager  
Community and Economic Development  
City of Asheville  
(828) 747-8510

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 **4 - Finance Workgroup Recommendations (1).pdf**  
66K



## **1E-5c: Web Posting - CoC-Approved Consolidated Application**

**Note:**

The CoC board approved the Consolidated Application 9/13/22 and it was subsequently posted on the City of Asheville's website 9/19/22, followed by notification to the community via email distribution list on 9/19/22.

The screenshots captured 9/19/22 are included here. Upon final review 9/25/22, CoC staff noticed that those screenshots did not display the date, only the time. A 9/25/22 print of the full webpage with the original content from 9/19, which has remained live, is also included and begins on page 5. The relevant text and links are on page 7.

## Notice of Funding Opportunity: FY2022 Continuum of Care

The U.S. Department of Housing and Urban Development (HUD) Office of Special Needs Assistance Programs published the [FY2022 Continuum of Care Notice of Funding Opportunity](#) on August 1, 2022, with submissions due September 30, 2022. Continuum of Care funding supports homeless and housing programs across the country; the City of Asheville serves as the Collaborative Applicant for the NC-501 Asheville-Buncombe Continuum of Care, so is eligible to facilitate the FY2022 Competition locally and to submit the Consolidated Application on behalf of the community. The [Homeless Initiative Advisory Committee](#) (HIAC) serves as the governance board for the NC-501 Continuum of Care, and its Finance Workgroup has reviewed, scored, and ranked all applications received by the August 31, 2022 local deadline.

At its September 13, 2022 meeting, HIAC voted to approve the Consolidated Application, which consists of the Continuum of Care Application and the Project Priority Listing, based on Finance Workgroup [recommendations](#), and recommended that the City of Asheville as the Collaborative Applicant submit the Consolidated Application to HUD by its September 30, 2022 deadline.

The HIAC-approved [Consolidated Application](#) is available for review and includes the:

- [Continuum of Care Application](#)
- [Project Priority Listing](#)

Projects recommended for funding in the Priority Listing are:

Rank	Applicant	Project	Amount
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Projects recommended for funding in the Priority Listing are:

Rank	Applicant	Project	Amount
1	Helpmate	Housing Support for Domestic Violence Survivors (RRH)	\$172,622
2	City of Asheville	HMIS	\$63,744
3	Homeward Bound	Bridge to Recovery (PSH)	\$433,473
4	Homeward Bound	Shelter Plus Care (PSH)	\$447,472
5	Homeward Bound	Permanent Supportive Housing 2	\$87,892
6	Homeward Bound	Permanent Supportive Housing 3	\$110,674
7	Homeward Bound	Permanent Supportive Housing 5	\$217,381
8	Homeward Bound	Permanent Supportive Housing 1	\$297,458
9	Homeward Bound	Homeward Bound Rapid Rehousing 1	\$91,724
N/A	City of Asheville	Planning Grant	\$55,034
			<b>\$1,977,474</b>





Consolidated Application - Google Drive

drive.google.com/drive/folders/1pDO4zL2LrFvG2UhrXJ2XjcDw7P4JUpJz

Box | LoginHUD RegsNC ESG FormsCoA Hsing GuideSeamlessDocs

RFPFMR 22HMISCoC RegsHIACOploid Dash5 Year PlanBC HIAC appNAEH ProjectReading list

Project Priority Listing.pdf

Open with

New

Priority

My Drive

Shared drives

Shared with me

Recent

Starred

Trash

Storage

12.32 GB used

Admin console

Shared with

Name

Continued

Project P

Applicant: Asheville/Buncombe County CoC

NC-501

Project: NC-501 CoC Registration FY 2022

COC\_REG\_2022\_192229

## Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:
- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2022 CoC Program Competition NOFO.

Page 1 / 24

File size

1,015 KB

388 KB

11:15

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# Community and Economic Development

[Home](#) / [Departments](#) / [Community and Economic Development](#) / [Community Development](#) / Homeless Strategy

## Homeless Strategy

Last updated or reviewed on September 19, 2022

### Need help with homelessness or housing?

- Call 2-1-1 or visit <https://nc211.org/> to connect with local resources.
- Access the City's **2021 Affordable Housing Guide** in both [English](#) and [Spanish](#) for local rental properties.
- [Homelessness Resources Guide](#)

CODE PURPLE Calendar

Visit The Code Purple Calendar for Cold Weather Emergency Shelter

### Current Funding Opportunities

The City of Asheville serves as the NC-501 Asheville-Buncombe Continuum of Care Lead and accordingly facilitates community access to funds for homeless and housing programs from the federal Department of Housing and Urban Development. Annual funding opportunities include the [Continuum of Care](#) and [Emergency Solutions Grant](#) cycles. For additional information please contact Emily Ball, Homeless Strategy Division Manager at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov).

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Project applications and additional details are available [here](#).

All questions and application materials should be submitted to Emily Ball, Homeless Strategy Division Manager at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov).

## **Notice of Funding Opportunity: FY2022 Continuum of Care**

The U.S Department of Housing and Urban Development (HUD) Office of Special Needs Assistance Programs published the [FY2022 Continuum of Care Notice of Funding Opportunity](#) on August 1, 2022, with submissions due September 30, 2022. Continuum of Care funding supports homeless and housing programs across the country; the City of Asheville serves as the Collaborative Applicant for the NC-501 Asheville-Buncombe Continuum of Care, so is eligible to facilitate the FY2022 Competition locally and to submit the Consolidated Application on behalf of the community. The [Homeless Initiative Advisory Committee](#) (HIAC) serves as the governance board for the NC-501 Continuum of Care, and its Finance Workgroup has reviewed, scored, and ranked all applications received by the August 31, 2022 local deadline.

At its September 13, 2022 meeting, HIAC voted to approve the Consolidated Application, which consists of the Continuum of Care Application and the Project Priority Listing, based on Finance Workgroup [recommendations](#), and recommended that the City of Asheville as the Collaborative Applicant submit the Consolidated Application to HUD by its September 30, 2022 deadline.

The HIAC-approved [Consolidated Application](#) is available for review and includes the:

- [Continuum of Care Application](#)
- [Project Priority Listing](#)

Projects recommended for funding in the Priority Listing are:

Rank	Applicant	Project	Amount
1	Helpmate	Housing Support for Domestic Violence Survivors (RRH)	\$172,622
2	City of Asheville	HMIS	\$63,744
3	Homeward Bound	Bridge to Recovery (PSH)	\$433,473
4	Homeward Bound	Shelter Plus Care (PSH)	\$447,472
5	Homeward Bound	Permanent Supportive Housing 2	\$87,892
6	Homeward Bound	Permanent Supportive Housing 3	\$110,674
7	Homeward Bound	Permanent Supportive Housing 5	\$217,381
8	Homeward Bound	Permanent Supportive Housing 1	\$297,458
9	Homeward Bound	Homeward Bound Rapid Rehousing 1	\$91,724
N/A	City of Asheville	Planning Grant	\$55,034
			\$1,977,474

## **Updates**

[Understanding Unsheltered Homelessness](#)

The City has partnered with Buncombe County and Dogwood Health Trust on a collaborative project to better understand and respond to unsheltered homelessness. That collaborative has contracted with the National Alliance to End Homelessness to lead the project, which began in June 2022 and will conclude in January 2023. To learn more, visit the [Understanding Unsheltered Homelessness project page](#).

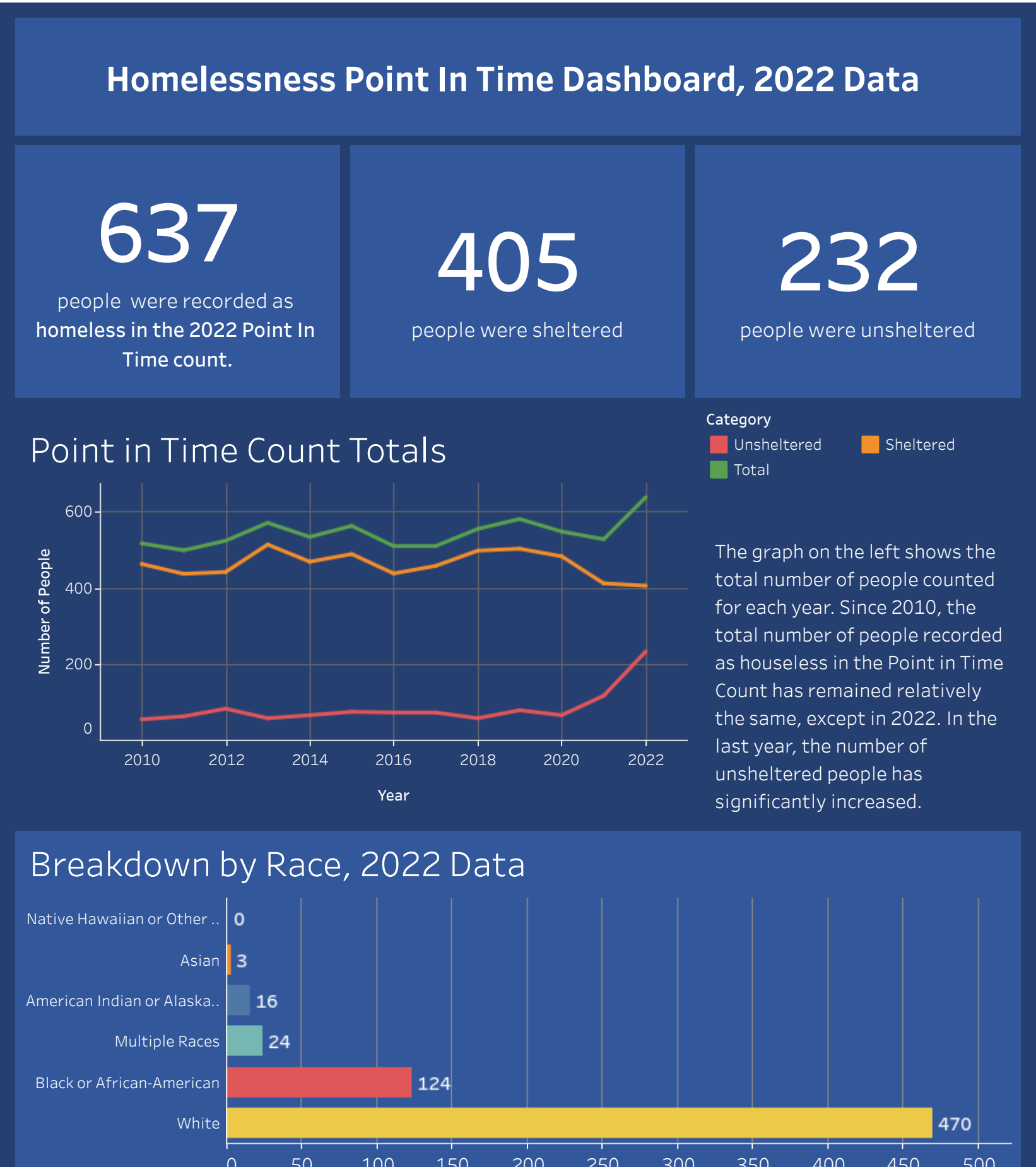
Data

Point-in-Time Counts

The United States Department of Housing & Urban Development (HUD) requires that all communities that receive HUD funding to address homelessness conduct a Point in Time (PIT) Count sometime in the last 10 days each January to identify how many people are experiencing homelessness on a given night.

The PIT count is a one night “snapshot” of the homeless population in Buncombe County, including those in emergency shelters, transitional housing or who are unsheltered, i.e., sleeping outside or in other locations not suitable for human habitation. It provides a picture over time of trends and changes in the population, such as increases in veterans, unsheltered people, or people who are chronically homeless.

The dashboard below shows data from the January 25, 2022 count. [Click here for detailed methodology and limitations](#).





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Number

The graph above shows the 2022 Point in Time Count broken down by race. American Indians or Alaska Natives, Black/African-Americans, and Multi-racial people are all over represented.

To explore breakdowns of the data by race, ethnicity, gender, age, sheltered status, chronically homeless, and number of families, click the button below.

Click Here to Explore All Data

To view the PIT count presented on May 10, 2022 please [click here](#).

## System Performance Measures

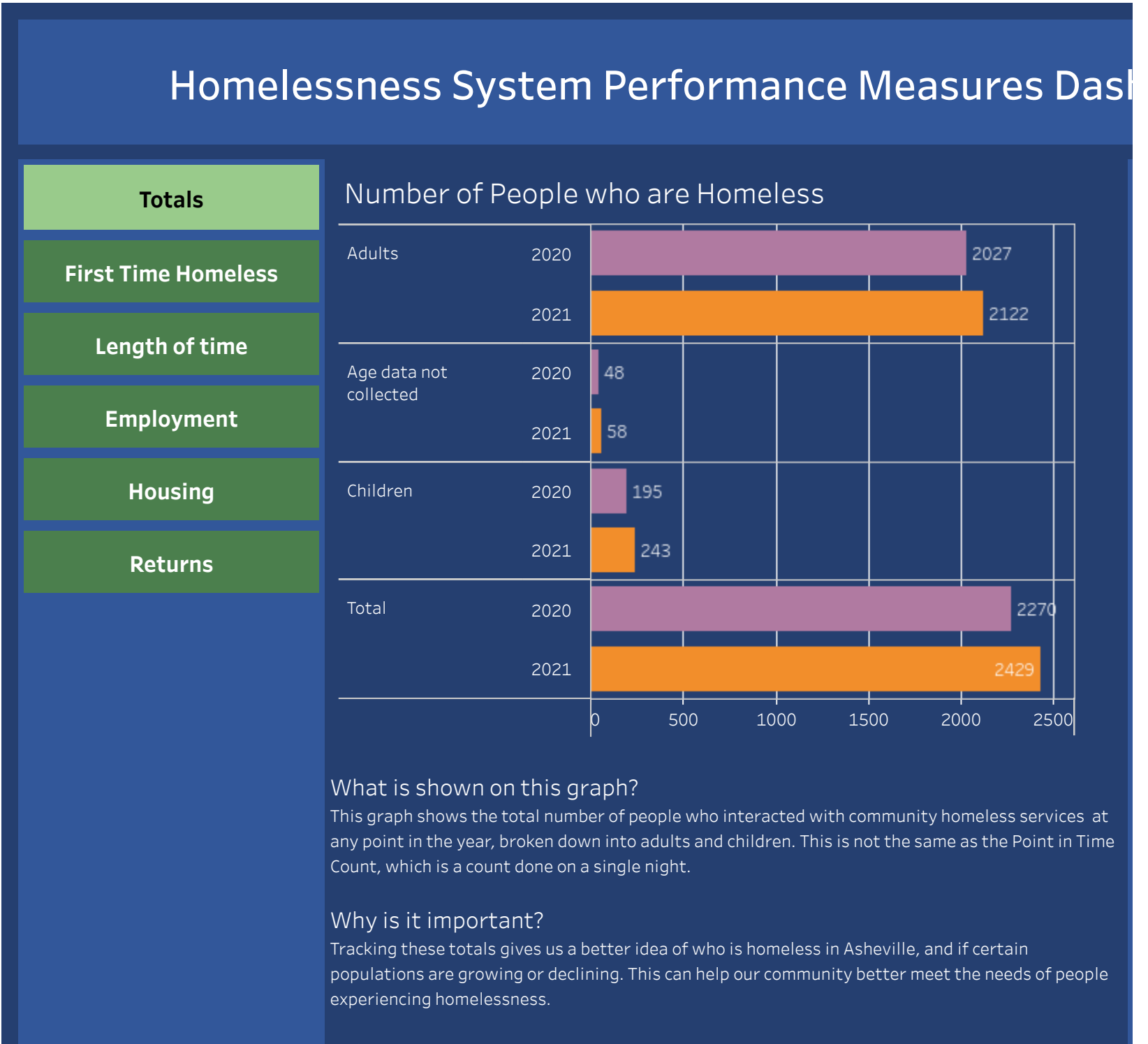
We use a Homelessness Management Information System (HMIS) to capture data on who is experiencing homelessness in Buncombe County, what their characteristics and needs are, and how they interact with community services.

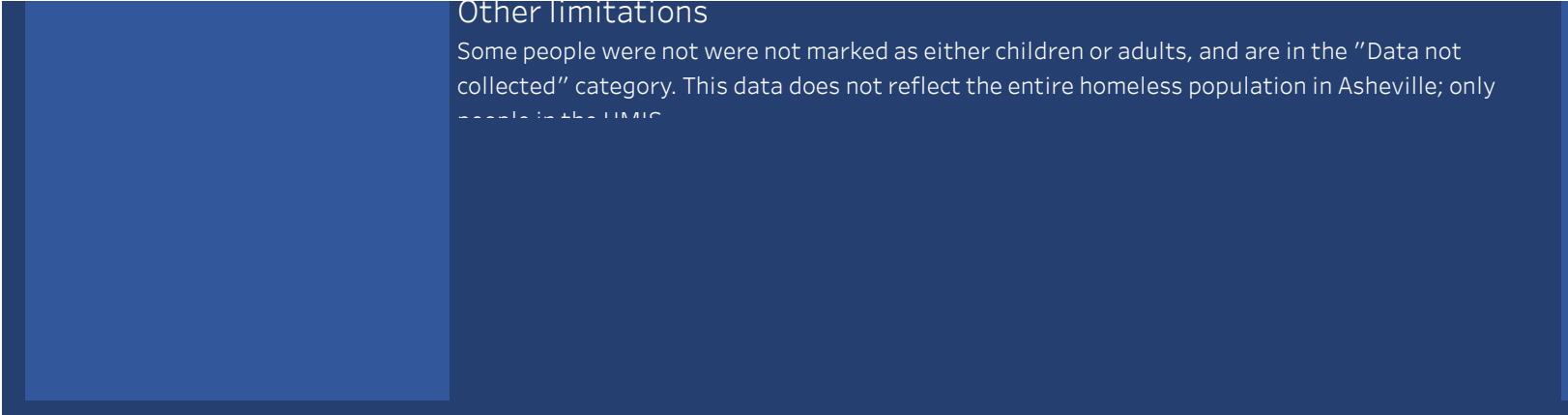
Many service providers participate in HMIS, contributing data which informs our understanding of homelessness in Asheville and Buncombe County. Service providers in our community can receive training on how to use this system and contribute their data; currently, approximately 66% of service providers in our community use the HMIS, which accounts for 59% of the total beds.

The service providers participating in HMIS are ABCCM, Eliada, FIRST at Blue Ridge (for 26 of their beds), Haywood Street Respite, Homeward Bound, Salvation Army, Sunrise (phasing out), and Trinity Place (phasing out).

The dashboard below explores HMIS data from our community, and highlights some of the key metrics used nationwide to track homelessness. However, because only approximately 66% of service providers in our community use the HMIS, the data below is incomplete, and only reflects a portion of Buncombe County. Given this, it should be interpreted with care. See [this document](#) for further information.

We hope that providing this data hub will encourage other service providers to use the HMIS. Our efforts go further when we are able to easily share information with each other. If you are a service provider and are interested in learning more about using HMIS, please contact Emily Ball at [eball@ashevillenc.gov](mailto:eball@ashevillenc.gov).





Note: All years in the dashboard refer to federal fiscal years, which run from October 1 through September 30.

## Contact Information

**Emily Ball** – Homeless Strategy Division Manager  
[eball@ashevillenc.gov](mailto:eball@ashevillenc.gov)  
828.747.8510

Tags: 

Department Page

### The City of Asheville

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Asheville, NC 28802

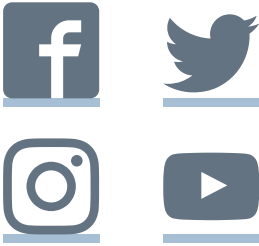
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Homeless Initiative - City of Asheville

HIAC Meeting - Friday, September 23, 2022 - 9:00 Am

View Report

Campaign Preview

HTML Source

Plain-Text Email

Details

The Homelessness Initiative Advisory Committee (HIAC) will hold its regular monthly meeting on **Friday, September 23, 2022 at 9:00 a.m.** This meeting will be held IN PERSON in the board room of the Housing Authority at 165 S. French Broad Avenue.

Meeting materials are available on the [HIAC website](#).

At its September 13, 2022 meeting, HIAC approved the FY2022 Continuum of Care Consolidated Application for submission to the US Department of Housing and Urban Development (HUD). The Consolidated Application, including the Continuum of Care Application with all attachments and the Priority Listing, is available for review on the [Homeless Strategy Division](#) page of the City's website and will be submitted to HUD by the September 30, 2022 deadline.

Please reach out if you have any questions or need additional information.

Best,

Emily Ball  
Homeless Strategy Division

Feedback

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Delivery date & time	Mon, Sep 19, 2022 11:57 am
From name	Emily Ball
From email	eball@ashevillenc.gov
Subject line	REMINDER: Homeless Initiative Advisory Committee Meeting - Friday, Sept...
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Recipients	Sent to audience: Homeless Initiative Advisory Committee General Distrib...

Feedback